SC Telehealth Alliance

QUARTERLY REPORT

2017 QUARTER FOUR

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

In the fourth quarter of 2017 (CY17 Q4), the South Carolina Telehealth Alliance (SCTA) not only executed the remaining tactics under its 2017 strategic plan but also put considerable effort into planning the year ahead. This past quarter notably included a comprehensive strategic planning process that involved stakeholders from across the state and culminated in the finalized *SCTA 2018 Strategic Plan* (Appendix A). The SCTA also began drafting an enhanced Specialty Hub agreement with the **SC Department of Mental Health**, which will provide them with increased funding to expand their telehealth services and lead an SCTA strategy focused on mental health. Many telehealth service lines continue to report key performance indicators, positioning the SCTA well for an increased emphasis on outcomes in the year to come. The SCTA also launched a more **user-friendly website**, which includes resources for providers, partner organizations, and the general public.

This report provides further details on these and other accomplishments from CY17 Q4 and previews the tactics that have been laid out for the year to come.

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.

In CY17 Q4, the new **SCTA Program Request Form** was finalized and posted to the new SCTA website. This form allows sites to request not only equipment but also consultative services related to the clinical and administrative aspects of implementing telehealth. Also posted to the website are the SCTA technical standards and protocols established in CY17 by the **SCTA IT Workgroup**. These were previously packaged with SCTA contracts to regional hubs and other partners, and they are now available for the general public to review through the website.

SCTA 2018 Strategic Planning
Comprised of representatives from each of the major health systems, both the **SCTA IT Workgroup** and the **SCTA Credentialing Workgroup** participated in strategic planning during CY17 Q4, laying out the key tactics and milestones for Strategy 1 in the upcoming year. Highlights from this plan include:
- Strengthen and effectively utilize the **shared IT support ticketing system** put in place to support telehealth-related activities across the state.
- Develop a streamlined process to address assistance needs requested through the now live **SCTA Program Request Form.**
- Evaluate the **SCTA technical standards and protocols** to ensure they meet industry standards and hub needs.
- Under the leadership of Palmetto Care Connections, the SCTA Credentialing Workgroup, will implement a **centralized credentialing pilot** with telehealth providers at MUSC and SCDMH. Using a common database and a Credentialing By Proxy process, this pilot will aim to streamline the credentialing process for spoke hospitals. If successful, the pilot will be extended to all participating SCTA hubs.

A full outline of Strategy 1 can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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	Completed	None
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	Transitioned	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 engage in quality improvement efforts as part of 2018 plan.
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 **30 sites** get connected with telehealth equipment in the four-county area of Bamberg, Allendale, Barnwell, and Hampton; these sites include clinics, schools, and behavioral health centers. PCC continues to monitor the barriers and utilization trends of clinics in the 4-county region to ensure clinics have the support needed for telehealth. Common barriers in these counties and other rural communities include:

- Low access to broadband connectivity
- High staffing turnover rates in rural health clinics and community health centers
- The need for more telehealth education for health care providers
- The need for enhanced payer reimbursement for telehealth

In CY17 Q4, PCC also equipped and connected **37** different **301 Behavioral Health Sites** (better known as Alcohol & Substance Abuse Centers) across South Carolina. This initiative was part of a three-year HRSA Rural Health Network Development grant that PCC was awarded, the goals of which are to leverage telehealth to improve health care access and coordination for rural South Carolinians, reduce the prevalence of opioid addiction, and improve population health.

SCTA 2018 Strategic Planning
In CY17 Q4, PCC staff were involved throughout the SCTA strategic planning process. As in the past, the organization will continue to lead Strategy 2 focused on rural and underserved communities. Expanding broadband connectivity and equipping rural providers will remain priorities in the year ahead. In addition to this work, as part of Strategy 2 ,PCC will be spearheading a pilot initiative focused on leveraging telehealth to enhance diabetes disease management in specific rural communities.

A full outline of Strategy 2 can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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	Completed	None
Develop strategy for increasing broadband access to the identified underserved areas.	December	PCC	Completed	This has been 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

2018 Strategic Planning: Strategy 3 - Clinical Service and Program Development
As reported previously, in CY17 Q3 MUSC finalized multi-year agreements with all three regional hubs that provide increased funding to allow the hubs to expand their telehealth capabilities and services. With these agreements now in place, managers from each of the SCTA regional hubs--**Greenville Health System, Palmetto Health, McLeod Health,** and **MUSC Health**--met regularly throughout CY17 Q4 to outline a service development plan for the upcoming year. This work has been incorporated into Strategy 3 of the SCTA 2018 Strategic Plan and has four primary areas of focus for adult and pediatric service development:

1. Supporting **community hospitals** with the availability of specialty and subspecialty services.
2. Supporting **primary and ambulatory care providers** with efficient access to specialty care.
3. Extending care to **population-based settings** (e.g. schools, correctional facilities, skilled nursing facilities) to improve access to convenient, cost-effective healthcare.
4. Implementing and evaluating **direct-to-consumer** services (e.g. e-visit/SmartExam, video visits)

A full outline of Strategy 3 can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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	None
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	Completed	None
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
Subtractic 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

Specialty Hub Agreement with SC Department of Mental Health
Recognizing the leadership of **SC Department of Mental Health** (**SCDMH**) in telehealth--specifically in the area of telepsychiatry--MUSC Health worked with SCDMH in CY17 Q4 to develop an enhanced specialty hub agreement, providing SCDMH with funding similar to that provided to the regional hub health systems. Increased SCTA funding will allow SCDMH to further expand and develop their telepsychiatry programs as well as lead a new SCTA statewide strategy focused on mental health. This contract will be finalized in CY18 Q1.

2018 Strategic Planning: Strategy 4 - **Mental Health Service and Program Development**
As noted above, the SCTA will be incorporating a new strategy into its 2018 plan that will be led by SCDMH and will focus specifically on leveraging telehealth to expand access to mental health care. In CY17 Q4, SCDMH hosted a strategic planning session, inviting stakeholders from multiple institutions to assist in shaping this mental health-focused strategy. This work resulted in Strategy 4 of the SCTA 2018 Strategic Plan, which includes: the expansion of SCDMH's current telepsychiatry services, supporting primary care providers in integrating tele-mental health programs and services, using telepsychiatry as a recruitment tool for providers, and coordinating and supporting other statewide telehealth initiatives that address mental health.

A full outline of Strategy 4 can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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 are 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 key metrics to evaluate the various telehealth service lines being developed across the state. The following are some data highlights from this past quarter.

