

Quarterly TH/TM Meeting

Thursday, February 3, 2022

Attendees: Sarah Squirrell, Sue Woods, Mel Lovering, Yvonne Jonk, Rick Redmond, Jennifer Brewer, Gus Crothers, Lisa Letourneau, Amy Heino, Rob McCarley, Carol Carew, Kelly Marshall, Alecia Swihart, Thomas Leet, Mike Ross, Sam Hurley, Danielle Louder, Caren Bishop, Reid Plimpton, Chris Gilding, Andrew Solomon

Meeting Notes:

10:35A TH/TM Priority Areas: Discussion and Next Steps

Goodbye to Jasmine Bishop who is taking a new position in D.C. area; Welcome to Mel Lovering taking her place and representing home health

Intros

- **Updates on Key Areas of Focus**
- **Behavioral Health**
 - **Telebehavioral Health in Schools and Beyond (Sarah S and Lisa L)**

Sarah - DHHS and Dept of Education looking at how to expand access to mental health in schools by leveraging telehealth – funding available to support this.

Currently meeting with leaders in the provision of telehealth – focusing on rural and underserved areas. Meeting with Mass folks to learn about the models they have used.

Anyone interested in partnering, please follow up with Sarah or reach out.

Another effort, which may also leverage telehealth to expand access - expanding school-based health centers in Maine with additional funding from Dept. of Education. RFP coming out soon.

LML – wider work with rural initiatives with Maine DHHS to add workforce in rural communities.

CDC Suicide Prevention Grant (Reid)

BH workgroup had an active discussion this past quarter – Sheila Nelson shared info on this grant and opportunity to collaborate. [CDC description of grant](#)

Funding through comprehensive suicide prevention grant. Avenues to highlight funding to support patients with suicidal ideation and via telehealth. Sheila may have a larger ask and description to ask for participation from this group as things move forward.

Yvonne - shared that she is working on a couple of projects using Medicare and Medicaid data - perhaps an opportunity to collaborate on anything of interest with those data sets?

Reach out to Yvonne if you're interested in utilizing data.

Support Primary Care

eConsults – updates on state-wide efforts and resources (Caren and Danielle)

Danielle – As a result of HRSA rural health network planning grant that wrapped up last summer: we pulled together key stakeholders and created strategic plan for State of Maine to implement an eConsult network – gearing up to launch a pilot over the coming months. We are continuing to do research on resources and platforms that can be used by PCPs to expand access for hard to reach specialties, MH, dermatology, rheumatology, long COVID, etc. NETRC [Telehealth Classroom](#) has an eConsult toolkit available at no cost.

LML - Will be interesting to get caught up with what the health systems are doing. Some have their own internal program for eConsults.

Jen Brewer – Shared info on Northern Light Health’s internal eConsult program. Rheumatology, GI, cardio, some surgical specialties as well and hematology. #s and utilization improved, and started to see access improving especially in rheumatology. All of this is done through the medical record. One key element - lots of education and re-education to ensure appropriateness and efficacy.

Danielle - starting to see ROIs and benefits from the literature. We will tap into NLH and others as we develop the network. Goal of network is to leverage Maine providers but where there are gaps, where can we look beyond Maine to help fill those needs.

New Workforce Development Models

Community Paramedicine – updates on local efforts, policy, etc. (Caren, Kevin, Sam)

Caren - Reviewed [Model for Community Paramedicine in Maine](#) that incorporates telehealth. The model is based on what was learned from NorthStar and Boothbay EMS. Challenge is funding and utilizing capacity efficiently. Model is on TH/TM website.

Ideas for next steps could be utilized for identified service gaps for members already accessing community programs - for example at home nursing programs.

Alecia - programs that aren't staffed - they have care coordination staff that may be able to provide referrals for assessment or treatment within the paramedicine scope of practice.

Caren - We also discussed during the behavioral health meeting last year the possibility of utilizing community paramedics as a strategy to reach youth prior to a mental health crisis and help with ED avoidance.

*LML- Consideration wider than community paramedicine program
How do those cases get identified earlier on?*

Rick Redmond – focus should be around how to help prevent unnecessary ED admission. Acadia is having trouble trying to manage cases.

Rob - MaineHealth also experiencing this.

Yvonne - can we support this by looking at claims data?

Carol - we are doing a lot of BH in Bucksport. We have 6 counselors rotating in school system and still not enough.

Rick - We are in a current public health crisis. Need an urgent approach and then look at long term. Never seen this many people try to get into a psych hospital or ED for mental health. Youth have particularly popped up. Delivery system is stuck. People can't be discharged to places they used to go b/c they have shut down.

Reid and all - use BH workgroup to focus on this. Involve CP workgroup as well.

Many volunteered to join this workgroup focused on urgent need to divert youth mental health from EDs. Caren and Reid to co-lead the workgroup.

FYI: Partners are applying for the HRSA telehealth related grants:

- Oral Health Workforce Development - Maine Office of Rural Health and Primary Care
- Title X Telehealth Expansion – Maine Family Planning

Danielle - NETRC will be assisting with implementation as needed if they're funded.

