



Lessons from a Video Visit Pilot in Maine

Amy Giles, Senior Program Manager

Conflict of Interest Disclosure

The presenter has no conflicts of interest to disclose.

About Us



Center for Tobacco Independence

The MaineHealth Center for Tobacco Independence (CTI) has worked across the state of Maine since 2000 to address tobacco use and exposure through education, prevention, policy, treatment and training initiatives.

Key program focuses include:

- Tobacco Treatment Services
- Training and Technical Assistance Center
- Health System Change Strategies

CTI is nationally accredited by the Council of Tobacco Treatment Training Programs (CTTTP).




CTI administers statewide tobacco treatment contract on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services. The initiative includes several key initiatives and innovative strategies, including operation of the state quitline suite of services, the Maine QuitLink.

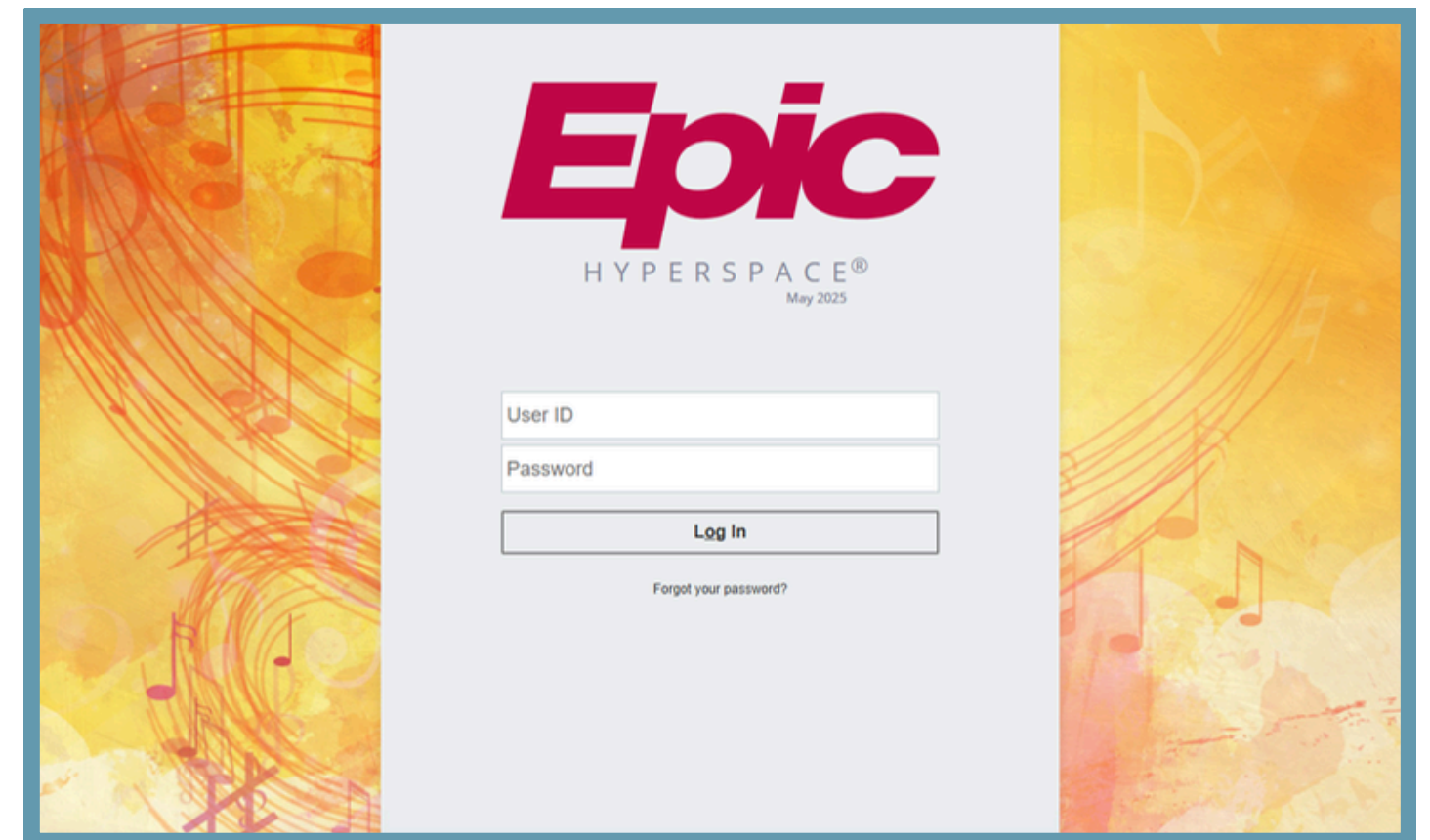
Why a Video Visit Pilot?

