



Telehealth Workgroup Minutes

Office of Health Information Technology
James R. Thompson Center, 100 W Randolph, 2-201
October 4th, 2011 / 10am
877.402.9757 / PC 4269321

Participants in person and on the phone:

Name	Organization
Mary McGinnis	Office of Health Information Technology
Wesley Valdes	Office of Health Information Technology / UIC
Laura Zarembo	Office of Health Information Technology
Kathy Webster	Loyola University Medical Center
Joshua Sarver	SIU School of Medicine
Bob Wesley	SIU School of Medicine
Julie Bonello	Access Community Health
Sunil Hazaray	American Telemedicine Association
Pat Schou	Illinois Critical Access Hospital Network
Deborah Seale	Community Member
Nancy Kaszak	University of Illinois, Center for Telehealth
Ivan Handler	Office of Health Information Technology
Glenn Groesch	SIU School of Medicine

Wesley Valdes (Wes) took roll call and asked for a motion to approve the minutes of the last meeting. A few corrections to the minutes of the August meeting were noted and these changes will be incorporated into the minutes. **Pat Schou (Pat)** motioned to approve the minutes.

Mary McGinnis (Mary) noted an item from the August 2011 minutes regarding a previous suggestion for this Work Group which was to develop an inventory of all existing telemedicine initiatives in the state. A brief discussion followed on how the Work Group would accomplish this. **Wes** stated that he is working with Lori Williams of the Illinois Hospital Association and Bob Wesley to develop a survey tentatively called a "Telemedicine Readiness Survey". The survey will query hospitals on issues of capacity, needs, and necessity with regard to telehealth technology. **Wes** expects that, while the survey may not be comprehensive, it would provide some information on existing telehealth technologies in many Illinois hospitals. This survey will be presented to the Work Group at a later date. **Laura Zarembo (Laura)** asked if the American Telemedicine Association (ATA) conducts a telemedicine inventory on a national basis. **Sunil Hazaray (Sunil)** said that the ATA has an mHealth discussion group with an agenda item which includes an inventory of all telehealth and telemedicine devices. Sunil projected that the inventory list could be ready for distribution by the end of October, 2011, and would be shared with the Telehealth Work Group.

Laura provided a brief ILHIE/OHIT update. OHIT is planning to announce the selected vendor for the ILHIE core services in the next few days. It is projected that statewide ILHIE connectivity supporting core services will be operational by April, 2012. These core services include the Record Locator Service, the Master Patient Index, and the Provider Directory. **Laura** stressed that core services such as sending public health data to the Public Health Node, submitting clinical quality measures to Healthcare and Family Services, and secure messaging are critical to establish in time for the Medicaid EHR Incentive payment schedule in 2012. **Wes** asked for details on the ILHIE Advisory Committee meeting for the benefit of the Work Group. **Mary** said the first meeting was in early September and the ILHIE Advisory Committee is planning to meet again mid-November.

Wes led the discussion on the recommendations to the ILHIE Advisory Committee (Committee), via a white paper currently being drafted by the Work Group. He explained that the Committee will expect written recommendations and while there is no set deadline, having the recommendations drafted before the Committee asks for them would be beneficial. **Laura** confirmed this and went further, encouraging **Wes** to bring any relevant recommendations to the Committee himself. She explained that since the Committee is in its inception, it is definitely interested in getting the work product needed to make informed decisions.

Wes then provided a quick overview of the document's structure. **Wes** explained that the three revised cases are a combination of elements from the seven. He solicited feedback on the use cases from the Work Group members, expressing some concern about the cases' ability to sufficiently demonstrate points the Work Group had identified. **Kathy Webster (Kathy)** allayed this concern, instead saying that between all the use cases enough of the points would be covered. **Bob Wesley (Bob)** pointed out that three use cases is not enough to cover the entire scope of healthcare practices, but went on to add that if the use cases illustrate the wide variety of applications for telehealth and telemedicine they would serve their purpose. The Work Group agreed to provide revisions for the white paper to **Wes**. **Bob** suggested that the document be delivered to the ILHIE Advisory Committee before its next meeting in November. **Pat** concurred; adding that getting the document disseminated would lend to discussion and increase awareness on the topic. **Bob** made a motion to have the document finalized by the October 15, 2011; **Pat** seconded it and the Work Group voted to implement this plan.

Julie Bonello (Julie) expressed concerns with clarifying the description of referral management steps but noted that there would be time before the deadline to make these detailed changes. **Wes** agreed, explaining after the deadline for finalization, there would be another Work Group meeting where the final approval could be given to the document after which there would be a two week window request inclusion in the Committee's agenda. **Wes** addressed these concerns about the e-referral issues, saying that the goal of any solution the Work Group created would seek to bolster the ILHIE as well as address the registration needs and issues that providers may have. However, without discounting the necessity of addressing the complexity of telehealth registration, billing, and other issues, **Wes** questioned whether or not that was in the scope of what the Work Group could accomplish. He mentioned a separate document being drafted by SIU, UIC, Illinois Health Connect, and others to clarify Medicaid telemedicine rules as possibly being a venue for this. **Ivan Handler (Ivan)** said that these challenges were specific to the limitations of the MMIS. While not necessarily an HIE problem, care has to be taken to make sure that standards used to transfer information do not include or validate those constraints so as not to cause issues with connectivity at a later date. **Wes** and **Ivan** will be communicating with HFS and eventually a document will be drafted to present these issues to the Work Group.

Wes made a call for open discussion on any additional items. He gave the group an update on developments in the telehealth field since the last meeting, mentioning that the ATA Research Task Force was gaining steam and encouraged Work Group members to contact him for additional information on the Task Force. He also brought to attention the National Institute of Health's newly formed special interest group, comprised of CTSA award-winning universities, which seeks to assist other hospitals and providers in conducting quality telehealth, telemedicine, and mHealth research. There were no other items raised for discussion.

There were no questions or comments from the public.

Mary closed the meeting by asking members to review and comment on the Telehealth Work Group white paper and to send changes to both her and **Wes's** attention so the draft can be finalized as soon as possible.

The next meeting is scheduled for Tuesday, November 1, 2011.

Meeting adjourned.