

Maine Telehealth and Telemonitoring Advisory Group

AI Workgroup - Meeting Minutes

Meeting	Monthly AI Workgroup Meeting
Date	Monday, April 13, 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
- Lisa Letourneau
- Michaela Fascione
- Mike Kiers
- Reid Plimpton (NETRC)
- Sally Weiss
- Susan Woods
- Timothy Terranova

Attendance note: The attached attendee list included Timothy, Carol, Sue, Danielle, Caren, Michaela, Sally, and Reid. The transcript also showed Andrew, Lisa, and Mike participating, so the attendee list above is compiled from both sources.

Agenda

- Welcome, administrative items, and RHTP update
- Review of preliminary statewide AI utilization survey results
- Discussion of current AI tools, including ambient documentation and OpenEvidence
- AI governance, training, implementation, and liability considerations
- Patient education, transparency, consent, and LD 2082 implications
- AI Hub planning, workgroup recommendations, and future presentations

1) Welcome & RHTP / AI Hub Update

The group opened with brief technical and administrative items. Andrew Solomon confirmed that AI transcription was enabled for meeting notes, and Michaela Fascione introduced herself as a new attendee from MCD Global Health. Danielle Louder and Lisa Letourneau provided a brief RHTP update, noting that contract negotiations with the State of Maine were still pending but that the Rural Health Transformation Program was expected to include resources to support development of a rural health AI hub.

2) Preliminary Maine Healthcare AI Survey Results

Andrew Solomon reviewed preliminary survey results on AI use in Maine healthcare. The survey had approximately 50 Maine-based responses at the time of review, with 53 total responses before excluding three non-Maine respondents. Responses were still expected from additional channels, including MPCA distribution. The group recognized that the current results were an early directional snapshot rather than a final statewide assessment, with a substantial portion of responses appearing to come from MaineHealth or similar early-adopter settings.

3) AI Adoption Patterns and Current Tool Use

The survey discussion highlighted significant current AI use, especially ambient documentation and clinical decision support. The summary video noted that 88% of respondents reported using AI tools, with roughly two-thirds of clinicians describing a positive experience. Participants discussed tangible benefits such as less after-hours documentation burden and more face-to-face time with patients, while also noting persistent concerns about accuracy, workflow fit, and EHR integration.

4) OpenEvidence and Informal Clinical Adoption

The group discussed OpenEvidence as a frequently referenced tool in survey responses. Andrew noted that 11 of 21 organizations represented in the analyzed responses mentioned OpenEvidence. Participants discussed the possibility that clinicians may be independently creating accounts, particularly when other evidence-reference tools are unavailable or have been discontinued. This raised questions about organizational awareness, policy alignment, training, and whether use of externally available tools is occurring outside formal governance structures.

5) Governance, Training, and Implementation Concerns

Participants discussed survey findings related to governance gaps, limited clinician training, and uncertainty about whether organizations have formal rules for AI use. Danielle Louder emphasized the need to understand root causes before developing solutions, since frontline uncertainty may reflect either true governance gaps or communication gaps within organizations. Susan Woods noted that the findings appeared to validate broader national trends, particularly around governance, implementation burden, and user trust. The group also discussed liability, malpractice concerns, and the importance of defining oversight responsibilities for AI-supported clinical workflows.

6) Patient Education, Transparency, Consent, and LD 2082

Lisa Letourneau, Sally Weiss, Susan Woods, Timothy Terranova, and Reid Plimpton discussed patient-facing implications of AI use. Topics included whether signage about ambient documentation is sufficient, how patients should be informed or asked for consent, and how clinical teams should respond when patients bring AI-generated health information into visits. Timothy Terranova and Reid Plimpton summarized the status and implications of LD 2082, including its likely effect on consent requirements for mental health services and the potential for related expectations to influence other specialties over time.

7) AI Hub Planning and Future Presentations

The group discussed how the survey findings should inform the emerging Rural Health AI Hub. Priority areas included creating an inventory of AI tools in use across Maine, sharing real-world case studies and best practices, supporting organizations that have not yet adopted AI, and developing resources for governance, clinician and administrator education, patient education, consent, and implementation readiness. The group agreed that CCPM would be a valuable presenter at a future meeting because of its network-wide AI assessment and AI governance committee work.

Decisions and Agreements

- The preliminary AI survey results will be used to inform the Rural Health AI Hub work plan and priority areas.
- The group will continue gathering and reviewing additional survey responses before finalizing conclusions.
- The Workgroup should explore practical resources that address AI governance, training, patient education, consent, and implementation support.
- The group agreed to invite CCPM to a future meeting to share its AI assessment findings, governance structure, and implementation approach.
- The Workgroup will consider both care team / administrator resources and patient-facing resources as part of AI Hub planning.
- The group will continue monitoring AI-related policy and regulatory developments, including LD 2082 and recommendations from the Governor's AI Task Force report.

Action Items

- **Andrew Solomon:** Reach out to CCPM, specifically Janet and/or Kate/Katie, to invite them to present their AI survey findings and approach at the next meeting.
- **Andrew Solomon:** Update the AI survey results with any additional responses received before the next meeting.
- **Andrew Solomon:** Present an AI Hub roadmap with proposed next steps at the May 11 meeting.
- **Andrew Solomon:** Ensure AI Hub planning includes both care team / administrator resources and patient-facing components.
- **All Workgroup members:** Begin developing a work plan or scope for the AI Hub that addresses the categories identified in the survey results.
- **All Workgroup members:** Review recommendations from the Governor's AI Task Force report and consider which recommendations may be appropriate for implementation or adaptation in Maine healthcare settings.
- **All Workgroup members:** Continue identifying additional subject matter experts, organizations, and examples that can support shared learning around responsible AI adoption.

Next Meeting

AI Workgroup Meeting: Monday, May 11, 2026. Planned focus: CCPM presentation on AI survey findings, governance approach, and implementation experience; updated survey review; and AI Hub roadmap discussion.

Adjournment

The meeting concluded at approximately 12:52 PM ET.