



Telehealth Workgroup Minutes

Office of Health Information Technology
James R. Thompson Center, 100 W Randolph, 2-201
January 17th, 2012; 10:00 AM
Dial in # 888.808.6929 / PC 4696821

Participants:

Name	Organization
On the Phone	
Julie Bonello	Access Community Health Network
Bob Flider	Partnership for a Connected Illinois
Glenn Groesch	Southern Illinois University (SIU) School of Medicine
Sunil Hazaray	American Telemedicine Association (ATA)
Nancy Kaszak	University of Illinois Center for Telehealth
Josh Sarver	SIU School of Medicine
Meryl Sosa	Illinois Psychiatric Society
Kathy Webster	Loyola University Medical Center
In Person	
Laura Zaremba	Office of Health Information Technology (OHIT)
Mary McGinnis	OHIT
Ian Bertorelli	OHIT

Glenn Groesch (Glenn) performed introductions and took role. He asked members of the group if there were any corrections to the minutes of last meeting. **Joshua Sarver (Josh)** noted a typo and a spelling mistake in the second paragraph and asked that they be corrected, then motioned to approve the minutes. They were seconded and approved.

Glenn thanked the group for convening. He summarized the telehealth chair transitional meeting that occurred in Chicago last month, in which Laura Zaremba, Mary McGinnis, and the group's exiting chairperson, Wes Valdes, debriefed Glenn and Sunil Hazaray on the direction of the work group. Glenn highlighted the group's opportunity to establish telehealth's role in HIE and expand knowledge of the subject throughout the state. He then asked Laura to give an update on the ILHIE implementation.

Laura Zaremba (Laura) announced that ILHIE's first service offering, the ILHIE Direct Secure Messaging Solution, was given a "soft launch" on December 21st, 2011. She noted that even though the service has not been widely advertised, more than thirty Illinois providers have already signed up to use it free of cost through the end of 2012. While the service was designed to ensure that Medicaid and Medicare providers in Illinois have at least one available option to meet Core Objective 14 of Stage 1 Meaningful Use, **Laura** acknowledged that ILHIE stakeholders around the state have already begun developing other use cases for ILHIE Direct, and called on the work group members to bring forward any uses specific to telehealth and telemedicine. She said that work is moving along rapidly on the other core services and that the first two whiteboard sessions have been successful, describing them as detailed discussions of the technical aspects of the ILHIE. She reminded work group members that the next whiteboard session is scheduled for January 24th, 2012. The session earlier this month focused on the elements that would go into the state's Master Patient Index and the specific format of the C32 document the state plans to use for care coordination. **Laura** expected that next week's session would go into a similar level of detail, and added that archives and any supplemental materials for the sessions will be posted to the ILHIE website. She reiterated that the purpose of the sessions is to fully apprise all stakeholders of the statewide HIE's technical specifications, so there will be as many additional sessions through the developmental process as are needed to bring everyone to the same level of understanding. She concluded the update by mentioning that the recommendations the work group drafted for the Advisory Committee's

consideration have been passed on to the state's technical team to ensure that the core services are developed with telehealth taken into account.

Glenn said that he attended the most recent whiteboard session and volunteered his observation that the stakeholders are giving more input as their understanding of the HIE develops, but added that there was still a lot of work to do. He asked for confirmation that the initial use cases were scheduled to be executed by the end of 2012. **Laura** confirmed that the four initial use cases would be supported by the end of the calendar year and explained that they were selected and prioritized based on their ability to test the implementation and usability of the core services on which all other HIE services will be built. **Sunil Hazaray (Sunil)** asked if any of the initial use cases were the telehealth use cases the work group had developed as part of those recommendations to the Advisory Committee. **Glenn** replied that those cases had been forwarded to the technical team, but were not any of ILHIE's four initial use cases. **Laura** once again touched on the understanding that the core services being built must be in place regardless of the initial use cases; so even though the first cases are not specific to telehealth functionality, the ILHIE is being designed with telehealth in mind as a contemplated use. **Sunil** raised a suggestion that Mary McGinnis offered last month at the transitional chair meeting about looking for institutions that could test the telehealth cases, and asked Laura if she knew when they be tested; that way the work group could get a sense of the timing for this recruitment. **Laura**, in turn, asked **Sunil** if any of those three cases could be supported by ILHIE Direct. **Sunil** requested documentation on the service so that he and Glenn might analyze it and be able to answer that question.