463 Distinct Telehealth Sites in South Carolina

SC Tele-ICU
- **14,242** video assessments
- **5,528** interventions
- **160** emergency responses
- **37,543** total interactions
- **2,425** SC patients monitored

57 lives potentially saved by Tele-ICU in Q4 (according to actual vs. predicted ICU mortality statistics)

Telestroke:
Best Door-to-Needle Times*
- October: **20 minutes** (Conway Medical Center)
- November: **23 minutes** (Palmetto Health Baptist Parkridge)
- December: **29 minutes** (Bon Secours St. Francis Hospital)

Direct-to-Consumer Virtual Visits
- **247** SmartExam visits completed by *Palmetto Health*
- **228** E-visits completed by *McLeod Health*
- **462** acute care e-visits completed by *MUSC Health*
- **662** SmartExam visits completed by *GHS*

81 School-Based Telehealth Clinics in South Carolina

SC Department of Mental Health Telepsychiatry Services
- Averaged **1,900** comprehensive telepsychiatry services per month (All Programs)
- **31%** of telepsychiatry patients received 30-day follow-up care vs. **14%** in the control group (Emergency Department Program)
- **$2,205** was saved per episode from inpatient hospital charges (Emergency Department Program)
- **77,850** telepsychiatry services have been provided by DMH since the program's inception (All Programs)

Hepatitis C Telehealth Initiative**
- **6** teleconferences
- **117** clinicians and staff attended these conferences
- **34** patient cases discussed
- **15** SC practices represented on conferences

* *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.

Palmetto Care Connections (**PCC**) produced a report based on its needs assessment conducted with 20 different rural providers in the four county region of Allendale, Bamberg, Barnwell, and Hampton. Based on this needs assessment, PCC recommended that telehealth services for asthma and endocrinology become available to these rural providers; MUSC Health is working to develop these service lines.

2018 Strategic Planning
Led by SC AHEC and PCC, the **SCTA Education Workgroup** participated in a facilitated strategic planning session to outline their tactics for 2018. Organized under Strategy 5 of the SCTA 2018 Strategic Plan, the workgroup will maintain its two-prong approach to telehealth education, focusing not only on current health care providers but also trainees in health care programs. To accomplish this, the workgroup decided to break into two subgroups for 2018. The first will be led by **SC AHEC** and will focus on helping training institutions in South Carolina introduce telehealth into their health provider training curriculums. The other subgroup will be led by **PCC** and will provide telehealth training resources to current providers, especially those in rural and underserved communities.

A full outline of Strategy 5 (previously Strategy 4) can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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.\n\nA comprehensive outline of how schools can apply telehealth learning to be part of 2018 strategy.
Articulate expected launch dates of first curriculums to include telehealth	September	SC AHEC		
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	Complete	None
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.

Strategy 5 focuses on building an organizational structure that fosters collaboration, and the **SCTA 2018 strategic planning process** that took place in CY17 Q4 is an excellent example of this. In October 2017, the SCTA hosted three days of strategic planning sessions in Columbia, SC. These sessions were externally facilitated by Dr. Kathy Wibberly of the Mid-Atlantic Telehealth Resource Center and involved five different SCTA workgroups. Other strategy leaders held separate, internal strategic planning meetings and retreats. Based on these different planning discussions, strategy champions worked with SCTA staff to draft tactics, milestones, and outcomes, which were in turn reviewed by the SCTA Advisory Council before being finalized. The resulting *SCTA 2018 Strategic Plan* embodies the ideas and feedback from **over 60 individuals representing at least 20 different organizations.**

2018 Strategic Planning
In the 2018 plan, the SCTA's organizational structure falls under Strategy 6. One of the primary goals for next year in this strategy is determining mechanisms to ensure more SC organizations-especially those not already represented on the SCTA advisory council-are engaged in shaping the SCTA's statewide telehealth initiatives. The SCTA also plans to streamline its ongoing reporting process in 2018 and clarify the process for establishing unified opinions and priorities when it comes to telehealth related issues.

A full outline of Strategy 6 (previously Strategy 5) can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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

In CY17 Q4, the **SCTA External Affairs** team launched an **enhanced SCTA website**. The new site includes relevant, timely information for telehealth practitioners, facilities, patients and other stakeholders. With a more flexible layout, the site now serves as 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.
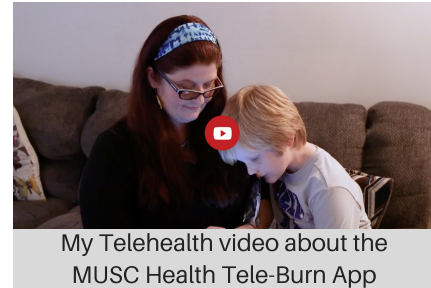
My Telehealth video about the MUSC Health Tele-Burn App

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 MUSC's Tele-Burn App, which through text and video chat allows burn patients constant access to their doctor or nurse who can assist them with wound dressing and measuring healing progress. To date, SC ETV has released a total of **62 videos** as part of the My Telehealth campaign, which cumulatively have received **18,504 views** with **41,416** minutes of My Telehealth content viewed online.   (https://www.scetv.org/telehealth)

2018 Strategic Planning: Strategy 8.1 - **Promotions**
The **Content Advisory Team** (**CAT**)-comprised of marketing and program staff from the main SCTA partner organizations-participated in one of the facilitated strategic planning sessions. In addition to brainstorming possible promotional campaigns, the CAT decided that in 2018 it would create audience-specific content and distribution channels to do **more targeted outreach** to health care providers, legislators, payers, and the general public.

The CAT tactics have been organized under Strategy 8 (previously Strategy 6) and can be found in the attached SCTA 2018 Strategic Plan (Appendix A).

2017 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

Building on research done earlier in the year, in CY17 Q4 the **SCTA External Affairs Team** published a page on the new SCTA website with information about South Carolina telehealth payer policies. The site includes commonly used terms, covered provider types, covered distant sites, and information about CPT codes. It also includes links to telehealth payer coverage resources.

2018 Strategic Planning: Strategy 8.2 - Enhancing Reimbursement Mechanisms
As part of the SCTA strategic planning process, the **SCTA Reimbursement Workgroup** met with representatives from Medicaid and Blue Cross Blue Shield to discuss common priorities when it comes to telehealth reimbursement. In particular, the group identified the following issues as areas that could be ripe for shared provider-payer arrangements: ER diversions; improving population health, especially diabetes; increasing screenings and early detection of chronic diseases. In 2018, the Reimbursement Workgroup plans to work closely with insurers to identify opportunities in these key areas.

The full outline of Strategy 8 can be found in the SCTA 2018 Strategic Plan (Appendix A).

