

# TELEHEALTH IN THE NORTHEAST

## FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GA5RH37459)

MONTHLY REPORT: FEBRUARY, 2021

QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MCD.ORG)

### MAINE RURAL HEALTH COLLABORATIVE EXPANDS TELEHEALTH SERVICES WITH NETRC SUPPORT

The Maine Rural Health Collaborative (MRHC) was established in 2015 to work together to enhance health care services for Downeast and northern Maine communities. MRHC is comprised of six independent member hospitals, including three critical access hospitals. Members include Northern Maine Medical Center, Cary Medical Center, Houlton Regional Hospital, St. Joseph Hospital, Mount Desert Island Hospital, and Millinocket Regional Hospital.

The purpose of MRHC, as stated in their strategic plan, is to pursue:

- Collaborative activities aimed at promoting the effective, efficient, and rational expenditure of their resources in order to preserve and enhance future access to critical, primary, and preventive health care services within the communities.
- Activities that do not jeopardize the tax-exempt status of any Member.

In 2018, MRHC members outlined five goals in their list of strategic priorities; and goal one was to expand their telehealth network. At that time, MRHC had already been awarded two USDA Distance Learning and Telemedicine (DLT) Grants, one in 2015 and one in 2018. After their initial DLT award, MRHC's Executive Director engaged the Northeast Telehealth Resource Center (NETRC) team to support the strategic planning for the acquisition and initial implementation of telehealth carts and peripheral devices.

In January of 2019, MRHC contracted with Medical Care Development, Inc., the fiscal agent of the NETRC, and telehealth consultants to support in-depth, ongoing telehealth program coordination support, to expand the utilization and impact of telehealth across its member sites. The agreed upon scope of work included:

- Conduct needs assessments;
- Establish telehealth teams and roles;
- Develop a toolkit to support standardized telehealth practices; and
- Assist with specialty provider group vetting.

"With support from NETRC... I feel we are on a path to providing our rural communities access to specialty services that have been needed for years. It is exciting to see momentum toward MRHC's strategy goal for providing such clinical services as behavioral health, neurology, dermatology!"

Peggy Pinkham, RN, MBA, Executive Director,  
Maine Rural Health Collaborative

#### Needs Assessments:

The NETRC developed a custom needs assessment which was deployed to each MRHC member with the goals of identifying gaps in specialty care and assessing current clinical, administrative, and technical infrastructures. Behavioral Health, Dermatology, and Rheumatology were identified as the top three needs of the collaborative. With the exception of St. Joseph Hospital who had a small capacity to provide rheumatology services, there was no clear option for members to share resources or capacity to meet local needs.

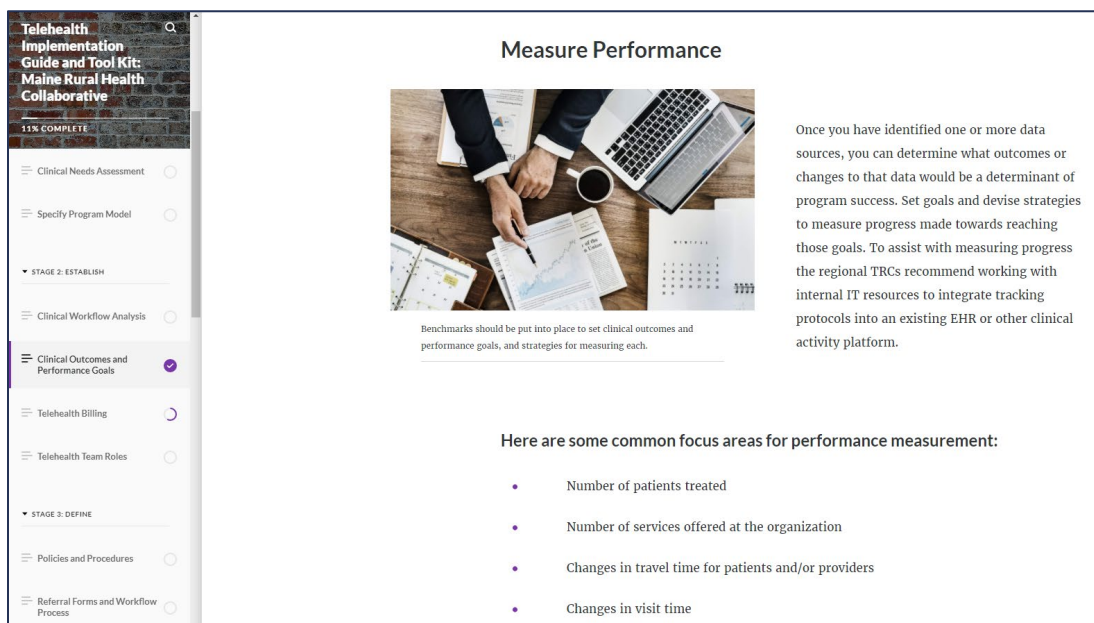
#### Telehealth Teams:

The NETRC identified clinical and technical representatives from each MRHC member site and conducts meetings on a quarterly basis to discuss successes and challenges with telehealth expansion efforts. Key topics of discussion include updates on specialty needs, status of tele-rheumatology program and needs for support, 2018 USDA DLT grant deployment, specialty provider access, and state/federal policy updates. These meetings have also served as a

critical venue to facilitate COVID-19 telehealth collaboration, technical assistance, and support to members who swiftly adapted to seeing patients in their homes.

### Toolkit Development:

A primary outcome of the NETRC's support of MRHC was to develop a toolkit that could be used as a guide by MRHC members and would cover all aspects of telehealth implementation. The NETRC compiled resources and added custom features to develop the online [MRHC Telehealth Implementation Guide and Toolkit](#). Feedback from members is requested regularly in order to customize the content, and the toolkit is maintained to include timely updates.



*Above: Snapshot of the MRHC Online Toolkit*

### Provider Vetting:

Perhaps the largest hurdle that the MRHC has faced is identifying specialty care providers to meet the needs of member hospitals. The search began in Maine, with the NETRC team and MRHC Executive Director, meeting with hospitals around the state to inquire about capacity and willingness to partner for telehealth services. With very limited capacity available among Maine-based organizations, the search was expanded outside of the state. After meeting with and vetting several specialty provider groups over the past two years, MRHC has selected a multi-specialty provider group for live-video consults, and a separate provider for eConsults. This is a significant milestone for the MRHC as pilots for both modalities are expected to begin in the next quarter, focusing on Behavioral Health, Rheumatology and Dermatology. Bringing these services to the Collaborative will mean increased access to care, shorter wait and travel times and overall enhanced health care for patients living in some of the most rural communities covered by the NETRC.

### Additional Projects:

Medical Care Development, Inc. and the Northeast Telehealth Resource Center continue to work closely with MRHC to identify ongoing challenges, and how telehealth may be leveraged to help address them.. In addition to supporting workflow optimization of telehealth programs in member hospitals, the NETRC is assisting MRHC in expanding the scope of their telehealth services. This includes leading a HRSA Rural Health Network Development Planning Grant awarded in 2020 to plan a Maine eConsult Network (MEeCN) with all MRHC members and local Federally Qualified Health Centers (FQHCs). The MEeCN aims to establish eConsult services (asynchronous communication between primary care providers and specialists on a secure electronic platform) to share and increase clinical capacity of limited provider resources, improve response times to high-acuity patient needs, and decrease unnecessary referrals, tests, and procedures, among other benefits. The NETRC, MRHC, and FQHC collaborators are completing a strategic planning process for the MEeCN and have applied for HRSA funding to support implementation and evaluation.