Glenn subsequently discussed SIU's experience with HIE. SIU is part of the Lincoln Land HIE and is working with two hospitals in the region, St. John's and Memorial, to facilitate health information exchange between the two sites. He explained that since the hospitals are competitors there have been some obstacles to a robust exchange, (such as multiple login authentications and policy decisions on where and how data is housed), but emphasized the role of work groups in identifying these obstacles and acting as a conduit to the team that can address them. He noted a parallel between efforts he has seen at this local level and the efforts going on at the state level.

Glenn asked **Sunil** to speak on the telehealth use cases. **Sunil** started off by highlighting each use case's demonstration of a "dimension of information" needed from either the physician or patient in a telehealth scenario. He then broke each case down individually. The first case, which deals with a 74-year-old woman experiencing depression who is seen by a telepsychiatrist, requires the HIE to transmit data from point to point in the form of patient records, questions, and dialogues. The second use case, in which a 37-year-old male with seizures and hypertension being cared for by an on-site team in a state prison gets a remote consultation from a neurologist, requires the HIE to not only move data but also support a video transmission so that the neurologist may observe the movements of the patient. The third use case, in which a 16-year-old male with wound infection consults a physician over the internet, requires the HIE to deliver images to a remote site. **Sunil** reiterated the group's intention to test the HIE's telehealth capability by designing three specific use cases: once they are tried and tested, then the HIE has demonstrated that it can handle these three modes of telehealth data.

Glenn mentioned that SIU's telepsychiatry program resembles the first use case, and suggested taking a look at how ILHIE Direct might support the scenario. **Laura** noted that the report did not outline what functionality was required to facilitate these cases or what barriers might disrupt them; something that she thought would be useful in translating the cases to technical specifications. Both **Glenn** and **Sunil** agreed that identifying necessary functionality and potential barriers would be a good first step. **Sunil** felt that each use case would

necessitate different technical requirements and wondered if meeting with someone from the state's implementation vendor, InterSystems, would be the best route to determine them.

Laura clarified that she was inquiring, on an even more basic level, what technology must be at the endpoints of those three telehealth transactions. **Meryl Sosa (Meryl)** said that a flow chart illustrating each use case would show the details of the technical specifications. **Laura** predicted that some of the issues identified would be related to the HIE, but some of them would be on the provider end, and that it was necessary to develop this catalog of technical requirements for each site. **Sunil** suggested that he, Glenn, and Laura work on that. **Glenn** agreed, and asked Laura if this was something they could approach InterSystems about. **Laura** felt the best place to have this discussion was at the working sessions. Even if the issues become "parking lot items," she explained, they will have been identified on the state's implementation roadmap as something that needs to be addressed. **Laura** reiterated that the group's purpose is to advise the HIE implementation so that the ILHIE infrastructure can support telehealth, but if barriers are identified that are beyond the scope of HIE implementation, then the work group will have to mobilize to find strategies on how to address them.

Laura asked if the group knew of any instances where one of the use cases was already in operation in Illinois. **Glenn** replied that SIU, in addition to having a program that resembles the first use case, also has a program that resembles the second use case. **Sunil** said that UIC does telehealth wound management using pictures transmitted via broadband and cellular signal, and said he would ask Wes Valdes to put him in contact with a point person there. **Laura** asked **Nancy Kaszak (Nancy)** if she knew of any organizations, to which she replied that she did not, but would speak to the team that does her university's prison work to see if they had any suggestions. **Meryl** said the only two that she knew of other than the prison program was SIU's program and UIC's DocAssist program. **Glenn** asked if she knew if Blessing Health System had a new telepsych program. **Meryl** said she did not, and asked him if it involved children. **Glenn** could not confirm, adding that he had heard about a telehealth program at Blessing but was unsure if it was a psychiatric program or a stroke program. He also mentioned that SIU was doing some telehealth work with Heartland Community Health Centers. **Nancy** said that North Central Behavioral Health Systems, a community mental health agency that is a member of the ATA, was doing a telemental health program. She also said that the Illinois Department of Corrections does telemental health for about half of the general population that requires mental health services, excluding those inmates with serious mental issues. She surmised that this was done through Wexford Health Sources, but said she would seek confirmation on that point. The group agreed to take on identifying the barriers and technical requirements of the three telehealth use cases as an action item.

