

Maine Telehealth and Telemonitoring Advisory Group Agenda

Thursday, October 31, 2024 (10:30AM – 12:00PM)

Remote ONLY: <https://us02web.zoom.us/j/84757320540>

Meeting ID: 847 5732 0540

By Phone: 1-646-558-8656

Webpage: <https://netrc.org/work-group.php>

Invitees: Maine Telehealth and Telemonitoring Advisory Group [Membership](#)

Attendees: Danielle Louder, Reid Plimpton, Lisa Harvey-McPherson, Caren Bishop, Michaela Fascione, Carol Carew, Mike Kiers, Lisa Letourneau, Natalia Johnson, Erica James, Yvonne Jonk, Tim Terranova, Andrew Solomon, Sally Weiss, Sue Woods

10:30A **Welcome, Announcements & Agenda Scan** (*Danielle Louder, All*)

10:35A **Priority Areas: Key Updates and Planning (40 minutes)**

- **Promote Payment Change** (*Policy Workgroup*)

DL – several PHE extensions will end December 2024

LHMP – everything is on hold until after the election – where there is bipartisan agreement is on telehealth waivers – 2 years 4 billion dollars. Continue to score telehealth as additive not a substitute.

LML – Is there evidence that supports their continuing to charge this as additive?

LHMP – They have a perception that telehealth is additive based on the encounter that the patient will then consume some level of healthcare service that they otherwise would have consumed anyways and that is in addition to something that they would have consumed anyways,

Yvonne – how would we support his with claims?

LML - can we look historically? Look at case comparison? Those that had telehealth did they have more visits? Was telehealth truly additive?

Yvonne – we have this evidence ... it's not. There is no evidence that it's additive. There are not more visits associated with someone that has telehealth and in person. We've shown this in literature.

*LHMP – CBO takes medpac analysis – **DL shared new medpac report in chat** – some portion of telehealth are supplemental instead of substitute comes right from this report*

- [Congressional letter](#) to DEA Administrator Milgram

DL – DEA getting pressure from congress – DEA said they are going to extend but no details on how long.

- [CCHP Medicare Billing for Telehealth Encounters](#) (Sept. 2024)
- CCHP Court Cases and Telehealth - Webinars: [Cross-State Licensure](#); and [Loper Bright/Chevron](#); [October Newsletter](#)

LML - There are efforts internally to look at how we better identify provider organizations that are providing services in Maine solely over telehealth – right now we don't have a way to even identify those organizations. Try to promote the availability of BH providers over telehealth to address the workforce issues in the state that we didn't know about. Put out recommendations on how to monitor these organizations.

Yvonne - Do we have any legislation allowing EMS providers to increase scope of practice with TH monitored by a physician for example? Other states are doing this – Missouri. Alleviates stress on ED boarding.

DL – there are potentially local efforts that are looking at this model but not aware of any state efforts. We used to have Maine EMS on this call but there was turnover – we can reach out to see if we can get someone to attend regularly.

AI Workgroup – LML

What's happening around the use of AI in healthcare in Maine – opportunities to leverage AI to address rural healthcare in Maine. There's a lot going on. Scott Clinemain (SP). Calls with rural healthcare providers. Range of efforts. Virtual meeting with TTAC on the topic of AI, what it means to bring it into health care and rural communities. What work is going on. Role. Best practices.

Carol – we are implementing it through our EMR ECW, St Croix is currently using it and we are seeing an increase in productivity. We really feel that they were paying an outside vendor to scan into charts, referrals now is all being done through AI – they were paying 100k per year. This will revolutionized how we do everything. Safeguards and policies are key.

AS - thought it was interesting to hear the provider yesterday who mentioned their AI scribe was performing better than the "person on the phone" scribe.

Yvonne- does the patient have to consent?

LML – it is stated but not consistently. This is something that will need to be addressed.

Sally – This is where we need to consider cost benefit analysis. Rural hospitals have fewer resources – what is the cost of burnout what is the high yield low risk ways we can leverage AI.

Sue Woods - The whole world is analyzing the obvious benefit (work burden!) and the risks, e.g. <https://www.racgp.org.au/running-a-practice/technology/business-technology/artificial-intelligence-ai-scribes>

Canada - <https://www.cmaj.ca/content/196/30/E1042>

LML – Add this to a working group

Sally – AI in telehealth?

- **Behavioral Health (BH Workgroup)**
 - Recent efforts focused on identifying/addressing critical gaps and opportunities

Reid – background on Aroostook forum – Caren shared flyer in chat

Caren – Iris as a solution for Aroostook? Can we target this area for Iris?