2018 Strategic Planning: Strategy 7 - Focusing on Outcomes
Critical to engaging with payers is the ability to make the value case for telehealth. To this end, the SCTA 2018 Strategic Plan includes an additional new strategy focused on telehealth outcomes (Strategy 7). Robust outcomes research that underscores the success and value of the state's telehealth programs is key for gaining buy-in from SC payers, providers, legislators, and the broader public. Led by the **USC School of Medicine, MUSC Health,** and **SCDMH,** the SCTA will organize its efforts around data collection and analysis, with the aim of demonstrating the role telehealth can play in improving health care access, quality, and value.

The full outline of Strategy 7 can be found in the SCTA 2018 Strategic Plan (Appendix A).

2017 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	Transitioned	Initial information has been posted to the SCTA website; developing a more comprehensive catalog has been incorporated into the 2018 plan.
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 be addressed in Strategy 7 of the 2018 plan.
Review data using revised data retrieval schedule on regular basis	June	SCTA - SCTA Manager, External Affairs		

Appendix A:
SCTA 2018 Strategic Plan

SOUTH CAROLINA
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South Carolina Telehealth Alliance (SCTA)
2018 Strategic Plan

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South Carolina Telehealth Alliance

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.

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Strategy 1:	Deploy a coordinated, open-access telehealth network in South Carolina.

5-Year Ideal Status for Strategy: In 5 years, the SCTA telehealth network will consist of hundreds of endpoints supported regionally, with 24/7 backup support from a core group of SCTA IT personnel. All endpoints will be discoverable for dialing through with a neighbored or single call registry and directory service. Technologies will allow a common approach to workflows, facilitating ease of use on the clinical team at all endpoints.

Collaborative Outcome(s):

	Short Term	Medium Term	Long Term
A widely disseminated and robustly supported open-access technical telehealth network	# of sites connected and supported	Open access network use (multiple institutions connected through common portals)	Technical support and network reliability satisfaction measures
Develop statewide centralized credentialing model	# of sites participating in credentialing model	TBD	TBD

Tactic 1.1: Effectively utilize the shared IT support request mechanism to ensure timely IT support for telehealth-related activities across the state.
- **Champion**: Michael Haschker
- **Planning Members**: Telehealth IT Workgroup
- **Quarterly Milestones**:
  - **March 2018**: Explore the possibility of service portal integration across multiple agencies' ticketing systems.
  - **June 2018**: Implement upgraded help desk system. Develop and further refine knowledge base to accompany help desk system to inform and assist future users.
  - **September 2018**: Create a directory of technical contacts for routing issues to; determine a mechanism for keeping this directory updated.

Tactic 1.2: Enhance the process for sites requesting assistance from the SCTA to include not only equipment requests but also additional consultation on the clinical or administrative aspects of implementing telehealth.
- **Champion**: Michael Haschker
- **Planning Members**: SCTA External Affairs Team, Regional and Specialty Hubs
- **Quarterly Milestones**:

- o **March 2018**: Revise the online request form, and establish a process for reviewing requests. Integrate request form with CRM and help desk systems.
- o **June 2018:** Implement revised request process and report quarterly on requests received and addressed.

Tactic 1.3: Engage in quality improvement efforts to ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet SCTA hub needs.

- **Champion:** Michael Haschker
- **Planning Members:** Telehealth IT Workgroup
- **Quarterly Milestones**:
  - o **June 2018**: Convene IT workgroup for a spring meeting to review and evaluate current standards and solutions (e.g. help desk system, program request form, etc.).
  - o **September 2018**: If determined necessary, update standards and protocols and implement recommended changes to IT solutions.

IT Workgroup Roster	**Champion:** Michael Haschker (MUSC) **Members:** Rick Byers (Palmetto Health), Marvin Reece (GHS), Matt Hiatt (PCC), Dave Hamill (Hampton Regional), Jon Lohr (Beaufort Memorial), Christal Jones (DMH), Webb McCall (McLeod), Cole Naus (Tidelands), Kapil Madathil (Clemson), Lisa Hines (GHS)

Tactic 1.4: Establish a mechanism to streamline credentialing process for telehealth providers

- **Champion:** PCC
- **Planning Members:** PCC, MUSC, DMH, PH, GHS, McLeod
- **Quarterly Milestones**:
  - o **March 2018**: Finalize the centralized credentialing pilot project design to include telehealth providers from MUSC and SCDMH. Develop a universal *Credentialing By Proxy* contract on behalf of the telehealth hubs to use with spoke hospitals. Identify and hire Credentialing Coordinator.
  - o **June 2018:** Work with credentialing vendor to complete the data interface. Transfer credentialing data from MUSC and SCDMH services.
  - o **September 2018**: Report the number of sites participating in the credentialing model. Develop a plan to expand pilot to include other telehealth hubs.

Credentialing Workgroup	**Champion:** Kathy Schwarting (PCC) **Members:** Cheryl Coble (PH), Teresa Wilson (PH), Shirley Crawford (GHS), Kacie P. Hodges (DMH), Paulena Prosser (McLeod), Susan Pickle (McLeod), Alexis Economy (MUSC), Victoria Gooch (DMH)

SOUTH CAROLINA
Telehealth
ALLIANCE

Strategy 2:	Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.

5-Year Ideal Status for Strategy: Sites of service located in rural and underserved areas have the technology, training, and wrap-around services to implement, promote, and advance the telehealth components that would most benefit their local communities. The SCTA has developed an effective model for using telehealth to support disease management across the care continuum in rural communities, which can be replicated in other communities.

Collaborative Outcome(s):

Tactic	Short Term	Medium Term	Long Term
Grow the number of rural health care sites connected to the adequate broadband required to participate in telehealth services.	Proportion of targeted sites that have broadband capabilities to provide telehealth.	TBD	TBD
Enhance the number of rural citizens in SC benefitting from telehealth services.	Number of rural practices/sites that are utilizing telehealth services.	Number of health care encounters in rural areas that are delivered virtually.	Evidence of telehealth providing clinical & financial benefits to rural areas.

Tactic 2.1: Grow the number of rural health care sites connected to the broadband required to participate in telehealth services.
- **Champion:** Matt Hiatt
- **Planning Members:** PCC, MUSC
- **Quarterly Milestones**:
    - **March 2018**: Identify providers to target within counties identified by the FCC as having low broadband connectivity.
    - **June 2018:** Contact identified sites in highest priority counties to initiate discussions regarding need for and installation of broadband, and subsequently telehealth services.
    - **September 2018**: Report on progress with the identified sites as well as potential alternative sources of funding.

Tactic 2.2: Equip additional providers in rural & underserved areas with the technology & training needed to provide telehealth services.

- **Champion**: Kathy Schwarting
- **Planning Members**: PCC, MUSC
- **Quarterly Milestones**:
  - **March 2018**: In conjunction with MUSC, develop a process for improving communication & coordination of incoming requests for assistance to ensure appropriate assignment of resources. Document all current and past site engagement in selected CRM platform (e.g. Salesforce).
  - **June 2018:** Evaluate newly developed process for improved communication & coordination & revise as necessary.

