

SC TELEHEALTH ALLIANCE

QUARTERLY REPORT



2017
QUARTER
THREE

Executive Summary

In the third quarter of 2017, the South Carolina Telehealth Alliance (SCTA) continued its work executing the tactics under the 2017 SCTA strategic plan. SCTA Regional Hub agreements were finalized with **Palmetto Health**, **Greenville Health System** and **McLeod Health**, providing them with increased funding and support to expand their telehealth development capabilities. The Credentialing Workgroup settled on a model for centralized credentialing process to be piloted in 2018. Although challenges for timely data collection still exist, many of the current telehealth service lines have begun to report out key performance indicators. The SCTA continued to showcase telehealth innovation across the state, highlighting the ability of telehealth to improve health care access, quality, and affordability. Notably this quarter, South Carolina's leadership in telehealth was recognized on a national level with **MUSC Health** receiving a National Telehealth Center of Excellence grant from the Health Resources and Services Administration.

This report provides further details of these accomplishments and notes other progress made to achieve the milestones outlined in the 2017 strategic plan.

Mission

Improve the health of all South Carolinians through telehealth.

Values

Patient centered
Quality
Collaboration
Sustainability
Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

Telehealth in South Carolina will deliver high value through productive collaboration.

Driving Strategy 1

Deploy a coordinated, open-access telehealth network in South Carolina.

The SCTA technical standards and protocols established last quarter by the **SCTA IT Workgroup** have been packaged with the new contracts with the Regional Hubs and will also be posted to the new SCTA website slated to launch in Q4 of CY17.

Additionally, in Q3 the SCTA began to revise the current SCTA equipment request form to make it more inclusive of a broader range of service development needs. The new **SCTA Program Request Form** will allow sites to request not only equipment but also consultative services related to the clinical and administrative aspects of implementing telehealth. This enhanced request form will be included on the new SCTA website and will be integrated into the SCTA online help desk system managed by the IT Workgroup.

The **Credentialing Workgroup**—led by **Palmetto Care Connections (PCC)**—developed a model for centralized provider credentialing which will be piloted in 2018. The workgroup has selected the vendor ECHO to build a central database that will be maintained by PCC and will interface with other credentialing software used across the state. The program will utilize the Joint Commission-approved Credentialing By Proxy model as the means to streamline the credentialing process for spoke hospitals. Plans for the 2018 pilot will be finalized in CY17 Q4, and incorporated into the 2018 strategic plan.

SCTA Strategy 1 - Milestones

Strategy 1: Deploy a coordinated, open-access telehealth network in South Carolina.				
Milestones	Timeline	Champion	Status	Notes
Tactic 1: Establish collaborative language to define standards and protocols for equipment and technology that conform to existing industry standards, meet or exceed federal mandates and emphasize interoperability and security.				
Complete draft of guidelines for compliance language regarding standards and protocols as it relates to the Hub Agreement with approach to exceptions (exceptions will be included as an Appendix)	March	MUSC Health	Completed	None
Finalize collaborative and compliance language and approach to exceptions document	June	MUSC Health	Completed	None
Distribute guidelines through SCTA website and package with Hub Agreement/membership materials	September	MUSC Health	In Progress	Guidelines were included with Hub Agreements and will be included on the new SCTA website
Tactic 2: Create a directory of existing telehealth programs and providers, to include small pilot and grant funded projects.				
Complete template draft and populate with data from SCTA IT Workgroup member programs	March	MUSC Health, Roper St. Francis	Transitioned	IT Workgroup focusing on endpoints (and not specific programs)
Make recommendation regarding timeline, budget and implementation process for developing a tool to collect directory information online	June	MUSC Health, Roper St. Francis		Incorporated into Phase II of SCTA website build
Tactic 3: Establish a process for regular ongoing use case simulation “testing” of new systems, processes and protocols across partner sites.				
Draft of use case simulations and recommended timeline for testing developed	March	McLeod Health	Completed	None
Begin implementation of testing process	June	McLeod Health	Deferred	IT workgroup to discuss draft and take up testing process in 2018.
Tactic 4: Continue to develop a streamlined credentialing process for hospital-based services.				
Survey SC hospitals on credentialing process	March	PCC, MUSC Health	Completed	None
Develop recommendation on improving telehealth credentialing in South Carolina	September	PCC, MUSC Health	Completed	None
Tactic 5: Explore the feasibility of a SCTA tool, to include system monitoring/dashboard, for an automated online help desk for steering support calls, identifying problems and capturing issues.				
Make recommendation regarding timeline, budget and implementation process for online help desk platform	March	MUSC Health	Completed	None

