

Meeting Summary & Action Items

Maine Telehealth and Tele-Monitoring Quarterly Advisory Group Meeting

Date: Thursday, November 5, 2020 10:30AM-12:00PM

Attendees: Kevin McGinnis, Lisa Harvey-McPherson, Carol Carew, Jerry Dubois, Natalie Dumont, Alan Jansujiwicz, Caren Bishop, Jasmine Bishop, Lisa Letourneau, Rick Redmond, Yvonne Jonk, Amy Heino, Alecia Swihart, Andrea Gimpel-Blanchard, Sue Woods, Mel Lovering, Rob McCarley, Kelly Marshall, Danielle Louder, Andrew Solomon, Reid Plimpton
 Guest: Nick Battista – Chair, Maine Broadband Authority

Issue	Summary/Decisions	Action Items and/or Resources	Lead
Welcome & Agenda Scan	Danielle opened meeting and did agenda scan with the group to ensure all key items were covered.	N/A	Danielle All
Current Telehealth Landscape in ME and COVID-19 Impact	<p>Policy Updates: CMS added several new services (codes) in October - cardiac rehab and pulmonary rehab focused.</p> <p>Discussion regarding Maine commercial payer telehealth policy:</p> <ul style="list-style-type: none"> • Maine Legislation passed via emergency session in March, 2020 allows commercial payers to cover eConsults but does not require it (may vs. shall); therefore providers need to negotiate eConsult coverage with individual carriers <ul style="list-style-type: none"> ○ Providers may not be aware of this specific need ○ The workgroup would like NETRC to send an FYI to providers in Maine • Discussion on payment parity – it is required under current COVID-19 emergency orders; not clear how many commercial payers were providing equal payment pre-COVID, or how many will do so after COVID <ul style="list-style-type: none"> ○ Lisa HM recommended Maine BOI poll carriers to see what post COVID policies may look like <p>During the emergency period, telephonic visits are covered and payment parity is in place, but anticipating audio-only coverage</p>	<p>Maine Law passed March, 2020: An Act To Promote Telehealth</p> <p>NETRC to summarize this for provider groups and send to distribution list; also provide a template letter for providers to send to carrier reps</p> <p>Updates for next meeting:</p> <ul style="list-style-type: none"> - 2021 Physician Fee Schedule final rule and telehealth codes - Goal of CMS and congress acting on the big waivers 	<p>NETRC</p> <p>NETRC, Lisa H-M</p>

	<p>may be discontinued among private payers once the emergency period ends. We will be looking for a legislative solution for telephonic coverage during the next session. Lisa HM shared that Northern Light Health, MaineHealth and the Maine Hospital Association are collaborating to draft language for next legislative session.</p> <p><u>Broadband Expansion Updates - Connect Maine Authority (ConnectME):</u> Broadband is currently not regulated and is a competitive marketplace. ConnectME just opened up round of broadband community planning grants. Rulemaking and mapping work is in progress to improve data and understanding of the landscape.</p> <p>ConnectME is starting a new tri-annual plan process - due early 2022. Undergoing process to help distribute the bond monies (\$15 million bond funds for broadband infrastructure are quickly moving through program objectives and design). There will be many funding opportunities available in the next six months.</p> <p>Danielle shared info from Peggy Schaffer on how to get involved in the process, including a live meeting on November 9, and a stakeholder survey. A draft set of funding objectives are shared here: https://www.maine.gov/connectme/grants/engagement</p> <p>A new program for addressing specific connections for students who lack connectivity could be a potential model for Telehealth.</p> <p>Sue Woods asked about lateral connections between broadband, healthcare and education. Nick discussed Bond funds and CARES Act funding - one of the challenges is identification of student addresses - cannot share with ISP. The challenge may exist in the healthcare world as well.</p> <p><u>Key highlights - Rural Telehealth article – Yvonne provided overview:</u> Study used all payer claims database and looked at 2008-2016 telehealth data. Utilization relatively low - less than 1% (pre-COVID). Majority of services were around children’s speech and language as well as psych services. For 70%,</p>	<p>Reid shared that as of September, five states have written Payment Parity into their statutes (specific to private payers). NETRC to share language with Policy Workgroup for reference.</p> <p>More updates on Broadband to come. Nick will keep NETRC informed and attend February TH/TM to provide updates</p> <p>Encourage THTM to participate in this process and think about telehealth connections - Jasmine can be a conduit between this group and ConnectME</p> <p>Yvonne shared full article: see email attachment; not for public distribution</p>	<p>Reid</p> <p>Nick Battista</p> <p>All</p> <p>Yvonne</p>
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	<p>Medicaid was the primary payer. Barriers preventing organizations from embracing telehealth included:</p> <ul style="list-style-type: none"> - lack of broadband - billing/reimbursement complexities– not a strong incentive for payers to document when telehealth was used due to lack of payment parity, which may contribute to an underrepresentation of telehealth services and claims <p>Now embarking on a study using 2019 and 2020 data - Grand Challenge Initiative: rural health issues in Maine to look at telehealth use in children, specifically where are they receiving telehealth/where were they not and if schools are surveying connectivity to see where connectivity is an issue.</p> <p><u>Workgroup Discussions/Updates:</u> Innovative Workforce Models (Paramedicine) Workgroup identified and looked at 6 different community paramed programs that were either candidates for ET3 or other programs that we knew were using community paramed/telehealth. St. George and Vinalhaven were identified as the most fertile areas to look at. Workgroup will follow these two programs, offer assistance, observe them, get useful measures as to how telehealth is being used in community paramedicine and identify a model that can be adopted throughout the state.</p>	<p>Engage others in the conversation to see how we come to a better understanding of what it is we see in the claims and barriers regarding broadband.</p> <p>See November press release: Mills Administration Awards \$5.6 Million to Build High Speed Internet Infrastructure for Students in Underserved Maine Communities</p>	<p>All</p> <p>FYI</p>
<p>Resources and Opportunities</p>	<p><u>Current efforts to support telehealth implementation:</u></p> <p><i>Policy workgroup:</i> Still working on creating an infographic for telehealth payment coverage post COVID. Official rule on 2021 PFS codes will come out late December effective January 1st.</p> <p><i>Behavioral Health:</i> Plan to have access to psych evaluations in all Emergency Departments in the state by the end of the year. Acadia, St. Mary’s, and MaineHealth have been contacted. There was discussion around the challenge of “timely” access vs. access and where we may be able to dig deeper to assist/fill gaps.</p> <p><i>eConsult:</i> Maine eConsult Planning grant - Developed a survey to assess needs and opportunities for eConsults which will be delivered Spring 2021. Andrew shared project handout.</p>	<p>Draft infographic for TH/TM review in Feb.</p> <p>Andrew shared: eConsult Handout</p>	<p>Policy Workgroup</p> <p>FYI</p>

