

## Meeting Summary & Action Items

### Maine Telehealth and Tele-Monitoring Quarterly Advisory Group Meeting

Date: Thursday, February 1, 2024 10:30AM-12:00PM

**Attendees:** Tia Bolduc, Timothy Terranova, Lisa Harvey-McPherson, Tracy Jalbuena, Mara Larkin, Carol Carew, Sue Woods, Yvonne Jonk, Lisa Letourneau, Alicia Swihart, Danielle Louder, Andrew Solomon, Caren Bishop, Reid Plimpton, Michaela Fascione, Chris Gilding

**Guests:** Ali Johnson - VETN Project Lead, Vermont Program for Quality in Health Care; Dr. Alison Davis – Medical Director ED, Rutland Regional Medical Center, VT

Issue	Summary/Decisions	Action Items and/or Resources	Lead
<b>Welcome &amp; Agenda Scan</b>	Danielle opened meeting and did agenda scan with the group to ensure all key items were covered. Introductions were made.	N/A	FYI
<b>Key Updates and Planning</b>	<p><b>Promote Payment Change</b>  <i>Lisa HM – Maine workgroup/taskforce on facility fees; there is a recommendation to consider prohibiting facility fees for telehealth visits. Because the patient is at home and provider might not be at a facility, there is a question as to why there is a facility fee? Vote was not unanimous. Plan is that a joint report will come out with claims data on telehealth and facility fees.</i></p> <p><i>Lisa HM – Congressionally Directed Spending funding 2024 - new round of funding through Senator Collins' and Senator King's offices. All CDS projects sitting in an appropriation bill could die. If you're waiting for a project in queue, wait to see if the appropriations bills get passed. Or if they pass a Continuing Resolution (CR).</i></p> <p><i>DL - If the CR happens it will become very competitive as the # of projects could double for next year.</i></p> <p><i>DL – Updates for eVisits in the chat (not eConsults). Patient to provider communications that are billable. CCHP put together a nice article with research and studies. Could be part of a digital health strategy. Not defined as telehealth under the Social Security Act.</i></p> <p><b>Behavioral Health (BH Workgroup and Guests from VETN) (30 minutes)</b></p>	<p><i>Timothy shared link to Task Force Report in chat:</i>  <a href="https://legislature.maine.gov/doc/10648">https://legislature.maine.gov/doc/10648</a></p> <p><i>NETRC to share links to portals when they are opened</i></p> <p><i>CCHPs newsletter on eVisits, with multiple relevant studies hyperlinked within:</i>  <a href="https://mailchi.mp/cchpca/e-visit-study-highlights-store-and-forward-telehealth-policy-issues">https://mailchi.mp/cchpca/e-visit-study-highlights-store-and-forward-telehealth-policy-issues</a></p>	<p>FYI</p> <p>NETRC</p> <p>FYI</p>