Driving Strategy 2

Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural

To date, **Palmetto Care Connections (PCC)** has helped **20** sites get connected with telehealth equipment in the 4-county area of Bamberg, Allendale, Barnwell, and Hampton. PCC partnered with Connect SC to assess other areas in SC lacking broadband connectivity. Twelve counties were identified as having more than 50% of their rural population without broadband access. PCC will be developing a strategy to increase connectivity in these underserved counties, which will be reflected in the 2018 strategic plan.

PCC continues to monitor the utilization trends of the clinics in the 4-county region to ensure clinics have the support needed for telehealth.

SC Counties with more than 50% of Rural Population Lacking Broadband Access

County	% rural population without broadband access	Total population
Dorchester	52.91%	151464
Orangeburg	68.72%	89418
Greenwood	53.82%	69768
Chesterfield	76.80%	46132
Chester	59.30%	32284
Marlboro	98.86%	27531
Hampton	75.95%	20087
Saluda	87.92%	20029
Lee	53.39%	17911
Bamberg	61.39%	14898
McCormick	57.21%	9714
Allendale	68.74%	9508

SCTA Strategy 2 - Milestones

Strategy 2: Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.

Milestones	Timeline	Champion	Status	Notes
Tactic 1: Monitor key indicators of improved access to care delivered via telehealth for the four county areas of Bamberg, Barnwell, Allendale and Hampton identified in 2016 as service development priorities				
Identify key indicators that will be monitored	March	PCC	Completed	None
Present baseline data of identified key indicators	June	PCC	Transitioned	PCC has identified diabetes as a focus and will be addressing this comprehensively in 2018.
Identify telehealth service lines to be added to improve key indicators and engage consulting providers on implementing new service line(s)	September	PCC		
Tactic 2: Review the Connect2Health ^{FCC} Task Force’s Mapping Broadband Health in America tool and identify underserved areas of South Carolina				
Conduct thorough review of the Connect2Health ^{FCC} Task Force’s Mapping Broadband Health in America tool for entire state. Report out on underserved areas by county and region.	March	PCC	Complete	None
Develop strategy for increasing broadband access to the identified underserved areas.	December	PCC	Deferred	Will be incorporated into 2018 strategic plan
Tactic 3: Monitor clinics to make sure they have the support they need to deliver services and monitor utilization of existing/new service lines				
Quarterly reporting of actual utilization and utilization trends.	Ongoing	PCC	Ongoing	None
Quarterly reporting of barriers/issues identified and proposed solutions offered.	Ongoing	PCC	Ongoing	None

Driving Strategy 3

Invest in expanding needed specialty and subspecialty capabilities through telehealth

Working under the guidance of Subtactic 1A, MUSC Health finalized **agreements with all three of the SCTA regional hubs**. These multi-year agreements will allow Palmetto Health, Greenville Health System, and McLeod Health to be able to expand their telehealth development capabilities with funding for:

- Operational Support - elements include personnel, education and awareness, and pilot program funding
- Technology/Capital Costs - elements include telehealth platform fees and network infrastructure
- Telehealth Needs Assessment and Strategic Planning
- Primary Care Telehealth Platform Implementation
- Standards-Based Telehealth Equipment
- Telestroke Platform and Operational Expenses

The **School-Based Telehealth Workgroup** assembled for their first meeting with representatives from the regional hubs, FQHCs, pediatric practices, school districts, and the Department of Education in attendance. The group formed the long term vision of enhancing overall health and wellness of children in South Carolina through school-based telehealth. Short term goals were also defined, including establishing best practices for telehealth and a centralized location where these resources can be accessed. The group also began to establish plans for expansion to high priority districts.