LML – They do have providers that treat children - that's an idea that we can look at?

LHMP – Mental health update - Acadia opened their expansion of pediatric inpatient care in January – average daily census of 50 kids per day. Ed dept 2 issues – kids who need inpatient care- the loss of NMCC impacts every ED. There are very few inpatient units. Double impact. Kids present to the ED with some level of crisis that precipitated transport to the ED sometimes that is violent at the home. Options at the high tier is what keeps them in the Eds for weeks or months. Need a higher acuity level of service. If they had access to community based services they would never end up here.

DL – We will look to develop some solution driven recommendations for TH strategies – if anyone wants to be a part of that – we anticipate they will meet again at the end of November and we will share with the

group.

- **Support Primary Care** (*Andrew, Caren, Reid*)
 - eConsult Network – [Final Report](#) and next steps
 - PNMI Telehealth updates, resources, opportunities

Sample PNMI technology the team is delivering:

Telehealth cart: <https://vimeo.com/1023038275/c199d086a5?share=copy>

Telehealth backpack: <https://vimeo.com/1024352907/2d1c692d93?share=copy>

AS – Learning more about the differences between curbside and asynchronous models of eConsults

LML – one of the key issues is payment eConsult network and pilot that is funded was very successful other than the challenge to figure out ongoing payment. Commercial payers not paying. Picasso we're getting ready to have a conversation – value-based payment model. ACOs pick it up as part of their strategy. Interprofessional codes might not work. Curious about MaineHealth's eConsult program – MaineHealth is picking up the cost. Is Northern Light supporting it financially?

DL – Northern Light is billing successfully – Anthem is paying for it \$80, At least one payer will only pay for synchronous consults ... varies by payers. Can we get consistency among the private payers in Maine?

Sue Woods – is there an opportunity for us a to create a summary for us as a state group to put out that telehealth is not just synchronous? These are communication challenges.

- **Digital Equity & Inclusion** (*Danielle*)

NTIA had a grant application – Maine orgs submitted four applications – NDEC, Maine state library, adult ED, NETRC, Wabanaki broadband partners, Wabanaki consortium, Maine Department of Corrections Will hear back in Spring 2025. Focus on enhancing digital equity and inclusion.

11:15A PCLB Foundation Funding (25 minutes)

- Initial Efforts and Priority Needs/Opportunities (*NETRC Team*)
- Potential Partnerships/Synergies (*All*)

DL – New medical portfolio in Maine – funded 5 projects 1-year grants. Continue to look for opportunities for rural and lack of access to health care and to improve outcomes.

Jonathan Busko.

MaineHealth – 2 grants for workforce development

MCD Global health to support enhancing telehealth capacity

Bridging the Gap Telehealth Access Point – community resource center. Telehealth appointments on group visits. Working with community health partners. Digital literacy. Education materials for the community members.

DL – Aroostook county access points with agency on aging – Kathryn Harnish – access points 20 throughout the county. How many can be made accessible into telehealth access points as well. Conversations with provider groups. Just starting these discussions

Key opportunities for next year's proposal March 2025

Carol – could you look at work around consolidation around policies around AI? Nuances around rural?

DL will add to list

11:40A Resources and Opportunities (15 minutes)

- Recent Resources on Telehealth Quality: Updated [MedPAC Report](#), June 2024; Bipartisan Policy Center [Telehealth Brief](#), July 2024
- Federal Funding Opportunities
 - HRSA [Rural Maternity and Obstetrics Management Strategies Program](#) – Forecasted
 - HRSA [Rural Healthcare Services Outreach Program](#) – Forecasted
 - HRSA [Rural Health Network Development Planning Grant](#) – Forecasted
 - HRSA [Telehealth Research Center](#) – Forecasted
 - HRSA [Regional and National Telehealth Resource Centers](#) – Forecasted
- Upcoming Events, etc.
 - [New England Rural Health Association Annual Conference](#): Nov. 6-7, Mystic, CT
 - [ATA Edge2024](#) Virtual Care Policy Event: Dec. 11-13, Washington, D.C.
 - [ATA Nexus2025](#) – May 3-6, New Orleans, LA – [Abstracts due November 1](#)

11:55A Wrap-Up & Next Steps (Danielle) (5 minutes) - Action items and agenda items for next meeting

12:00P Adjourn

Next Meeting: Thursday, February 6, 2025; 10:30am to 12:00pm