Opportunity & Evolution:

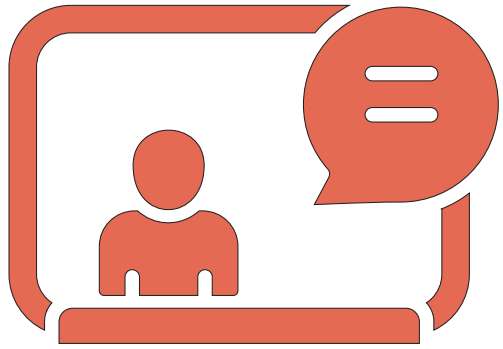
- Maine QuitLink: 25 years of free, evidence-based treatment via phone
- Epic EMR integration-tech upgrades + appts
- Invested Cancer Care Sites

Rationale:

- Test whether video visits could enhance engagement and participant experience with quitline
- Flexibility & Choice 



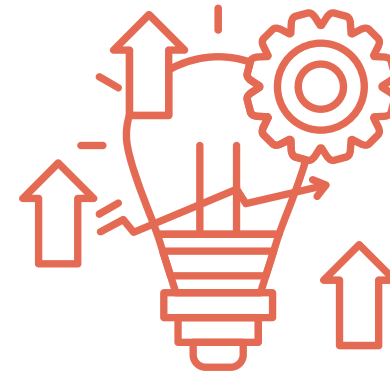
Pilot Design & Set-Up



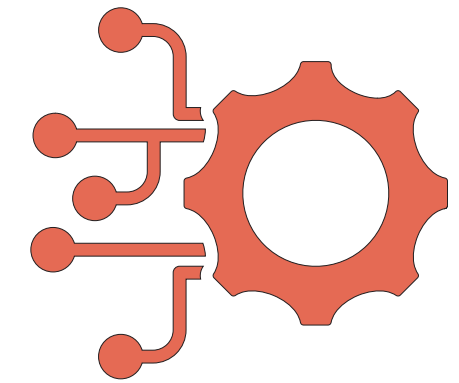
Flexible switching between phone and video.



Treatment approach mirrored phone program



Video enhancements: screen sharing, education, NRT support



EHR scheduling, technology support, and virtual care workflows

Planning Phase:

- Regulatory & Compliance
- Technology Requirements
- Participating Sites
- Patient and Provider Communication
- Provider Readiness
- Virtual Care Protocols
- Workflow
- Tracking & Data



Pilot Outcomes & Learnings

127 Referrals
from 15 Cancer Care Sites

45 Accepted Services
(35% of referrals)

7 Chose Video at Intake
(15.6% of accepted)

8 Unique prts* -
*Video
Coaching*

Outcomes-January 1-May 31, 2025*

**6 completed video visits + 2 switched from phone to video*

Observations

- Majority chose phone visits
- Video prts stronger conversion to second visit
- Camera use varied (on/off)
- Technology experience generally smooth

Learnings

- Valued flexibility across phone & video
- Screen sharing may enhance education & NRT decisions; impact unclear
- Larger referral pool needed to fully assess outcomes

Wrapping up

Final Thoughts:

Additional evaluation is needed but video visits show promise as a complementary quitline modality, offering added flexibility and potential to enhance engagement

Recommendations:

- Invest in robust technology infrastructure
- Expand referral networks and eligibility to increase access to video visits
- Ensure video visits are mobile-friendly to reduce barriers
- Maintain flexibility to switch modalities (phone ↔ video)



**Quit LIKE A
MAINER!**

**FREE Help to
Quit Smoking
or Vaping**



**Thank you!
Please stay
Connected with
us.**



Amelia.Giles@mainehealth.org