SCTA Strategy 3 - Milestones

Strategy 3: Invest in expanding needed specialty and subspecialty capabilities through telehealth				
Milestones	Timeline	Champion	Status	Notes
Tactic 1: Catalyze telehealth service development through regional hubs				
Subtactic 1A: Establish an equitable approach to providing operational support for the Regional Hubs in order to catalyze the development of high value services				
The SCTA regional hub's operational leaders will provide an assessment of telehealth service development barriers in South Carolina.	March	MUSC Health	Completed	None
A draft agreement to provide support for accelerated regional service development will be presented to SCTA Advisory Council for review and recommendations.	June	MUSC Health	Completed	In process of being executed
Subtactic 1B: Establish service specific collaborative work groups charged with formulating short term objectives and a long term vision for the service in South Carolina				
Identify at least two service specific workgroups (e.g. telestroke and school-based health) with recommendations on participants	March	MUSC Health	Completed	None
Workgroups draft short term objectives and long term vision for their respective services	September	MUSC Health, Palmetto Health, McLeod Health	In Progress	School-based group drafted objectives; still pending from the direct-to-consumer workgroup.
Subtactic 1C: Establish executive level communications between Regional Hubs to ensure synergies in service development.				
Review and discuss collaborative service development opportunities on an as-needed basis	Ongoing	MUSC Health, Palmetto Health, McLeod Health, GHS	Ongoing	None
Tactic 2: Support SC community hospitals with integrating telehealth into the care they deliver.				
Subtactic 2A: Expand emergency room-based mental health consultations in South Carolina with a focus on rural hospitals				
Identify and track key metrics to evaluate telepsychiatry services to SC hospitals	June	SC DMH	Completed	None
Subtactic 2B: Evaluate the impact of tele-ICU on community hospitals				
Identify and track key metrics to evaluate tele-ICU services to SC hospitals	June	MUSC Health	Completed	None
Subtactic 2C: Optimize the delivery of telestroke services				
Identify and track key metrics to evaluate telestroke services to SC hospitals	June	MUSC Health	Completed	None

Driving Strategy 3

Invest in expanding needed specialty and subspecialty capabilities through telehealth

The **direct-to-consumer (DTC) workgroup** has continued to collect organizational data on patient exam time, provider review time, percentage of patients who could complete their visit with telehealth, conditions treated, patient demographics, and patient survey results. Regional hubs are implementing multiple DTC models, and evaluation of these different methods of patient engagement (e.g., chat functionality, e-visit/SmartExam, video visits) will be included in the 2018 strategy. In addition to reporting on utilization, regional hubs will also begin to evaluate and report on opportunities to leverage DTC and other telehealth platforms for chronic disease populations, underserved populations, prevention and screening efforts, and mental health applications.

In the pipeline: With new contracts in place and strategic planning occurring next quarter, the SCTA regional hubs have been busy planning for and implementing new telehealth service lines. Below are a few highlights:

- **Greenville Health System** is currently implementing a DTC synchronous solution for urgent and primary care and tele-PICU in partnership with the SC Children's Hospital Collaborative. It is also working to expand pediatric offerings and develop more adult outpatient telehealth services.
- **Palmetto Health** is currently implementing a DTC synchronous solution for primary and urgent care, a tele-infusion center for pediatric sickle cell patients in partnership with MUSC Health, tele-PICU in partnership with the SC Children's Hospital Collaborative, and a tele-ketogenic diet service in partnership with MUSC Health.
- **McLeod Health** launched its first DTC kiosk in a brick and mortar urgent care this quarter and have received strong patient satisfaction ratings. McLeod is also in discussions of expanding its successful Sports Telemedicine - Concussion Management program into a new school system.
- **MUSC Health** recently conducted the state's first inpatient sickle cell teleconsultation. In addition, a new remote patient monitoring pilot was initiated for congestive heart failure (CHF) patients post-heart valve procedure. The application sends biometric data (e.g. weight, heart rate, blood pressure, oxygen saturation) electronically into MUSC's electronic health record which is monitored daily and allows providers to make interventions when vital signs are outside of the clinical parameters set for that particular patient.