  Note: Additional tactics related to provider education are included in Strategy 5 .

Tactic 2.3: Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines.

- **Champion:** Palmetto Care Connections
- **Planning Members:** PCC, MUSC
- **Quarterly Milestones**:
  - **March 2018**: Identify a needs assessment process for rural clinics that will assist them in adding new service lines or ensure existing service lines are being utilized effectively.
  - **June 2018:** Begin to implement assessment process with rural clinics.
  - **September 2018**: Report findings from assessments to service line providers and coordinators. Develop a manual of best practices for working with rural clinics.

Tactic 2.4: Use telehealth to help enhance access in rural & underserved areas to the full continuum of care for disease management.

- **Champion:** Kathy Schwarting
- **Planning Members:** PCC, MUSC
- **Quarterly Milestones**:
  - **March 2018**: Identify a chronic disease (e.g. diabetes) prevalent in rural South Carolina to address. Identify current resources, initiatives, and programs already in place addressing that chronic disease.
  - **June 2018:** Identify continuum of care models that use telehealth to combat chronic disease in rural communities. Select a rural SC community to focus on with full continuum of care model.
  - **September 2018**: Communicate with health care providers in chosen rural community to gain their input and buy-in on the model.

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Telehealth
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Strategy 3:	Build and scale telehealth clinical services and programs that expand access to care.

5-Year Ideal Status for Strategy: In 5 years, multiple SC institutions will be delivering coordinated telehealth services over compatible technology. Regardless of geographical location, South Carolinians will have equitable access to quality health care. SC providers will collaborate together to elevate the quality, efficiency, and effectiveness of the SC healthcare delivery system.

Collaborative Outcomes for Strategy:

Tactic	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Support community hospitals with the availability of specialty and subspecialty services.	Total # of telehealth interactions Percentage of hospitals receiving telehealth services	Demonstrated evidence that telehealth services are improving quality metrics	Demonstrated evidence that telehealth services are improving financial metrics
Support primary and ambulatory care providers with efficient access to specialty care.	Total # of telehealth interactions Percentage of SC counties with telehealth access to specialty care	Proportion of primary care offices utilizing telehealth Ambulatory care outcome TBD	Proportion of care delivered by specialty guided best practices in underserved regions
Extend care to population-based settings to improve access to convenient, cost-effective healthcare.	Total # of telehealth interactions Percentage of priority schools offered telehealth	Proportion of population with potential access to care where they live, learn or work	Health impacts demonstrated in the populations within these settings
Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).	Total # of telehealth interactions Net Promoter Score	Health impact on high risk chronic disease populations	Health impact from increased access to care for well majority

Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services.

> **Subtactic 3.1.A:** Optimize the delivery of telestroke services.
> - **Champion:** MUSC
> - **Planning Members:** GHS, Palmetto Health, McLeod Health
> - **Quarterly Milestones:**
>   - **March 2018:** Identify members to serve on a SCTA telestroke workgroup.
>   - **June 2018:** Convene first SCTA telestroke workgroup meeting.
>   - **September 2018:** Draft short term objectives and long term vision to improve statewide telestroke care.

> **Subtactic 3.1.B:** Implement a pediatric critical care telehealth service.
> - **Champion:** Children's Telehealth Collaborative
> - **Planning Members:** GHS, Palmetto Health, McLeod Health, MUSC
> - **Quarterly Milestones:**
>   - **March 2018:** Create clinical and operational workflows.
>   - **June 2018:** Install equipment and train stakeholders on workflows and technology.
>   - **September 2018:** Implement a pilot of the new service to support a community hospital(s).

> **Subtactic 3.1.C:** Develop adult inpatient telehealth services that meet the needs of the respective region.
> - **Champion:** MUSC Health
> - **Planning Members:** GHS, Palmetto Health, McLeod Health, MUSC
> - **Quarterly Milestones:**
>   - **March 2018:** Each regional hub will identify an adult telehealth service(s).
>   - **June 2018:** Clinical and operational champions identified.
>   - **September 2018:** Clinical and operational workflows drafted.
>   - **December 2018:** Implement a pilot of the new service with a community hospital.

> **Subtactic 3.1.D:** Evaluate the quality impact and feasibility of tele-ICU.
> - **Champion:** MUSC Health
> - **Planning Members:** Kershaw Health, Carolina Pines, AnMed, PH-Toumey, Springs Memorial, and Self Regional
> - **Quarterly Milestones:**
>   - **March 2018:** Conduct an assessment of tele-ICU activity in SC hospitals.
>   - **June 2018:** Publish a summary report of SC tele-ICU activity to include clinical outcomes, financial metrics and qualitative assessments.
>   - **September 2018:** Provide recommendations for action items in response to summary report.

Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care.

> **Subtactic 3.2.A:** Implement asynchronous mechanism to better support primary care providers and improve efficiency of the referral process.
> - **Champion:** MUSC Health, Palmetto Health
> - **Planning Members:** GHS, McLeod
> - **Quarterly Milestones:**
>   - **March 2018:** Assess products that can provide asynchronous exchanges of medical information with primary care providers.
>   - **June 2018:** Begin implementation of pilot service in at least one region.
>   - **September 2018:** Report on initial successes and challenges of new service.

> **Subtactic 3.2.B:** Establish regional telehealth access points for the equitable delivery of specialty care.
> - **Champion:** MUSC Health, Palmetto Health
> - **Planning Members:** GHS, McLeod
> - **Quarterly Milestones:**
>   - **March 2018:** Identify regions to pilot the delivery of specialty care telehealth services.
>   - **June 2018:** Establish clinical and operational workflows.
>   - **September 2018:** Implement pilot of telehealth service(s).

Tactic 3.3: Extend care to population-based settings to improve access to convenient, cost-effective healthcare.

> **Subtactic 3.3.A:** Increase access to medically-underserved children through the expansion of school-based telehealth.
> - **Champion:** MUSC Health, Palmetto Health
> - **Planning Members:** GHS, McLeod, DMH
> - **Quarterly Milestones:**
>   - **March 2018:** Define and report list of high priority schools.
>   - **June 2018:** Engage 5 high priority school districts.
>   - **September 2018:** Begin to implement services.

> **Subtactic 3.3.B:** Implement urgent care telehealth services to jails and skilled nursing facilities to decrease the costs of avoidable readmissions and transfers.
> - **Champion:** MUSC Health
> - **Planning Members:** GHS, Palmetto Health, McLeod, DMH
> - **Quarterly Milestones:**
>   - **March 2018:** Implement pilot of tele-urgent services to jails and skilled nursing facilities.
>   - **September 2018:** Report on initial successes and challenges of tele-urgent services.

