



Telehealth Workgroup

In person participants:

Mary McGinnis	OHIT
Saro Loucks	OHIT

Participants via phone:

Glenn Groesch	Southern Illinois University School of Medicine (SIU)
Sandy Anton	Intelligen
Nancy Kaszak	Center for Telehealth in the Office of the Vice President (U of I)
Drew Clark	Partnership for a Connected Illinois (PCI)
Jim Anfield	Blue Cross Blue Shield
Pat Schou	PCI Board of Directors, Illinois Critical Access Hospital Network

1. Introductions and Roll Call

Glenn Groesch conducted roll call.

2. Approval of Previous Minutes

Glenn Groesch approved the minutes and they were seconded by Pat Schou.

3. HIE Update

Mary McGinnis - ILHIE Direct was launched the end of last year. There are approximately 250 registered providers on Direct which exceeds the goal



previously set. Direct is a secure email messaging service available at no cost through 2012.

ILHITREC and CHITREC have been subcontracted to provide outreach to their subscribers and providers. OHIT thinks there are some very good use cases for Direct, OHIT will continue to work on building the number of providers, and check back in with the RECs to build usage. In addition OHIT has initiated regular conversations with CIHIE the Regional HIE in Central Illinois (Peoria) and their vendor.

OHIT also continues to talk to their alpha partners to continue the build out of the ILHIE.

4. **ILHIE Telehealth Use Case**

Glenn Groesch – Today Glenn is going to brief the Advisory Committee on the Telehealth use case previously discussed at the Telehealth Workgroup meeting.

As Glenn is working through this use case which involves a patient experiencing depression, he finds himself working through a lot of the consent issues involved in behavioral health information transfer. He discussed this use case with the mental health specialist at SIU to get a handle on what it takes to transfer mental health information from one entity to another. This transfer takes quite a bit of time because of the rules. He then talked to Jim Hobbs from DMH and the ILHIE Behavioral Health Workgroup and Glenn plans to talk with him quite a bit on the subject of the nuances of a referral.

Glenn has found that the rules concerning this are full of barrier and recommendations

1. Making sure that the main directory has been listed as “telehealth capable”. Making sure that the electronic referral process is working as well as the scheduling regarding that.
2. The use case deals with a lot of the rules and regulations in regards to the mental health record.
 - a. What information can be released?
 - b. Is there a specific format?
 - c. What is the timeline for release?



- d. Once this examination takes place, where is this information going to lie?

Glenn wants to know what are some of the barriers and recommendations the group sees as far as this use case goes?

Mary thinks that Glenn has done a good job capturing the discussion from the last workgroup meeting. She likes that Glenn has focused on the barriers, and points out that Jim Anfield is on the Data Security and Privacy Workgroup which was part of the Behavioral Health Integration Project Statewide meeting. One of BHIP's main purposes is to address the barriers and limitations of behavioral health information exchange.

Glenn pointed out that Mark Chudzinski has many lawyers working on this as well he should due to the stringent rules concerning substance abuse and mental health consent and confidentiality. He feels some people think these rules are needed and are a good idea, and others feel that this is just a standard medical diagnosis and mental health should be treated equally as any other type of medical condition and that should be released among providers.

The timeline for release of information is very critical especially with acute telepsyche diagnosis and in regards to hospitalization and locating a bed.

Nancy Kaszak- said that is especially true in rural hospitals and very few have dedicated psychiatric beds. She inquired as to the timeline for emergency room admittance situation. If someone comes into an emergency room in an exacerbated condition, you are going to need to know right away any information about this patient and what is available for them. In this instance it would be no different than if a patient came in who was diabetic or having a cardiac problems or any other life threatening condition.

Nancy wanted to know if there was a loophole for this kind of situation to get the information more quickly.



Mary – wonders if the “Break the Glass” provision would be used in that instance, and what constitutes a psychiatric emergency or an extremely agitated state? Mary can bring that question back to Mark Chudzinski and perhaps this is a question that has already been raised in one of the workgroups.

Glenn- will check with SIUs’ mental health department about what those rules are.

5. Open Discussion

Sandy Anton is curious as to what the “next steps” for the workgroup are?

Glenn – where ILHIE wants us to go is, implementing Telehealth, the use cases and we have discussed some of the Medicaid rules and looking at that in the framework of HIE. If you think there are some things we need to cover we are always open to that.

Sandy – I know the value of this to rural providers, and knowing all that is going on with care coordination I hope that we can partner in some way and not just present use cases. Are there opportunities we need to seek out, how can we actively advocate this? Sandy is looking for advocacy avenues.

Glenn- That is something that we can look at, but it is perhaps a little outside of this organization.

Mary – One of the things that occurred to me is the current opportunity that exists through HFS with their care coordination initiative. Earlier this spring they put out an RFP to the provider community about solutions for care coordination. I think proposals are due in mid May. They received about 75 LOIs. These are from various providers who have come together to offer coordinated services and care. The LOIs include hospitals, primary care physicians, specialty physicians, potentially home healthcare providers, behavioral health providers, and potentially further down the line other ancillary services.



This includes a matchmaking service on the website and as part of these minutes we can refer members to the link on the HFS website.

<http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx>
(please scroll down to Care Coordination Matchmaking)

Another thought is to integrate some of these use cases into the Behavioral Health Integration Project (BHIP). The Illinois Hospital Association (IHA) is also concerned with integrating behavioral health into their health information exchange. Telehealth could be a good solution for either of these.

Sandy- is looking for partnerships and relationships the Telehealth Workgroup could advocate and say this is an adjunct to help improve the cost and efficiency of healthcare in Illinois.

Mary- Is going to speak with Lori Williams who is a part of the IHA and the Advisory Committee and to try to incorporate Telehealth

Pat Schou – The reason of the Care Coordination Project is to try to reduce costs and that is where you put yourself at an advantage with telemedicine and telehealth.

Nancy Kaszak - Wanted to let everyone know that SIU, the University of Illinois, and the Illinois Psychiatric Association have been having discussions about holding a Telemental Health Symposium. We have decided to reach out to people in the field and we have gotten a tremendous response. There is a conference call set for this Friday at 2:05. Twenty two people have signed up to give their thoughts about the kind of telemental health that is needed in various sectors. We are going to try and find out what is the best way for providing that. There is especially a huge interest in emergency

room telemedicine and telehealth. Nancy and Mary will send out the information on the call to the workgroup.



6. Public Comment

Glenn called for any public comments. No response.

7. Next Meeting

May 1st (was changed to the 8th of May due to the ATA Conference)

8. Meeting Adjourned