SCTA Strategy 3 - Milestones

Strategy 3: Invest in expanding needed specialty and subspecialty capabilities through telehealth				
Milestones	Timeline	Champion	Status	Notes
Tactic 3: Enhance co-management between primary care and specialty services				
Subtactic 3A: Implement provider education via telehealth which enables primary care settings to co-manage complex diseases with the assistance of specialists and a multidisciplinary team				
Identify and track key metrics to evaluate HCV initiative	June	Palmetto Health - USC Medical Group	Completed	None
Subtactic 3B: Explore efficient delivery of specialty and supporting services in primary care settings				
Identify and track key metrics to evaluate telehealth services delivered to primary care settings	June	MUSC Health	Completed	None
Tactic 4: Enhance access to care through direct connections with patients and non-traditional clinical settings				
Subtactic 4A: Expand school-based telehealth to communities across the state through regional collaboration and coordination				
Identify and track key metrics to evaluate school-based services to SC hospitals	June	MUSC Health	Completed	None
Subtactic 4B: Explore feasibility of a statewide direct-to-consumer model that ensures high quality and keeps care local				
Identify stakeholders to participate in exploration of a SCTA direct-to-consumer model	March	Palmetto Health, McLeod Health	Completed	None
Assessment of current SC utilization and local and national trends of direct-to-consumer care	June	Palmetto Health, McLeod Health	Transitioned	Initial assessment conducted and utilization data is being reported. Multiple DTC models are being explored within the SCTA, and evaluation of these services will be included in the 2018 strategy.
Provide recommendations for a SCTA direct-to-consumer (DTC) model	September	Palmetto Health, McLeod Health		

Driving Strategy 3

Invest in expanding needed specialty and subspecialty capabilities through telehealth

The SCTA has continued to make progress in identifying and reporting out key metrics to evaluate the various telehealth service lines being developed across the state. The following are some data highlights from this past quarter.

SC Tele-ICU

- **2,094** video assessments
- **20,458** interventions
- **141** emergency responses
- **32,693** total interactions

24 lives potentially saved by Tele-ICU in Q3 (according to actual vs. predicted ICU mortality statistics)

59 School-Based Telehealth Clinics in South Carolina

314 Distinct Telehealth Sites in South Carolina*

Telestroke:

Best Door-to-Needle Times**

- July: **23 minutes** (Tidelands Waccamaw)
- August: **20 minutes** (Tidelands Waccamaw)
- September: **18 minutes** (Tidelands Waccamaw)

Direct-to-Consumer Telehealth

- **157** SmartExam visits completed by *Palmetto Health*
- **112** Direct-to-consumer consults completed by *McLeod Health*
- **357** acute care e-visits completed by *MUSC Health*
- **416** SmartExam visits completed by *GHS*

SC Department of Mental Health Telepsychiatry Services

- Averaged **1,706** comprehensive telepsychiatry services per month
- **38%** of telepsychiatry patients received 30-day follow-up care vs. **13%** in the control group
- **\$2,300** was saved per episode from inpatient hospital charges
- **70,851** telepsychiatry services have been provided by DMH since the program's inception

Hepatitis C Telehealth Initiative***

- **6** teleconferences
- **105** clinicians and staff attended these conferences
- **25** patient cases discussed
- **11** SC practices represented on conferences

* Number of sites at mid-year reporting.

** Ischemic stroke patients have a limited window of time in which they can receive the potentially life-saving drug tPA. The "door-to-needle" time is the amount of time from when a patient enters the emergency department to when they receive the drug. Data represents MUSC Health's telestroke network.

*** This initiative, led by Dr. Ahuja (Palmetto Health - USC Medical Group) focuses on assisting and educating primary care providers to manage complex infectious disease conditions.

Driving Strategy 4

Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.

The **SCTA Education Committee** continued to meet monthly, with regular engagement from the medical and health profession schools affiliated with **MUSC Health, USC-Palmetto Health, and Greenville Health System (GHS)**. The committee has developed an initial inventory of telehealth-specific curricular components that are either in place or in development across the state. These include a telehealth elective course and graduate medical education training at MUSC, a scenario-based telehealth module part of the 4th year medical experience at GHS, and an interprofessional telemental health course for nursing, social work and pharmacy students at USC.

Palmetto Care Connections (PCC) surveyed rural providers to assess educational needs and barriers to implementing telehealth services. Initial data suggest training needs in the area of clinic flow, credentialing, and billing & reimbursement. In CY17 Q4, PCC plans to increase its pool of survey respondents and analyze the data to inform their 2018 strategy.