Promote Payment Change - TH Policy (Reid and Lisa H-M)

Updates, Resources: [LD1758](#), [LD1920](#), [Vermont ITWG Report](#)

Bills currently in legislation

Reid - 2 bills to point out that definitely involve telehealth.

LD1758 - Act regarding access to tele-BH during emergencies. Work session yesterday - Link in chat. This was tabled within the committee. Means that there was some in depth discussion and couldn't get through quickly so one to watch out for. Will connect with LHP

LD1920 - act to enact the interstate counseling impact. Public hearing last week - link in chat. Voted to pass. There are a number of compacts nationally. Allow for out of state providers to gain Maine licensure easier.

Vermont Interstate Telehealth Working Group Report - more of a resource - link in chat Group met – Vermont's active licensure process. 5 unique workgroups investigating different aspects of licensure and differences across the nation in our region.

Danielle – Feds - PHE has been extended another 90 days as of January 18th. Flexibilities for Medicare continue to be in place. Most likely until Dec 31st 2023.

<https://aspr.hhs.gov/legal/PHE/Pages/COVID19-14Jan2022.aspx>

Sen King [press release](#) supporting permanent expansion of those flexibilities. - link in chat Same with ATA.

Yvonne - medicare - conversation with FORHP is telehealth additive or substitute? It can be both. **Anyone have ideas to show that this replaces a visit does not add to? Any input of telehealth as an additive or substitute.**

Mel – Question on Place of Service (POS), can it be the home after PHE? Will we be able to work with locations where patients can go? Do we need a new POS for these patients? Potential Gap for RPM patients. Danielle encouraged her to reach out and express her concern to law makers as they are particularly interested in telehealth now (senators).

11:15A Resources and Opportunities (All)

- CCHP 2022 Telehealth Policy Update: [Recording - update on fed policy](#)
- Project ECHO Opportunities - *ped BH echo. Just getting rolling. How can we incorporate key pain points into that ECHO. Communications coming soon.*

Andrew – [CARE2](#) - A couple of ECHOs are ramping up. [PEACE ECHO](#) on aging and COVID in isolation coming next week. Link in chat.

Reid - [newsletter](#) shows 5 New England ECHOs going on currently.

Danielle -Part of our project with CARE2 is to create an inventory to accompany and not duplicate existing ECHOs. **We will share when we can.**

- American Connectivity Program (ACP) – www.acpbenefit.org
- Reid - EBB now somewhat permanent and now ACP. Need to switch over anyone on EBB by March. \$30 per month for non-tribal, \$75 per month for tribal. And one time funding for devices.
- Funding and Other Opportunities: HRSA, USDA, SAMHSA, etc.
- FDA Request for Comment on RPM: Closing 3/22
- White House RFI: Strengthening Community Health Through Technology
- USDA dropping soon - funds equipment, software, some infrastructure and training. No personnel.
- We will keep tabs on opportunities that drop when new federal budget drops.

11:30A Maine Connectivity Authority Update

Guest: Andrew Butcher, MCA President

Progress in MCA's first six months, overview of strategic direction, and opportunities for stakeholder input (Q&A – all)

Overview on [Maine Connectivity Authority](#)

Bipartisan leg in 2021

Best mechanism to receive federal recovery funding

Joined in November as contractor, sworn in January, 2022

*Working with Connect ME - complimenting and expanding upon efforts
Allocated 10 million for their spring 2022 grant round - last mile for community driven
approaches. Most amount ever available when combined with bond funds available.
4-page target [MCA Strategic Summary](#) serves as roadmap for how to apply 250 million in
federal funding for state connectivity goals.*

Intention is to be proactive. Focus on 3 areas:

- *Projects and how to optimize deployment - sector based partnerships*
- *Places and make sure we are reaching last mile*
- *People*

*Leverage partnerships wherever possible to advance partnerships and look at new finance
models. E.g. working with MaineDOT as a potential partner.*

Questions or comments?

*Yvonne - During pandemic we saw impact of broadband. Rural telehealth didn't take off as
much as urban. Internet is expensive. What is going to be done about affordability?*

*Andrew - There are elements of plans in place. How to make the most of existing federal
subsidies for service. Need to establish an aggregated program for service providers and make it
easier for consumers to access subsidies.*

State digital equity plan - access adoption and affordability will be a priority.

*We will staff up and have more capacity. Partnerships for research - opportunity for non-wired
for the middle mile. Research.*

*Dr. Ross - in terms of directly looking at MCA - dev digital health workforce - we can help with
that. Looking at telehealth specific endeavors.*

Digital divide - broadband is significant component.

*Andrew - digital literacy will be addressed. Digital equity planning process. Digital equity grant
process. Device lending program. Maybe through state libraries?*

Check out the new MCA website: <https://www.maineconnectivity.org>

Other resources:

- National Digital Equity Center: <https://digitalequitycenter.org/>
- Maine Broadband Coalition: <https://www.mainebroadbandcoalition.org/>

For questions, info, etc. regarding telehealth and broadband, reach out to Andrew Butcher
at: abutcher@maineconnectivity.org

11:55A Wrap-Up & Next Steps (Danielle)