Tactic 3.4: Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient)**.**

    Subtactic 3.4.A: SCTA regional hubs will implement direct-to-patient services and evaluate utilization, quality and cost-effectiveness.

- **Champion:** Regional Hubs
- **Planning Members:** Direct-to-consumer workgroup
- **Quarterly Milestones:**
    - **March 2018:** Identify and report quarterly metrics that assess the impact of direct-to-patient services.
    - **September 2018:** Regional hubs report on initial successes and challenges of direct-to-patient services.

Strategy 3 Workgroups	**Regional Hub Working Group:** Amelia Bischoff (PH), Shawn Valenta (MUSC), Christianna Novakovic (GHS), Lisa Hines (GHS), Matt Reich (McLeod)

Strategy 4:	Broaden mental health and related telehealth clinical services and programs to increase access to care.

5 Year Ideal Status for Strategy: In five years, the SCTA –under the leadership of SCDMH—will extensively increase access to mental health and related clinical services and programs via telehealth across South Carolina. Building on existing services and programs, the SCTA will identify and bridge service gaps and diversify the types of mental health and related clinical services and programs available to South Carolinians. Through its unified efforts, the SCTA will integrate and align the state's efforts on telepsychiatry and mental health, emphasizing both (a) the continuum of care for mental health and related clinical services and programs and (b) care across the lifespan of a patient.

Collaborative Outcomes for Strategy:

Tactic	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Support rural hospitals with the availability of mental health and related clinical services and programs.	Total # of telehealth interactions Percentage of hospitals receiving mental health or related clinical services via telehealth	TBD	TBD
Support primary care and related-care providers with integrated or aligned access to mental health related clinical services and programs.	Total # of telehealth interactions Percentage of SC counties with telehealth access to mental health related clinical care	TBD	TBD
Establish telepsychiatry as recruitment tool for providers	Total # of providers providing telepsychiatry services. # of new providers providing telepsychiatry services	TBD	TBD

Develop a best practice for medical information sharing across disparate medical service delivery organizations.	A solution to the challenge of medical information sharing	TBD	TBD
Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.	Total # telehealth interactions provided in other programs	TBD	TBD

Tactic 4.1: Support rural hospitals with the availability of mental health and related clinical services and programs.

  Subtactic 4.1.A: Increase the number of rural hospitals with access to mental health and related clinical services and programs.
  - **Champion:** PCC, SCDMH
  - **Planning Members:** PCC, SCDMH, DAODAS, MUSC Health
  - **Quarterly Milestones:**
    o **March 2018:** Establish priority list and readiness evaluation of rural hospitals for implementation of clinical services and programs.
    o **June 2018:** Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs.
    o **September 2018:** Activate first cohort of rural hospitals from established priority list and readiness evaluation.

  Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention.
  - **Champion:** SCDMH, SCHA
  - **Planning Members:** SCDMH, DAODAS, MUSC Health
  - **Quarterly Milestones:**
    o **March 2018:** Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services.
    o **June 2018:** Convene a meeting of interested parties from the priority list to discuss the need/inclination for crisis intervention services and supports.

Tactic 4.2: Support primary care and related-care providers with integrated or aligned access to mental health and related clinical services and programs.

> **Subtactic 4.2.A:** Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs.
> - **Champion:** PCC, SCDMH
> - **Planning Members:** PCC, SCDMH, DAODAS, MUSC Health
> - **Quarterly Milestones:**
>   - **March 2018:** Establish priority list and readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.
>   - **June 2018:** Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs.
>   - **September 2018:** Activate first cohort of primary care and related-care providers from established priority list and readiness evaluation.

Tactic 4.3: Establish telepsychiatry as recruitment tool for providers.
- **Champion:** SCDMH
- **Planning Members:** USC School of Medicine, PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Milestones:**
  - **March 2018:** Convene group to discuss provider recruitment.
  - **June 2018:** Establish marketing initiative to use telepsychiatry as recruitment tool for providers.
  - **September 2018:** Extend the use of physician extenders within the provider roster of mental health and related clinical services and programs.

Tactic 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations.

> **Subtactic 4.4.A:** Evaluate the feasibility of coordinated, interfacing, bi-directional medical information sharing.
> - **Champion:** PCC, SCDMH
> - **Planning Members:** PCC, MUSC Health, SCDMH, SCHA, Regional Hubs
> - **Quarterly Milestones:**
>   - **March 2018:** Convene a meeting of interested parties to discuss the feasibility of coordinated, interfacing, bi-directional medical information sharing.
>   - **June 2018:** Report the findings from the meeting and research regarding the feasibility of medical information sharing.
>   - **September 2018:** Convene a second meeting to discuss next steps to work toward more coordinated medical information sharing, if warranted.

Subtactic 4.4.B: Evaluate the feasibility of a Health Information Exchange program to support the role of a centralized information sharing repository.

- **Champion:** PCC, SCDMH
- **Planning Members:** SCDMH, MUSC Health, PCC
- **Quarterly Milestones:**
    - **March 2018:** Convene a meeting of interested parties to discuss the feasibility of a Health Information Exchange program to support the role of a centralized information sharing hub.
    - **June 2018:** Report the findings from the meeting and other research regarding the feasibility of a Health Information Exchange program to support the role of centralized information sharing.
    - **September 2018:** Convene a second meeting to discuss the next steps to support a centralized information sharing hub, if warranted.

Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.

Subtactic 4.5.A: Identify the various statewide telehealth programs that address mental health and related clinical services and programs and determine potential opportunities for alignment.

- **Champion:** SCDMH
- **Planning Members:** PCC, MUSC Health, SCDMH
- **Quarterly Milestones:**
    - **March 2018:** Compile a list of statewide services and programs.
    - **September 2018:** If appropriate, convene a meeting among stakeholders of various initiatives to address opportunities for alignment.

Subtactic 4.5.B: Explore the implementation of mental health and related clinical services and programs in extended service areas.

- **Champion:** SCDMH
- **Planning Members:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Milestones:**
    - **June 2018:** Evaluate opportunities for implementing mental health and related clinical services and programs via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).
    - **September 2018:** Identify at least one pilot service to implement in one of these extended service settings.

Subtactic 4.5.C: Assist with the development of the service delivery model for medication-assisted treatment (MAT) throughout the State of South Carolina.
- **Champion:** DAODAS, 301 Organizations
- **Planning Members:** DAODAS, PCC, SCDMH, MUSC Health
- **Quarterly Milestones:**
  - **March 2018:** Receive approval from LLR for controlled substance prescribing to patients in 301s via telehealth.
  - **June 2018:** Technical and clinical training process is in place.
  - **September 2018:** MAT consults to 301s active.

