

Maine Telehealth and Telemonitoring Advisory Group

AI Workgroup - Meeting Minutes

Meeting	Monthly AI Workgroup Meeting
Date	Monday, February 9, 2026
Time	12:00-1:00 PM ET
Location	Zoom
Facilitators	Andrew Solomon; Danielle Louder; Reid Plimpton; Caren Bishop
Recorder	Prepared from meeting transcript, chat notes, and AI-curated summaries

Attendees

- Andrew Solomon
- Caren Bishop
- Carol Carew
- Danielle Louder
- Mike Kiers
- Reid Plimpton
- Susan Woods
- Timothy Terranova

Agenda

- Welcome, administrative items, and webpage update
- Review and finalization of the statewide healthcare AI utilization survey
- Survey question wording, response options, and skip-logic considerations
- Patient engagement, patient consent, and communication about AI use
- Survey introduction, Advisory Group description, and contact-information placement
- Survey distribution strategy and future agenda/resource suggestions

1) Welcome & Administrative Items

The group opened with brief administrative items while participants joined the Zoom meeting. Andrew Solomon noted that Lisa Letourneau was unavailable and that several members had declined the meeting. The group also discussed updates to the Telehealth and Telemonitoring Advisory webpage, including the intent to reorganize meeting materials and workgroup resources before the survey is distributed.

2) Survey Finalization Purpose and Process

Andrew Solomon and Caren Bishop framed the meeting as a working session to finalize the statewide survey on AI use in healthcare organizations. The survey had been reviewed at the quarterly THTM meeting the prior week and circulated to Workgroup members for feedback. Because commenting on the survey draft had been difficult, Caren shared the survey screen so the group could walk through each item, resolve wording issues, and prepare a final version for distribution.

3) Survey Introduction, Confidentiality, and Use of Results

The group discussed how to explain the purpose of the survey and how the results would be used. Participants emphasized that the survey was intended to inform the AI Workgroup, state planning, and future AI Hub activities rather than publicly identify individual organizations or vendors. Caren noted that a disclaimer should be added to help respondents feel more comfortable sharing information, especially when naming vendors or describing implementation experiences.

4) Organizational and Individual AI Use Questions

Participants reviewed questions intended to capture whether AI tools were being used by an organization, by individual clinicians or staff, or both. The group discussed how to distinguish formal enterprise implementation from informal or individual adoption, and how to capture experiences across different types of organizations, including Critical Access

Hospitals, FQHCs, and smaller practices. Members agreed that the survey should use clearer terminology and include options that allow respondents to describe tools not listed in predefined categories.

5) AI Tool Categories, Vendors, and Terminology

The Workgroup discussed how to ask about AI tools and vendors in a way that would be understandable to respondents with varying levels of AI familiarity. Participants recommended clarifying terms such as ambient scribing, adding an "other" option where appropriate, and avoiding wording that could imply the Workgroup was evaluating or endorsing specific products. The discussion also acknowledged that some tools may perform more than one function, such as documentation support, coding assistance, referral generation, or clinical decision support.

6) Patient Engagement, Communication, and Consent

A significant portion of the discussion focused on patient-facing questions. Susan Woods emphasized that the term "engagement" could be interpreted in many ways and recommended making the question more specific. The group discussed whether the survey should ask about how patients are informed when AI is used, whether consent is obtained, and how organizations communicate the role of AI in clinical workflows. Participants also noted the relevance of emerging behavioral health legislation and broader expectations around consent and transparency.

7) Survey Structure and Response Burden

The group considered how survey structure could affect completion rates. Participants discussed moving demographic and contact-information questions toward the end of the survey, preserving brevity, and using skip logic to avoid unnecessary questions. The Workgroup also agreed that the survey should include a concise description of the Advisory Group at the beginning and provide an opportunity for respondents to indicate willingness to participate in follow-up conversations or future resource development.

8) Website, Branding, and Shared Resources

The Workgroup reviewed plans to update the Telehealth and Telemonitoring Advisory webpage before survey distribution. Danielle Louder and Caren Bishop noted that a new logo had been created for the Advisory Group, and the group discussed including the updated branding in the survey or webpage materials. Sue Woods also shared information about the Maine Technology Institute MERC AI resource as a potential training or learning opportunity for organizations exploring AI.

9) Survey Distribution Strategy

The group discussed multiple distribution pathways to improve statewide reach. Potential channels included state distribution lists, individual practices, smaller organizations, relevant healthcare associations, the Maine Board of Medicine newsletter, and Maine Technology Institute-related networks. Timothy Terranova offered to work with Caren or another member to prepare a short survey blurb for the Board of Medicine newsletter, noting that materials would be needed by the first Friday in March for inclusion in the next newsletter cycle.

Decisions and Agreements

- The AI utilization survey will be revised based on Workgroup feedback and circulated for final review before statewide distribution.
- The survey introduction will include a brief description of the Telehealth and Telemonitoring Advisory Group and explain how the information will be used.
- Survey wording will be refined to improve clarity, including clearer descriptions of AI tool categories and patient-facing questions.
- The survey will include "other" response options where needed to capture tools, vendors, and use cases that are not listed explicitly.
- Contact information and follow-up participation questions will be placed toward the end of the survey to reduce early response burden.
- The Workgroup will pursue multiple distribution channels, including the Maine Board of Medicine newsletter, state and association networks, and outreach to individual practices and smaller organizations.
- The Telehealth and Telemonitoring Advisory webpage should be updated before broad survey distribution.

Action Items

- **Caren Bishop:** Update the AI survey based on group feedback, including adding "other" options, clarifying terminology, adjusting question phrasing, moving contact information to the end, and adding an Advisory Group description.
- **Caren Bishop:** Send the updated survey link to the Workgroup for final review.
- **Andrew Solomon / Caren Bishop:** Coordinate with Lisa Letourneau when she returns to explore whether the state can distribute the survey through relevant state distribution lists.
- **Caren Bishop / Andrew Solomon:** Develop and implement a distribution strategy that reaches individual practices, smaller organizations, and relevant associations.
- **Caren Bishop / Andrew Solomon:** Draft a short blurb and survey link for inclusion in the Maine Board of Medicine newsletter, with materials submitted by the first Friday in March.
- **Caren Bishop / Andrew Solomon:** Ensure the Telehealth and Telemonitoring Advisory webpage is updated before the survey is sent broadly.
- **All Workgroup members:** Send any additional agenda items, resource suggestions, or distribution ideas to Andrew or the group by email.

Next Meeting

AI Workgroup Meeting: Monday, March 9, 2026, following the recurring second-Monday cadence. Planned focus: survey distribution status, early response review if available, and next steps for resource development and AI Hub planning.

Adjournment

The meeting concluded at approximately 12:53 PM ET.