	<p><u>Opportunities per TH/TM Priority Areas (Policy, Behavioral Health, Workforce Models, Primary Care Supports):</u> <i>Behavioral Health:</i> ED stays have increased, outpatient services have closed, shortage of providers, and reimbursement barriers so telehealth is important to get treatment going and get patients out of ED. Opportunities to support group homes, SNFs, and maximize capacity of all resources for psych patients, stabilization units, and social services to reduce unnecessary ED visits.</p> <p><i>eConsult:</i> Using eConsult in the hospital and other settings is an opportunity. Several are interested in learning more:</p> <ul style="list-style-type: none"> - palliative care providers at Androscoggin - Connections in the VA? <p>Lisa L provided brief overview of the CMS CHART Model initiative – it’s been challenging to get healthcare orgs to commit to applying for this model given the current landscape under COVID. DHHS is exploring potential partners and options.</p> <p>Danielle reminded the group that the FCC Connected Care Pilot funding opportunity is now open; focus on infrastructure to support enhanced access to internet and telehealth</p> <p>Caren provided status update on SUPPORT for ME TeleSUD efforts – provider trainings are being conducted and TeleSUD Toolkit has been developed; will be distributed to stakeholders upon final CMS approval. Opportunities for both patient and provider sites to participate are still available.</p>	<p>Have a follow-up discussion around potential shared resources, approaches and report back to group</p> <p>Action items:</p> <ul style="list-style-type: none"> - eConsult and reimbursement discussion and update back to group - CHART Mode: Applications for the Community Transformation Track are due February 16, 2021. Request for Application (RFA) for the ACO Transformation Track will be available in early 2021. - FCC Connected Care Pilot funding – applications accepted through 12/8/2020 - Anyone interested in participating in SUPPORT for ME TeleSUD project reach out to Caren or Danielle 	<p>Rob and Rick</p> <p>Andrew and Natalie</p> <p>FYI</p> <p>FYI</p> <p>FYI</p>
<p>Next Steps and Adjourn</p>	<p>Danielle reviewed next steps/assignments (see Action Items) and encouraged all to reach out with questions and/or resources to assist with group activities to further promote telehealth.</p> <p>Reminded group of Advisory Group webpage which houses relevant resources.</p>	<p>Send out meeting summary and resources discussed.</p>	<p>Danielle</p>
<p>Next Meeting: Thursday, February 4th 10:30A-12P - likely remote only Zoom: https://us02web.zoom.us/j/87371125847</p>			