Glenn asked Sunil to talk about the document drafted by the ATA's mHealth discussion group that he circulated to some of the workgroup members. **Sunil** said the discussion group initially had difficulty defining mHealth—or "mobile health"—because of the numerous interpretations of the concept that currently exist in different literatures. They took a different approach and instead defined the components of mHealth, then created an inventory of mobile health devices. The document assesses mHealth's status today and makes predictions about its direction going forward; **Sunil** said he would distribute it to the entire group when the document was in its final form. **Glenn** gave a prediction that mHealth would be a big talking point at the ATA 2012 meeting in April. **Sunil** confirmed, saying that the ATA, for the first time ever, is dedicating a full day to mHealth, and encouraged anyone attending the April meeting to participate in "mHealth Education Day". **Glenn** observed that while mHealth technologies have traditionally developed out of remote monitoring, newer technologies are arising from a desire among healthcare providers to utilize powerful portable computers like tablets and smartphones and have taken the scope of mHealth beyond simple text communication. **Meryl** pointed out that the paradigm of care delivery is shifting from the provider organization's site to the

patient's site as a result of these newer technologies, and suggested that the group's frame of reference for mHealth be the new care coordination jobs and uses of the devices. **Sunil** agreed, then described the predictions outlined in the discussion group's draft. He said the group felt that doctors would start to look at data differently and, like Glenn's earlier observation, start to demand access to the data on iPads and cell phones. The group also forecasted a rise in the availability of continuous biometric data due to an increasing number of sophisticated sensors being included in these devices. **Sunil** cited phones outfitted with GPS to monitor the locations of patients with dementia or Alzheimer's and phones modified to deliver continuous electrocardiograph readings to a remote site as examples of continuous biometric data just now becoming available to providers. **Josh** observed that the federal government had listed at least three funding opportunities on grants.gov for furthering mHealth's promotion of patient-provider communication and the self-management of chronic diseases, and he interpreted these grant opportunities as federal interest in the technology. **Glenn** added that mHealth would probably be the focus of an innovations grant. **Sunil** agreed. **Josh** raised physician concerns over billing practices and mHealth technology. He acknowledged that technological developments usually outpace their administrative processes, but stressed that consideration had to be taken into account regarding the HIPAA issues and billing policies surrounding mobile health, citing both the extreme portability of providers that mHealth enables and also the emergence of encounters outside of the existing care delivery model as major sources of these complications. He predicted that figuring out how to track physician mHealth activity would become a barrier to adoption. **Sunil** agreed, saying that the ATA is also addressing those concerns in a document, which he planned to distribute to the work group upon its completion.

Glenn described a videoconferencing app for the iPad developed by Polycomm that SIU is beta testing for use in their telehealth programs. He said that his providers were very excited about it and predicted widespread adoption once newer generations of the iPad device that run on more stable wireless networks become available. **Kathy Webster (Kathy)** said that her organization's telestroke program has been looking to upgrade their videoconferencing capabilities from laptop to tablet. They are in talks with Lifesize about an app the company is developing for the iPad. **Glenn** reiterated his prediction that provider adoption would drive the development of the technology, and that confidence in the technology would increase as newer iterations became more stable. **Kathy** claimed she would be able to dramatically advance her telestroke program if providers could consult from an iPad, saying that none of her partners want to be on call as it necessitates being "chained" to a laptop. **Glenn** concurred, describing his own understanding of his role as an administrator as mitigating the enthusiasm among providers and the IT concerns and barriers; if these two forces are not reconciled, then providers will simply go and use the technology without policy in place. **Josh** brought up a webinar he attended a few months ago on the interaction between mHealth and HIPAA. He recalled that physicians were posing questions about their ability to verify the identity of a patient over the phone or through email, as well as the legal repercussions of any assumptions made in that process. There was also discussion on an authentication process similar to those on social media sites, ("accepting" the identity of someone to link up with them), and how that could be extended to tablets and smart phones. **Josh** said there were many interesting viewpoints on these subjects and predicted that they would foster a great deal of discussion in the coming months.

Glenn moved down the agenda to public comments. It was noted for the minutes that there were no members of the public present and none on the phone.

Glenn asked for confirmation that the next meeting was on February 7th at 10:00 AM. **Laura** confirmed. **Glenn** moved to adjourn the meeting. **Josh** seconded. The meeting was adjourned.