Strategy 4 Workgroup	SCDMH, USC School of Medicine, Palmetto Care Connections, MUSC Health

SOUTH CAROLINA
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Strategy 5:	Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth.

5-Year Ideal Status for Strategy: In 5 years, a majority of health care professionals practicing in the state will have a high degree of comfort with telehealth practice to include knowledge of the South Carolina Telemedicine Act and how telehealth impacts their own profession. A significant proportion of health professionals will have a high level of knowledge of how telehealth technologies can enhance the work of an interdisciplinary health care team.

Collaborative Outcomes for Strategy

Tactic	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.	# of graduating health professionals who received exposure to telehealth education	% of graduating health professionals with high level of knowledge of telehealth (exit survey)	% of grad health professionals prepared to utilize distance technologies to collaborate in interprofessional teams (exit survey)
Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/ underserved communities in state.	# of health providers who received exposure to telehealth education	% of providers with high level of knowledge of telehealth (survey)	% of providers prepared to utilize distance technologies to collaborate in interprofessional teams (survey)

Tactic 5.1: Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.
- **Champion:** AHEC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
  - **March 2018:** Workgroups for student/trainee education and provider education created. Based on curriculum integration inventory, key stakeholders identified to elicit telehealth curriculum implementation information.
  - **June 2018:** Case studies of successful telehealth curriculum implementation developed.
  - **September 2018:** Telehealth competencies for students/trainees developed and endorsed by committee.
  - **December 2018:** Best practices, case studies, and telehealth competencies for students/trainees disseminated to institutions. Technical assistance provided to partners interested in integrating telehealth education at their institutions.

Tactic 5.2: Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state.
- **Champion:** PCC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
  - **March 2018:** Establish scholarship program to increase health care providers' utilization of online certification program for clinical tele-presenters and telehealth coordinators, and supplement online certification with local resources.
  - **June 2018:** Develop library of telehealth training tools for practicing health care providers and their staff and disseminate as identified by provider survey.
  - **September 2018:** Work with local AHECs and telehealth hubs to coordinate at least 2 Telehealth Regional Meetings in calendar year focusing on Upstate, Pee Dee and Low Country regions
  - **December 2018:** Review utilization rates for telehealth training tools and re-survey practicing providers to determine effectiveness as well as determine number of practices that have received telehealth certification

Tactic 5.3: Extend the use of provider education via telehealth, enabling primary care and other practice settings to co-manage complex medical cases with the assistance of specialists and a multidisciplinary team.
- **Champion:** Divya Ahuja – USC Medical Group
- **Planning Members:** MUSC
- **Quarterly Milestones:**
  - **June 2018:** Review the successes and challenges of current HCV, sickle cell, opioid treatment, and emergency management provider education/Project ECHO programs.

- o **September 2018:** Formulate recommendations to streamline and grow these projects.

Education Committee	**Champion(s):** Jennifer Bailey (SC AHEC), Kathy Schwarting (PCC) **Members:** Ragan DuBose-Morris (MUSC), Davia Smith (PCC), Ashley Hildreth (Beaufort Memorial Hospital), Amelia Bischoff (Palmetto Health), Bailey Gibson (Tidelands Health), Christianna Novakovic (GHS), Divya Ahuja (Palmetto Health/USC Medical Group), Gail Weaver (AHEC/McLeod), Gaye Douglas (USC CON), James Stallworth (Palmetto Health/USC Medical Group), Jessica Duke (Beaufort Memorial Hospital), Jillian Harvey (MUSC), Adrian Grimes (SCTA), Kelly Hawsey (Palmetto Health), Kimberly Kascak (SC AHEC), Lauren Angelo-Duck (USC CON), Rob Marsh (Tidelands Health), Robert Morgan (GHS), Samuel Head (SC DHHS), Stewart Cooner (DMH), Tena McKinney (USC CON), Teri Browne (USC SOM), William Gamble (Palmetto Health/USC Medical Group), Paul Switzer (VCOM)

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Strategy 6:	Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research.

5-Year Ideal Status for Strategy: The organizational structure for the SCTA should be flexible, but guiding. The aligned institutions should be representative of all care settings and should be responsive of the changing nature of processes and technology being used.

Tactic 6.1: Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.
- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
    - **March 2018:** Establish a list of entities who are collaborating as partners with the SCTA currently.
    - **June 2018:** Hold meeting that includes these partners to inform them of SCTA progress and obtain their feedback where appropriate.
    - **September 2018:** Implement strategy for ongoing communication with these partners and stakeholders.

Tactic 6.2: Establish unified opinions and priorities on SCTA issues and pursue these priorities legislatively when possible and appropriate.
- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
    - **June 2018:** Establish a standard process for drafting SCTA opinions and moving these forward administratively and legislatively, using the SCTA's work on authorizing APRNs to practice telehealth as an example.
    - **September 2018:** Identify issues for the SCTA to address, and begin applying process to respective issues.

Tactic 6.3: Establish an enhanced reporting process for adequate representation of SCTA activities.
- **Champion:** SCTA Coordinator and Co-Chairs
- **Planning Members:** Regional and Specialty Hubs, Workgroups, Content Advisory Team
- **Quarterly Milestones:**
    - **March 2018:** Establish a subcommittee to approve reports and to inform the reporting process.
    - **June 2018:** Develop reporting templates to streamline the quarterly SCTA hub and workgroup reporting.
    - **September 2018:** Implement enhanced reporting mechanisms.

Strategy 7:	Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

5-Year Ideal Status for Strategy: All telehealth projects in the state will be collecting and reporting outcome data to demonstrate access, quality, and value. The SCTA will have implemented a process and/or mechanism for coordinated, statewide reporting of outcomes, and will be using these data to inform strategic decision making.

Collaborative Outcome(s):

	Short Term	Medium Term	Long Term
All telehealth projects in the state will be collecting and reporting outcome data to demonstrate access, quality, and value.	# of projects and hubs reporting outcome data	% of telehealth projects reporting outcome data	Every telehealth project in the state will be measuring and reporting 1-2 outcome measures that address access, quality, and/or value. Consultation team to help report the overall impact for the state
Support clinicians and researchers in implementing and evaluating telehealth-based pilot projects through the SCTA grant program.	# of pilot projects funded by the SCTA	% of pilot projects with at least one research publication	#of extramural proposals submitted after SCTA pilot project funding % of pilot projects that have had at least one extramural proposal funded following pilot project funding

Tactic 7.1: Establish the means to produce short and long term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions
- **Champions:** Meera Narasimhan
- **Planning Members:** Dee Ford and Meera Narasimhan (USC, MUSC, DMH)
- **Quarterly Milestones**:
    - **May 2018**: Develop an evaluation rubric for determining outcomes and identify generalizable process measures (e.g. # sites, # providers, type of service, etc.).
    - **June 2018:** Develop a consultation plan to support SCTA hubs and other sites with project evaluation.
    - **September 2018:** Have initial project outcomes for at least one project from each of the SCTA hubs that addresses either access, quality, and/or value.

