



SAVE THE DATE

March 2010

**Mountain States
Genetics Annual
Meeting**

July 13-15, 2010

Renaissance
Denver Hotel
3801 Quebec St.
Denver, CO 80207

Greetings!

As I mentioned in my February message, MSGRCC Workgroups (Telemedicine, Emergency Preparedness, Newborn Screening, and Consumer Advocacy) met in February for their mid-year meetings. I'd like to take this opportunity to let you know about the activities of the Telemedicine Workgroup, which met on February 5. Thelma McClosky Armstrong (Montana) and Brad Thompson (Texas) co-chaired the meeting. Workgroup members provided an update on current distance strategies being used in their states, as well as any needs that have been identified. To summarize, all states have telemedicine and other distance strategies, but these technologies are used for genetic or newborn screening services in only a few states, including Montana, Texas and New Mexico. Workgroup members raised concern that many areas within the Mountain States region do not have access to high technology distance strategies. For example, the Navajo Nation does not have any telemedicine programs on the reservation. It would be difficult to implement sophisticated distance strategies in such areas because the infrastructure (e.g. high speed Internet) does not exist. It was noted that we need to consider the use of simpler technologies available now, including telephone and computers.

Liza Creel, MSGRCC Project Coordinator, reviewed current telemedicine activities at the national level. Issues to consider in expanding telemedicine services include licensing if services are provided across state lines, and credentialing and privileging of providers within health care facilities. Liza also reviewed the relationship of telemedicine and the medical home. This concept is very important in the Mountain States region, given our large number of frontier counties and our large rural population. It was noted that telemedicine can improve accessibility, continuity and comprehensiveness of care (all medical home priorities); however, telemedicine may not contribute to care that is family-centered, compassionate or culturally effective. As telemedicine services are developed or expanded, we need to pay attention to all aspects of the

medical home and work to ensure that the services we promote are consistent with these principles.

As a result of this meeting, the Telemedicine Workgroup agreed on a vision: to increase the use of distance strategies in the provision of care within the Mountain States region, taking into account the medical home. It is the intent of this workgroup to increase the use of telemedicine by genetic providers by offering assistance to state and private genetics providers. To accomplish their goals, the Telemedicine Workgroup will plan a session at the MSGRCC Annual Meeting (July 13-15, 2010) in Denver, CO to bring genetics clinicians and telemedicine providers together. We will provide you with more information on this session as we get closer to the Annual Meeting.

The other workgroups were equally active and creative in February, and I'll be providing you with information on their activities in future messages. If you would like to review the full minutes of the workgroup meetings, you can access them through the MSGRCC website - www.MountainStatesGenetics.org.

The American College of Medical Genetics annual meeting is in Albuquerque, New Mexico at the end of March, and I hope to see many of you there!

As always, if you have questions or comments related to any MSGRCC activities, please feel free to contact me, Joyce Hooker or Liza Creel. Staff contact information:

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Also, don't forget to complete our regional communications survey:
<http://www.surveymonkey.com/s/mountainstatescommunication>

Warm regards,



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