

Maine Telehealth and Telemonitoring Advisory Group

AI Workgroup – Meeting Minutes

Meeting	Inaugural AI Workgroup Meeting
Date	Thursday, November 13, 2025
Time	12:00–1:00 PM ET (meeting began ~12:06 PM; adjourned ~1:04 PM)
Location	Zoom
Facilitators	Andrew Solomon; Danielle Louder; Reid Plimpton; Caren Bishop
Recorder	Prepared from meeting transcript and notes, with AI-curated summaries

Attendees

- Alecia Swihart
- Andrew Solomon
- Caren Bishop
- Danielle Louder
- Erica James
- Lisa Letourneau
- Reid Plimpton
- Sally Weiss
- Stacia Stickney
- Sue Woods
- Timothy (Tim) Terranova

Agenda

- Welcome & Introductions
- Setting the Stage: Maine AI Task Force report and Maine Rural Health Transformation Program (RHTP) narrative – highlights and implications for telehealth and telemonitoring
- Interactive Activity: identify priority areas and define initial scope and objectives (2–3 year vision)
- Future Meeting Logistics: cadence and scheduling
- Closing comments and next steps

Purpose of Meeting

Launch the AI Workgroup under the Maine Telehealth and Telemonitoring Advisory Group; review relevant state-level AI and rural health transformation frameworks; and begin defining the Workgroup’s scope, priority focus areas, and near-term deliverables.

Recap

The Maine AI Task Force and Rural Health Transformation Program meeting began with introductions and agenda discussion, focusing on AI's potential impact on healthcare while addressing concerns about workforce implications. Participants shared their experiences and perspectives on AI's role in telehealth, population health, and regulatory considerations, with Andrew presenting recent documents and seeking input on scope and focus areas. The group explored opportunities for implementing AI recommendations through a collaborative approach, discussing the development of a rural AI hub and research center while emphasizing the importance of efficient AI tools and clear guidelines for their implementation in healthcare settings.

Discussion Summary

1) Welcome and Introductions

Participants introduced themselves and shared what excites them about AI in healthcare as well as key concerns. Common interests included documentation and workflow efficiencies (e.g., ambient listening/scribing), use of AI for chart review and data analysis, and improving clinical quality and patient/caregiver outcomes. Common concerns included privacy, readiness, and the potential for new inequities if tools and guidance are not made accessible equitably.

2) Setting the Stage: Maine AI Task Force Report and RHTP Narrative

Andrew Solomon summarized two recently published state documents: Maine's Artificial Intelligence Task Force report and Maine's Rural Health Transformation Program proposal narrative. The group discussed how broad AI themes (service delivery use cases, workforce readiness, risk mitigation, infrastructure/data readiness, and accountability/measurement) intersect with telehealth and telemonitoring. An initial question was raised regarding scope: whether the Workgroup should focus narrowly on telehealth/telemonitoring or consider AI impacts across the broader healthcare system.

3) Interactive Activity: 2–3 Year Vision for AI in Maine Healthcare

Using a shared collaboration board (Figma), participants contributed ideas on what “success” could look like for AI in Maine healthcare over the next 2–3 years. Key themes included:

- A collaborative, statewide shared-learning environment where stakeholders exchange lessons learned and best practices.
- A structured and consistent approach to AI tool adoption, with clear guidance and equitable access across health systems and providers, avoiding telehealth-style inequities.
- Early “high-value” use cases that reduce administrative burden and documentation time and support workforce efficiency and skill development.
- Patient and caregiver benefit as a core criterion for adoption, alongside attention to digital inclusion challenges.

- Improved visibility into the “scale and scope” of available AI tools (organized by use case) and stronger vetting/selection practices.

4) Policy, Governance, and Public Trust Considerations

Participants discussed the need for clear guidance on responsibility and accountability when AI tools are used in care delivery. Questions were raised about where responsibility should sit if something goes wrong (individual provider, the purchasing health system/employer, or the developer/vendor). The group also highlighted the importance of patient and community education, including helping patients become informed advocates who know what questions to ask about AI use in their care.

5) Potential Near-Term Deliverable: Statewide AI Utilization Snapshot

The group converged on the value of developing a survey to understand AI utilization across Maine healthcare settings. Participants emphasized the importance of strong outreach to ensure robust response rates across diverse sectors (including hospitals, primary care/community health centers, long-term care, and dental). Ideas included leveraging association networks and exploring an intern or student project to support outreach and data collection.

Decisions and Agreements

- Reconvene the AI Workgroup approximately monthly (timing to account for holidays).
- Develop a draft survey to assess AI utilization across Maine healthcare settings for Workgroup review.
- Expand outreach to additional stakeholders and associations to strengthen representation and support survey distribution.

Next Meeting

To be scheduled via calendar poll; target is approximately one month after the inaugural meeting, adjusted for holiday schedules.

Adjournment

The meeting concluded at approximately 1:04 PM ET.