SCTA Strategy 4 - Milestones

Strategy 4: Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.				
Milestones	Timeline	Champion	Status	Notes
Tactic 1: Develop an overall telehealth knowledge dissemination plan to SCTA institutions with a mechanism to provide introductory knowledge of telehealth to their learners and providers				
Engage health care provider training institutions, beginning the with the four medical schools, to determine their readiness and preferred format for the incorporation of introductory knowledge into their existing curriculums.	March	SC AHEC	Completed	None
Present outline of how schools will apply telehealth learning	June	SC AHEC	Transitioned	Workgroup sharing resources across Institutions.
Articulate expected launch dates of first curriculums to include telehealth	September	SC AHEC		A comprehensive outline of how schools can apply telehealth learning to be part of 2018 strategy.
Tactic 2: Develop an iterative process for educational needs assessment to include some evaluation of the current knowledge and comfort level of existing providers and identification of emerging needs				
Review most recently done needs assessment and identify areas of need that continue to be unmet	June	PCC, SC AHEC	Complete	None
Revise needs assessment and begin implementation of needs assessment process	September	PCC, SC AHEC	Complete	None
Needs assessment data analyzed and draft report developed	December	PCC, SC AHEC	Pending	Due Q4
Tactic 3: Establish mechanism to ensure telehealth knowledge and training is disseminated to rural sites				
Inventory of existing training materials for rural providers	March	PCC, SC AHEC	Completed	None
Survey rural providers to determine best training mechanism for their schedules	June	PCC	Complete	None
Recommend identified training materials	September	PCC	Transitioned	To be incorporated into 2018 strategy.
Training materials available to rural providers	December	PCC		

Driving Strategy 5

Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education and research.

The SCTA Advisory Council discussed **models for engaging various stakeholders**, including potential membership models for the SCTA. Discussions are ongoing, and identifying a method to keep those not on the council aware and engaged in the SCTA's proceedings will be a prominent component of the 2018 strategy.



Having finalized the **Advisory Council Operating Procedures Manual**, the council co-chairs had individual conversations with each council member to obtain feedback on the manual and other aspects of council proceedings, and council members voiced approval of the document. Key elements of the revised manual include timely reporting of budget, contracts, and funding requests as well as clearly defined roles for council members.

The SCTA worked collaboratively to obtain approval for a number of telehealth protocols utilizing **Advanced Practice Registered Nurses (APRNs)**. Under current law, APRNs wishing to provide care via telehealth must submit a detailed protocol for approval to the SC Joint APRN Committee, which is made up of members of both the Board of Nursing and Board of Medical Examiners. In Q3, **Palmetto Health, Greenville Health System, and MUSC Health** presented APRN protocols for school-based and direct-to-consumer telehealth programs and received approval from the Joint APRN Committee. In CY17 Q4, the SCTA will release a position paper and guidelines for protocol approval to support other telehealth programs wanting to utilize APRNs. Next steps also include working with the SC Legislature to remove barriers to APRNs providing telehealth services.

SCTA Strategy 5 - Milestones

Strategy 5: Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education and research.

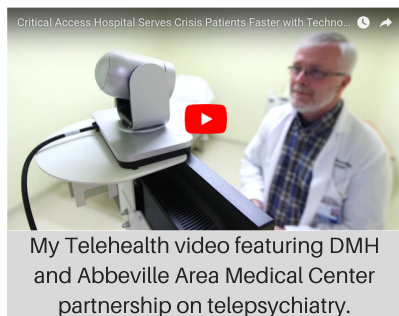
Milestone	Timeline	Champion	Status	Notes
Tactic 1: Introduce formal membership model with defined benefits and responsibilities for participating in the SCTA				
Draft membership document(s) with defined benefits and responsibilities delineated	March	SCTA – Manager, External Affairs	Completed	None
Finalize membership documents and materials and establish plan for distribution	June	SCTA – Manager, External Affairs	Transitioned	Identifying a model to engage the SCTA's diverse partners will be a focus of the 2018 strategy.
Tactic 2: Develop a strategy for streamlining communications within the SCTA with a focus on Advisory Council procedures				
Operational Procedures document for SCTA Advisory Council available for review	March	SCTA – Manager, External Affairs	Completed	None
Operational Procedures applied to Advisory Council operations	June	SCTA – Manager, External Affairs	Completed	None
Assessment of Operational Procedures and proposed modifications under way	September	SCTA – Manager, External Affairs	Completed	None