Tactic 7.2: Support clinicians and researchers in implementing and evaluating telehealth-based pilot projects through the SCTA grant program.

- **Champion:** MUSC
- **Planning Members:** SCTA Grant Review Committee
- **Quarterly Milestones**:
  - **March 2018**: Promote the SCTA Implementation and Evaluation Grant program. Provide consultation to applicants on research and evaluation as needed.
  - **June 2018:** Select up to five new SCTA grant recipients through grant review process.
  - **September 2018**: Contracts and support in place for 2018 pilot project grantees.

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Strategy 8:	Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.

5 Year Ideal Status for Strategy: South Carolinians are knowledgeable about telehealth and confident that telehealth positively contributes to the health care of those in the state by increasing access to care. Among those in health care (payers, providers, legislators), telehealth should be a known tool for efficient, effective care that decreases unnecessary ER visits, increases early detection and screenings, and positively affects public health, especially for chronic conditions such as diabetes. Overall, South Carolina should be able to proudly share its story with the nation as an example of how collaboration can affect historical and systemic challenges.

Collaborative Outcome(s):

	Short Term	Medium Term	Long Term
Promote awareness of telehealth, the SCTA and SCTA resources.	% of individuals that have a basic knowledge of telehealth (survey general public, legislators, payers, providers) Analytics of various marketing channels	% of individuals confident that telehealth is an effective means to deliver healthcare (survey general public, legislators, payers, providers)	% of individuals confident that the healthcare of everyone in SC has improved because of telehealth (survey general public, legislators, payers, providers)
Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.	At least one shared arrangement (ACO) in development	Shared arrangement operational	Shared arrangement effectiveness being measured

Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.
- **Champion**: Don Godish
- **Planning Members**: Content Advisory Team
- **Quarterly Milestones**:
  - o **March 2018**: Develop and build distribution lists for audiences in Mailchimp (public, providers, legislators, and payers).
  - o **June 2018:** Develop specific content, messaging, and channels for each audience.
  - o **September 2018**: Develop a list of events to attend and promote the work of the SCTA. Revamp and increase circulation of public survey assessing telehealth knowledge.
  - o **December 2018:** Engage focus group(s) and utilize surveys to evaluate current promotions and gain insight on future opportunities

Content Advisory Team	**Champion:** Don Godish (SCETV) **Members:** Amelia Bischoff (Palmetto Health), Stewart Cooner (DMH), Tabitha Safdi (SCETV), Adrian Grimes (SCTA), Jumanna Swindler (McLeod Health), Matt Reich (McLeod Health), Donna Keller (Palmetto Health), Shea Garbett (GHS), Sally Foister (GHS), Chris Mosely (McLeod Health), Rick Foster (SCHA), Maria Williamson (Spartanburg Regional), Don Godish (SCETV), Christianna Novakovic (GHS), Andrew Rolfe (PH), John Lewis (SCETV), Scottie Dye (PH), Simone Tucker (PH), Lisa Hines (GHS), Davia Smith (PCC), Julia Shillinglaw (SCETV)

Tactic 8.2: Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.
- **Champion:** Adrian Grimes
- **Planning Members:** Reimbursement Workgroup
- **Quarterly Milestones**:
  - o **March 2018**: Develop shared arrangement template for telehealth programs that have the potential to: produce ER diversions, improve population health (diabetes), and increase screenings and early detection conditions
  - o **June 2018:** Begin meeting with telehealth providers to assess the programs and identify payer populations using the programs
  - o **September 2018**: Host live telemedicine demonstrations for payers at MUSC's Center for Telehealth.
  - o **December 2018**: With completed template, begin collaborating with hub contracting departments to decide next step for shared arrangement payer engagement

Reimbursement Workgroup	**Champion:** Adrian Grimes **Members:** Amelia Bischoff (Palmetto Health), Kelly Hawsey (PH), Maggie Cash (SC Children's Collaborative), Samuel Head (SC DHHS), Elizabeth Harmon (SCHA), Will Harms (BCBS), Kathy Schwarting (PCC), Matt Reich (McLeod), Jodi Fitzsimmons (McLeod), Christianna Novakovic (GHS), Lisa Hines (GHS)

	Actual	Budgeted			
	FY18	**FY19**	**FY20**	**FY21**	**FY22**
Center for Telehealth					
Personnel	$1,649,913				
MUSC Telehealth Medical Directorships	$234,589				
Supplies-Printing-Misc	$15,655				
Telephone-Cellular-Fax	$24,161				
Education and travel	$72,629				
Facility	$88,417				
SCTA Strategic Plan Consultant	$32,256				
SCTA Facilitator	$21,107				
Training and Delivery Center [1]	$16,324				
Service Development[2]	$13,836				
Total	$2,168,885.87	*$4,500,000*	*$4,500,000*	*$4,500,000*	*$4,500,000*
Network Infrastructure-Hardware & Software					
Hardware [3]	$436,380				
Hardware Reimbursement					
Circle Park Behavioral Health	$7,981				
McLeod Health Foundation	$112,510				
Greenwood Genetic Center	$78,379				
USC - School of Medicine	$4,040				
Software	$101,429				
Telestroke and Teleneurology Equipment and Software Fees	$370,794.31				
Beaufort Memorial Hospital	$12,000				
Carolina Hospital System - Florence	$12,000				
Carolina Hospital System - Marion	$12,660				
Carolina Pines Regional Medical Center	$12,000				
Coastal Carolina Medical Center	$13,975				
Conway Medical Center	$12,000				
Georgetown Memorial	$12,000				
Hampton Regional Medical Center	$12,000				
Hilton Head Hospital	$12,000				
Kershaw Health Medical Center	$12,000				
McLeod Health Cheraw	$12,000				
McLeod Loris Hospital	$12,000				
McLeod Seacoast Hospital	$12,658				
McLeod Medical Center - Dillon	$12,000				
McLeod Regional Medical Center	$15,326				
McLeod Health Clarendon	$12,000				
MUSC Health Hub	$18,355				
Piedmont Medical Center	$12,657				
Regional Medical Center - Orangeburg	$12,000				
Roper Berkeley ED	$12,000				
Roper Hospital	$12,000				
Roper Mt Pleasant Hospital	$12,000				
Roper Northwoods ED	$12,000				
Roper St. Francis Hospital	$12,000				
Self Regional Healthcare	$12,000				
Vibra Healthcare of Charleston	$14,721				
Waccamaw Community Hospital	$13,314				
Williamsburg Regional Hospital	$12,779				
Teleneurology Software Licenses	$16,350				
Total	$1,111,513.55	*$2,100,000*	*$2,100,000*	*$2,100,000*	*$2,100,000*
Regionally-Based Service Development Support					
Regional/Specialty Hubs[4]					
McLeod Health	$0				
Greenville Health System	$600,000				
Palmetto Health	$1,340,000				
Department Mental Health	$0				

