## Telehealth in Maine – A Brief Update on Current Gaps and Emerging Initiatives

Northeast Telehealth Resource Center: 5/28/19 – please note this is not an exhaustive compilation of information, rather a brief synopsis of the efforts.

### Existing Telehealth Services

- All health systems in Maine (Covenant, MaineGeneral Health, MaineHealth, and Northern Light Health, including Acadia Hospital) currently provide services via various telehealth modalities (live, asynchronous, RPM) – these include but are not limited to: primary care, speech, substance/opioid use disorders, stroke, neurology, rheumatology, mental/behavioral health services including psychology and psychiatry, online care/direct to consumer remote patient monitoring, electronic consultations across multiple specialties.

- The following organizations also provide telehealth services, some in collaboration with health systems, and some independently: York Hospital, Maine Rural Health Collaborative (includes five hospitals in Northern and Downeast Maine, and three Indian Health Clinics), Maine Seacoast Mission (provides services to 5 Maine islands), Penobscot Community Health, Sweetser and others.

### Existing Telehealth Service Gaps

- There is need/interest among state-wide stakeholders to expand telehealth services to additional service lines, such as for Medical Assisted Therapy (MAT), various specialty services, asynchronous uses cases (dermatology, retinal screening, etc.), and to additional locations, such as schools, however additional clinical staffing capacity, structure/guidance and/or expansion of current policies are needed in order to make implementation feasible.

### Policy Gaps:

The following have been identified as key gaps in current policy and/or structure, which impact wide-spread use of telehealth:

- Lack of MaineCare coverage/reimbursement for asynchronous (store-and-forward) telehealth use cases, such as dermatology, retinal screening, etc.

- MaineCare provides an originating site fee to help offset costs for the patient site, however Maine’s private payer policy currently does not.

- MaineCare provides payment parity for telehealth services (equal to reimbursement for services provided in person), however Maine’s private payer policy does not.
- While there are some limited school-based telehealth services occurring in Maine, additional structure/guidance would be helpful in moving school-based telehealth forward.
- Medicare expanded coverage to include remote communications technology services, (virtual check-ins, remote eval of pre-recorded patient information, and inter-professional internet consultations) starting 1/1/19 – Maine stakeholders would like to see integration of these new codes into MaineCare telehealth rules as well.

### New Initiatives: Telehealth Services

- Stakeholders within health systems and other organizations around the state are currently working on adding the following service lines to their telehealth programs:
  - Palliative care, school-based health, paramedicine, dermatology, psychiatry, direct-to-consumer/Express Care and remote patient monitoring
- The University of New England submitted a proposal for a HRSA Workforce Development grant on 3/25/19 focused on integration of telehealth training for nursing students who are Veterans, and who are interested in practicing in rural Maine – the NETRC will provide TA and resources for these efforts if funded.
- We also assisted a number of stakeholders with USDA Distance Learning Telemedicine Grant proposals, which were due 5/19/19, including:
  - Children’s Center – proposal to provide speech and behavioral/mental health services to the Center’s clients in Somerset and Franklin counties, out of their Augusta office – the Northeast Telehealth Resource Center would provide technical assistance and resources if funded
  - Sunrise Health Care Coalition - brings together six Federally Qualified Healthcare Centers (FQHCs) in the rural, northeastern Maine areas of Washington and Hancock Counties to collectively utilize innovative technologies to improve patient outcomes for chronic conditions including opioid use disorder recovery

The NETRC will provide TA and training for these efforts if funded.

### Telehealth Data

**Upcoming data from a study conducted by USM Muskie:**
[https://ruraltelehealth.org/projects.php](https://ruraltelehealth.org/projects.php)

“Understanding Trends in Telehealth Use: An All-Payer Analysis in Maine; Lead researcher: Andrew F. Coburn, PhD; 207-780-4435,”
andrew.coburn@maine.edu

Project funded: September 2018
Anticipated completion date: August 2019

• This project’s primary purpose is to use Maine’s All-Payer Claims Database (APCD) and key informant interviews to develop a descriptive overview of telehealth use in Maine, examining how telehealth use has changed over time (2008-2017) among rural and urban patients and providers and whether there are discernable patterns in those changes by telehealth modality, payer, provider type, diagnosis, and service.”