Driving Strategy 6

Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability

The **2017 Mid-Year Report** was released in Q3 and shared widely through the SCTA's various communication channels. In addition to data demonstrating the growth of telehealth in SC and the SCTA's impact, this report also includes an extensive feature highlighting the **Department of Mental Health's** telepsychiatry program. The report is available for download on the SCTA website (www.sctelehealth.org).

Throughout Q3, the SCTA External Affairs team has been developing an **enhanced SCTA website** which will launch in CY17 Q4. The new site will include relevant, timely information for telehealth practitioners, facilities, patients and other stakeholders. It will be a centralized location for disseminating policy, education, billing and reimbursement information, and any updates pertinent to the operation and growth of telehealth in the state of South Carolina.



Spearheaded by **SC Educational Television (SCETV)**, the **My Telehealth** campaign continues to increase public awareness of telehealth. One of the videos produced this quarter highlighted the telepsychiatry program at Abbeville Area Medical Center made possible by the Department of Mental Health. This video has already been viewed over 100 times. To date, SCETV has released a total of **59** videos as part of the My Telehealth campaign, which cumulatively have received **15,862** views with **35,908** minutes of Telehealth content viewed online. (<https://www.scetv.org/telehealth>)

SCTA Strategy 6A - Milestones

Strategy 6A: Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability				
Milestones	Timeline	Champion	Status	Notes
Tactic 1: Promote awareness of SCTA and SCTA resources				
Develop draft strategic marketing plan	March	SCETV	Completed	None
Review composition of existing content advisory group and identify and invite representation from additional key strategic partners in order to increase coordination around marketing efforts	March	SCETV	Completed	None
Finalize marketing plan after obtaining buy-in and feedback from all partners	June	SCETV	Completed	None
Tactic 2: Disseminate new telehealth information, data, resources and success stories within the state of South Carolina and beyond.				
Leverage existing SCTA reports (Annual Report, Mid-Year Report and Quarterly Report) as a mechanism for disseminating new information, data, resources and success stories	Ongoing	SCTA – Manager, External Affairs	Ongoing	None
Establish a standing agenda item for monthly content advisory team meetings that includes: (1) sharing of any new information, data, resources, and success stories and (2) strategic discussion about how best to market the new information, data, resources and success stories with an emphasis on the desired key message by target audience	March	SCTA – Manager, External Affairs	Completed	None

Driving Strategy 6

Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability

HRSA Names MUSC Health a National Telehealth Center of Excellence

In Q3, **MUSC Health** was awarded a \$600,000 grant from the Health Resources and Services Administration (HRSA) and was designated one of only two national **Telehealth Centers of Excellence** in the United States. As a Telehealth Center of Excellence, MUSC Health will extend its mission of “telehealth for efficient, effective care” to a national level. Working closely with the SCTA, the Center of Excellence will use the state’s collective expertise in telehealth program development and delivery, organization of healthcare coalitions, and innovative network development to address three universal impediments to the wide-spread integration of telehealth services:



1. Impact of telehealth on federal and local healthcare spending
2. Provider and patient engagement in telehealth
3. Open-access network evaluation and best practice dissemination

MUSC Health will use rigorous scientific research and evaluation to add to the telehealth knowledge base in these key areas and will disseminate findings and tools to aid national uptake of telehealth.

The Co-PIs on the grant are Dee Ford, MD, MSc, and Kathryn Cristaldi, MD, MHS. Dr. Ford is an associate professor of medicine in the Division of Pulmonary, Critical Care, Allergy, and Sleep Medicine, as well as medical director of the Tele-ICU program. Dr. Cristaldi is an assistant professor in the Division of General Pediatrics at MUSC Children’s Hospital and medical director of school-based health.

