



Telehealth Workgroup Agenda

Office of Health Information Technology
James R. Thompson Center, 100 W Randolph, 2-201
August 2nd, 2011 / 10am
877.402.9757 / PC 4269321

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Participants (in-person and via phone):

Name	Organization
Wesley Valdes	Office of Health Information Technology / University of Illinois at Chicago
Julie Bonello	Access Community Health
Nancy Kaszak	Community Member
Pat Schou	Illinois Critical Access Hospital Network
Judy Storfjell	University of Illinois at Chicago, College of Nursing
Joshua Sarver	SIU School of Medicine
Glenn Groesch	SIU School of Medicine
Sunil Hazaray	American Telemedicine Association
Diego Estrella	Office of Health Information Technology

Wesley Valdes (Wes) took roll call and began the discussion about the white paper which outlines the recommendations that the Telehealth Work Group is preparing for the ILHIE Advisory Committee. The members of the Work Group suggested adding Use Cases to describe how a provider would use telehealth protocols for the referral process, a pediatric case and a wound care patient.

Pat Schou (Pat) inquired about whether or not one of the roles of the Work Group is develop a set of general guidelines for the use of telemedicine. For example, are there certain communication and technical protocols that providers should use; are there standards in place for providers to connect to one another; are there certain minimal requirements? The Work Group had a brief discussion this question and determined that this is a topic that requires more consideration and a more in depth conversation. For example, there will be different models of how providers connect; a home health model, a clinic model; and a store and forward model. This question will be tabled for further consideration and addressed a subsequent meeting.

Wes mentioned that a previous suggestion for this Work Group was to develop an inventory of all existing telemedicine initiatives in the state.

A discussion followed about the Food and Drug Administration's (FDA) policies about the definition of medical devices and the fact that these guidelines are currently under review. **Wes** agreed that the definition of medical device is a challenge that is currently being addressed by the telehealth community. **Wes** cited the example of medical devices as communication device which allows consulting physicians to communicate with one another. Evolving examples of a medical device are devices used for diagnosis and treatment, which goes beyond the definition of two medical professionals speaking to one another. **Wes** added, "Based on these differences there may be a need for regulation in this regard."

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Wes mentioned that he and colleagues from the American Telemedicine Association (ATA) are having conversations with federal CMS to add acceptable services for telemedicine to the list of services that are reimbursed. As part of this discussion, **Wes** indicated that the discussions include a request for more Comparative Effectiveness research in the area of telemedicine.

Diego Estrella (Diego) provided an update about the technical infrastructure RFP that was published by the Office of Health Information Technology in early June. **Diego** said that there was a 7-week response period for vendor responses and these proposals are currently being review and evaluated according to established procurement procedures. Diego also provided an update about the newly appointed ILHIE Advisory Committee. The ILHIE Advisory Committee members were approved by the ILHIE Authority Board at the last meeting. Both the ILHIE Authority and the ILHIE Advisory Committee are planning to meet in early September.

There were no questions or comments from the public.

Wes closed the meeting by asking members to continue to review and comment on the Telehealth Work Group white paper and to send changes to his attention.

The next meeting is scheduled for Tuesday, September 6, 2001.

Meeting adjourned.