Total	$1,940,000.00	*$6,250,000*	*$6,000,000*	*$5,000,000*	*$4,000,000*
Marketing					
SCTA Campaign	$14,750				
Marketing materials	$3,053				
SCTA Campaign (SC ETV) [5]	$0				
Total	$17,803	*$350,000*	*$350,000*	*$350,000*	*$350,000*
Research and Outcomes Reporting[6]					
Research Development	$17,500				
Outcomes Reporting	$10,418				
Total	$27,918	*$200,000*	*$200,000*	*$200,000*	*$200,000*
SCTA Development Grants					
John Melville, MD - MUSC Secure Image Transfer for Child Abuse Pediatics	$20,000				
Vanessa Diaz, MD - MUSC Improving Access to Pre-Exposure HIV Prophylaxis	$20,000				
Sarah Hales, MD - MUSC Home Weight Loss Program	$20,000				
Sarah Miller, MD - MUSC Utilizing Telehealth to Manage Chronic Respiratory Disease in an Underservced, Rural Setting	$20,000				
Total	$80,000	*$100,000*	*$100,000*	*$100,000*	*$100,000*
Statewide Service Development					
Service Development					
MUSC Program Expenditures:	$1,208,570				
Telepsych [7A]	$124,800				
Telestroke [7B]	$664,907				
School-Based Health [7A]	$98,168				
Teleneuro [7A]	$84,543				
TeleEEG [7B]	$36,750				
TeleICU [7B]	$48,574				
Nutrition Counseling [7A]	$65,969				
TeleUrgent [7A]	$31,194				
Antimicrobial Stewardhip Initiative [7A]	$53,665				
mHealth Initiatives	$210,488				
Rural Diabetes (Elizabeth Kirkland, MD - MUSC Health) [8]	$141,152				
MUSC - Direct-to-Consumer Quality and Development [9]	$0				
MUSC - TACHL (mHealth development support) [10]	$25,000				
MUSC - Telehealth Resilience and Recovery Program (Ruggerio) [11]	$44,336				
Tele-ICU Support for Hospitals	$511,531				
AnMed	$0				
Palmetto Health Tuomey	$0				
Self Regional	$0				
Carolina Pines Regional Medical Center	$319,601				
Kershaw Hospital	$117,079				
Springs Memorial	$74,851				
Total	$1,930,589.36	*$4,242,500*	*$4,442,500*	*$4,592,500*	*$4,592,500*
Rural Site Support					
Palmetto Care Connections [12]	$293,479				
Rural Clinic Support (PSPN) [13]	$4,166				
Bamberg Family Practice - PSPN	$833				
Medical Center of Santee - PSPN	$833				
R. Dale Padgett MD, PA - PSPN	$833				
R. Dale Padgett MD, PA HCP - PSPN	$833				
Singleton Medical Center - PSPN	$833				
Total	$297,645	*$400,000*	*$400,000*	*$400,000*	*$400,000*
Office of Telehealth Education					
SC AHEC [14]	$118,590				
MUSC - Simulation Center [15]	$17,563				
Total	$136,153	*$400,000*	*$400,000*	*$400,000*	*$400,000*

TOTAL	$7,710,508	*$18,542,500*	*$18,492,500*	*$17,642,500*	*$16,642,500*

1 - The Training and Delivery Center (the "Center for Telehealth") is a location created within the MUSC University Hospital to house MUSC telehealth team members and operations. In addition to offices and conference room space, it includes the admit transfer center team that receives and coordinates telehealth calls from partnering SC hospitals, 4 telehealth delivery pods used for scheduled consultations, a tele-ICU operations center, and a space to train providers on telehealth carts, peripherals, and processes. The Duke Endowment Foundation contributed over $600K towards the construction of this new space.

2 - This funding is for Center for Telehealth development projects (e.g. remote diabetic retinopathy screenings, telepathology).

3 - See Inventory Tracking Database List for a site breakdown of hardware deployment for FY18 Q2. SC entities contractually reimbursed for telehealth equipment are individually listed.

4 - Funding support provided to Regional/Specialty Hubs in order to assist in the development of an open-access telehealth network for SC and to advance telehealth initiatives that align with the SCTA strategic plan.

5 - SCTA agreement for South Carolina Educational Television (SC ETV) to collaborate with organizations throughout the state to create educational and informational content to increase awareness and knowledge of the SCTA and telehealth activities in South Carolina.

6 - This funding is for personnel costs associated with the support of research development, SCTA grant administration, and SCTA outcomes reporting. Note: The budget for this line item is expected to increase, as the SCTA is anticipating a funding proposal from USC for Dr. Narasimhan's SCTA's work on outcomes research, aligned with Strategy 7 of the 2018 SCTA strategic plan.

7A - MUSC Program Expenditures are partially offset by revenues from professional billing.

7B - MUSC Program Expenditures are fully offset by revenues from professional billing and/or contractual agreements.

8 - This funding is for a diabetic home monitoring initiative, primarily focused on rural FQHCs and free medical clinics, to optimize diabetes and blood pressure control led by Dr. Elizabeth Kirkland at MUSC.

9 - This funding is for an agreement with the Department of Family Medicine to lead the development of a telehealth model to reach patients in the home and that includes the establishment of a quality review system. This is led by Dr. Vanessa Diaz and Dr. Marty Player.

10 - This funding is for a partnership with the MUSC College of Nursing's Technology Applications Center for Healthful Lifestyles (TACHL) to provide consultation to providers on the use of remote patient monitoring solutions in telehealth treatment and to assist with the development of telehealth data standards and software applications.

11 - This funding is for a partnership with the MUSC College of Nursing's Telehealth Resilience and Recovery Program ("TRRP")to provide consultation to patients whom experienced a traumatic injury utilizing remote patient monitoring solutions in telehealth treatment and to assist with the development of telehealth data standards and software applications.

12 - This funding is for an agreement with Palmetto Care Connections to assist in the development of an open-access telehealth network for SC and the execution of the deliverables outlined in the SCTA strategic plan.

13 - PSPN agreements to support rural clinics with broadband access in SCTA targeted regions.

14 - This funding is for an agreement with SC AHEC to lead the effort on preparing the workforce of the future by integrating telehealth training into health provider education programs across the state and in establishing a health provider training process in telehealth for both practicing providers and the future health workforce.

15 - This funding provides support to develop telehealth simulation training and education. Current programs developed include education for EMS and Neonatal Resuscitation.