"The South Carolina Legislature has placed a lot of trust in MUSC and the other members of the South Carolina Telehealth Alliance to use telehealth to improve access to quality health care in our state. This achievement is a testament to the leadership, collaboration, and hard work that's been taking place these last few years. We are proud of what MUSC and SCTA have been able to accomplish thus far, and we take comfort knowing that no matter what happens with the health care debate at the national level, we have an effective and cost-conscious model that we hope one day will enable every citizen of our state to access the high quality care they deserve."

~ Rep. G. Murrell Smith
South Carolina State Representative

"Innovation in health care is a critical component of how we offer forward thinking solutions to today's challenges. The South Carolina Legislature recognized the potential for MUSC and SCTA to carve the path to better health across this state by employing advanced technology and strategic thinking. This grant gives MUSC the opportunity to share that knowledge and success on a national level, and we are proud to support this extended impact."

~ Sen. Thomas C. Alexander
South Carolina State Senator

"This is one of the first of its kind HRSA grants with only two awarded in the entire country. Grant funds will allow the MUSC telehealth team to leverage the unique qualities intrinsic to our academic medical center and extend this mission for more transformational services across the state, and nationally. We look forward to using these resources to continue working with our partners in the South Carolina Telehealth Alliance, to deliver effective and efficient care."

~ Shawn Valenta
Director of Telehealth, MUSC Center for Telehealth

Driving Strategy 6

Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability

The **SCTA External Affairs Team** and **Palmetto Care Connections** researched South Carolina telehealth payer policies and developed a **fact sheet** that includes commonly used terms, covered provider types, covered distant sites, and information about CPT codes. It also includes links to telehealth payer coverage resources. This information will be posted on the new SCTA website set to launch in CY17 Q4.

Other tools to assist payer engagement are in development. The Reimbursement Workgroup has identified **priorities for unified payer coverage negotiations**, which include: increased coverage for school-based health and mental health, as well as improved facility rates for small practices wanting to offer telehealth onsite. The Workgroup has also drafted a payer report card to illustrate the level of coverage payers are providing in these priority areas. These tools will be further refined and deployed as part of the 2018 strategy.

SCTA Strategy 6B - Milestones

Strategy 6B: Demonstrate to legislators, payers, providers and the public the impact of telehealth in improving access, quality, and affordability.				
Milestones	Timeline	Champion	Status	Notes
Tactic 1: Work with payers to enhance telehealth reimbursement policies by coordinating recommendations across organizations and advocating for consistent policies across CPT codes				
Plan developed for bringing providers and payers together on a regular basis to identify priority areas and collaboratively discuss reimbursement policies for telehealth in SC	March	SCTA - Manager, External Affairs	Completed	None
Template developed for putting the recommended reimbursement policies in writing that identifies core questions and/or data points needed to facilitate the discussion with payers	March	SCTA - Manager, External Affairs	Completed	None
Tactic 2: Educate providers on best practices, lessons learned and success stories pertaining to billing and reimbursement for telehealth.				
Fact sheet with standardized terminology and definitions pertaining to telehealth reimbursement developed and made available to SCTA members and the general public	March	PCC, SCTA - Manager, External Affairs	Completed	None
Inventory of existing training efforts/modules developed and made available to SCTA members and the general public	June	PCC, SCTA - SCTA Manager, External Affairs	In Progress	Will be included in new SCTA website build
Discussions initiated with key contacts associated with existing training efforts/modules about how to leverage these existing efforts with provider education on billing and reimbursement	September	PCC, SCTA - SCTA Manager, External Affairs	Completed	As new information is posted on the SCTA website, it will also be included in monthly newsletters.
Tactic 3: Implement a plan to collect data for payers based on payer-identified metrics (e.g., patient/ population health outcomes, cost savings/ROI) that are most important for them in making policy decisions pertaining to reimbursement and the development of alternative payment models				
Draft approved list of data requirements for telehealth programs	March	SCTA - SCTA Manager, External Affairs	Transitioned	This will receive its own focused sub-tactic and workgroup in the 2018 strategic plan.
Review data using revised data retrieval schedule on regular basis	June	SCTA - SCTA Manager, External Affairs		



SOUTH CAROLINA
Telehealth
ALLIANCE

**An unprecedented collaboration
that is a model for the nation.**