	<p>Vermont Emergency Telepsychiatry Network (VETN) - Ali Johnson and Dr. Alison Davis  <i>Presentation from Ali and Dr. Davis (see slide deck attached)</i>  <i>Rutland project treating adolescents in the ED who have been referred to inpatient treatment. Treat them while they wait for a bed.</i></p> <p><b>DISCUSSION</b></p> <p><i>Tracy J – Q1 – have you ever discussed what it would look like to have this telepsych encounter earlier in the patient’s course? Prior to disposition? To prevent needing inpatient disposition? Perhaps have them sent home?</i>  <i>Q2 – Talk about billing</i></p> <p><i>Alison – we were able to discharge 20% of kids who received a consult. We’re hopeful that as we expand the pool of patients we can have more of that same impact. But we also need to be aware of psych capacity.</i>  <i>Billing – Brattleboro bills RRMC per encounter. Then RRMC bills for the patient including the consults</i></p> <p><i>Ali – difference between cost for Brattleboro and insurance is covered by the SAMHSA grant. Looking to do this more statewide.</i>  <i>Alison – we also submit data collection – we will bill VPQHC for staff time on data analytics</i></p> <p><i>Sue – 70% who came in were discharged home? How acute is the population? Do they come back? How ill when they present? Are there any asynchronous digital tools that you’re promoting to help the kids and families self-care?</i></p> <p><i>Alison – for the patient population the kids are not just suicidal it’s also kids that have issues more related to developmental disability who have aggressive behavior, autism, where there is concern about patient safety and caregiver safety. SUD is captured in the data but less of a concern in this population. There are some kids that have ADHD or oppositional defiance disorder that struggle. Trauma involved usually with these kids. Sometimes they are fairly acute when they present but the trauma could be escalated if they go to inpatient.</i></p> <p><i>Main digital tool they use is a texting line with Rutland Mental Health – positive uptake. There is always someone on the other end that is</i></p>	<p>VETN website:  <a href="https://www.vpqhc.org/vermont-emergency-telepsych">https://www.vpqhc.org/vermont-emergency-telepsych</a></p> <p>Recent article:  <a href="https://www.wcax.com/2024/01/31/rutland-and-regional-medical-center-expands-mental-health-services/">https://www.wcax.com/2024/01/31/rutland-and-regional-medical-center-expands-mental-health-services/</a></p> <p>Ali shared the following resources:  12-week intensive outpatient telemental health treatment program for youth ages 12-18: <a href="https://dbteensnh.org/">https://dbteensnh.org/</a></p> <p>VETN Final Report:  <a href="https://static1.squarespace.com/static/564f3d4fe4b06abfbce08b63/t/63d838de22d8117ddbff85e9/1675114724543/2022+VETN+Report+Final+Update.pdf">https://static1.squarespace.com/static/564f3d4fe4b06abfbce08b63/t/63d838de22d8117ddbff85e9/1675114724543/2022+VETN+Report+Final+Update.pdf</a></p>	<p>FYI</p>
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	<p><i>responding. A novel approach that they have incorporated with some discharge plans. There are some intense outpatient programs that are digital that kids have started to access – not asynchronous though. Ali provided additional resources in chat – see in resources column.</i></p> <p><i>LML – Is there confidence in continuing after grant ends? Alison – administration at Rutland hospital is very supportive of the program. We are optimistic that we’ll get some continued funding but in the long term the organization sees the benefit to the community as a whole</i></p> <p><i>Ali - hopeful the advisory board can take this issue up and plan for a legislative request.</i></p> <p><i>Reid –Other states such as North Carolina have a statewide model that includes legislative funding to cover the network.</i></p> <p><i>Ali – difference between NC and VT is that they have a statute that puts health department in charge of general funds. North Carolina receives funds. Provides metrics to an advisory group. General funds pay for salaries and staff, then they provide the consults to CAHs throughout the state. VT has hospitals that have solved the problem in different ways. So no central staff. We want to support hospitals where they’re at.</i></p> <p><i>Lisa HM – Suggests we do a level set for Maine – Acadia contracts with nearly every ED in state of Maine, want to learn what Acadia is doing and not duplicating services. The more the Acadia clinicians interact with ED staff, ED staff has built skills to manage lower level MH incidents.</i></p> <p><i>LML – Is Acadia providing support for kids? Lisa HM – yes, Acadia provides services for both adults and kids. Do we want Acadia to present at our next meeting?</i></p> <p><b>Support Primary Care</b> (Andrew, Caren) (10 minutes) <i>Maine eConsult Network final data, ongoing policy conversations, etc. Andrew – wrapped up the pilot program for eConsults to 8 sites across the state; waiting on final report from ConferMED. Full eval report ready by May. Efforts for reimbursement continuing with payers.</i></p>	<p>See slide with updated data</p>	<p>FYI</p>
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<p><b>TH/TM Working Groups – Breakout and Report Back/Next Steps</b></p>	<p>Each Workgroup Group met to discuss and prioritize key opportunities, including short and long-term, and report back to the group on recommended next steps.</p> <p><b>Workgroups:</b> Policy/Payment Change, Behavioral Health, Support Primary Care, Workforce Models</p> <p><b>Clarification:</b> Innovation will not be its own workgroup, rather will be integrated into each of the existing workgroups as relevant.</p> <p><b>REPORT OUTS</b></p> <p><i>DL, Policy – Key areas of opportunity/concern: cross state licensure, DEA controlled substances (public opinions), education resources, cleaning up language and definitions to avoid confusion (e.g. MaineCare facility fee vs. originating facility fee, etc.) Medicare policy tracking - provider address reporting, for example</i></p> <p><i>CB, Behavioral Health – Group decided to focus on expanding access to telepsychiatry in the EDs but need to learn more about what Acadia is providing to ensure complementary support vs. duplication. Also discussed researching telemental health services /provider groups that accept Medicaid. Are other states working with companies that take Medicaid? Continued development of Digital Health Resource Guide.</i></p> <p><i>MF, Workforce – there seems to be a lot of crossover with other workgroups - does this group merge with another group(s)? What can we impact? Combining with Primary Care was proposed</i></p> <p><i>AS, Primary Care – Key areas of opportunity/concern: Integrated BH model and current grant open through HRSA – looking at potential partners and proposal. Workforce development and supports: Digging into eConsults, Picasso MD curbside consults. Provider engagement how telehealth can be used to fill clinics schedules.</i></p>	<p>Action Step: - Schedule Policy Workgroup meeting for March 2024; set up recurring bi-monthly meetings</p> <p>Action Steps: - Find out who the new contact is at Acadia and schedule call. - Schedule recurring meetings for BH Workgroup</p> <p>Update: Contact is Jamilyn Murphy-Hughes, AVP of Community Services NETRC scheduled initial meeting with Jamilyn on 2/27</p> <p>Action Step: - Explore merging Workforce with other workgroups to align activities</p> <p>Action Step: - Schedule recurring meetings for Primary Care workgroup; consider combining with Workforce</p>	<p>FYI</p> <p>DL</p> <p>CB</p> <p>NETRC</p> <p>MF</p> <p>AS</p>
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<p><b>Resources and Opportunities</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">MCA Connectivity Hubs</a> – Letters of Interest due via portal 2/29/24</li> <li>• Federal Funding Opportunities <ul style="list-style-type: none"> <li>o Behavioral Health Integration: Evidence-Based Telehealth Network Program - <a href="#">HRSA-24-010</a> (Due 3/22)</li> <li>o Congressionally Directed Spending requests through Senator King and Collins Offices (Portal open date TBD; anticipated between February and May, 2024 – depends on Congress passing budget).</li> <li>o <a href="#">USDA Distance Learning and Telemed Grants</a> – anticipate NOFO to open any day</li> </ul> </li> </ul>		FYI
<p><b>Next Steps and Adjourn</b></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 <a href="#">Advisory Group webpage</a> which houses meeting info and relevant resources.</p>	<p>Send out meeting summary and resources discussed; Include items of interest on May agenda</p> <p>Reach out to share any items you'd like to cover in May</p>	<p>Danielle</p> <p>All</p>
<p><b>Next Meeting: Thursday, May 2, 2024 10:30A-12P</b>  <b>Zoom: <a href="https://us02web.zoom.us/j/87371125847">https://us02web.zoom.us/j/87371125847</a></b></p>			