

SOUTH CAROLINA
Telehealth
ALLIANCE

South Carolina Telehealth Alliance (SCTA)
2019 Strategic Plan

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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.
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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 with designated IT support	Open access network use (multiple institutions connected through endpoints)	Technical support and network reliability satisfaction measures
	<i>*Try to address through tactic 1.2</i>	<i>*Try to address through tactic 1.2</i>	
Develop statewide centralized credentialing model	Quarterly utilization of spokes Quarterly satisfaction of spokes	TBD	TBD

Tactic 1.1: Ensure timely IT support for telehealth-related activities across the state.

- **Champion:** Michael Haschker & Matt Hiatt
- **Planning Members:** IT Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Assess sites for adequacy of telehealth-related IT support
 - **June 2019:** Designate SCTA member support for sites with gaps in telehealth-related IT support
 - **September 2019:** Establish training criteria for telehealth-related IT support

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Tactic 1.2: Ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet the needs of SCTA partner organizations.

- **Champion:** Michael Haschker & Jimmy McElligott
- **Planning Members:** IT Workgroup, Hub Managers
- **Quarterly Milestones:**
 - **March 2019:** Engage telehealth vendors to enable video endpoints to be accessible by open-access compatible video clients
 - **June 2019:** Provide interoperability report to Advisory Council
 - **September 2019:** Establish guidelines intended for IT personnel on best practices to be shared with SCTA leadership.

IT Workgroup Roster	<p>Champion: Michael Haschker (MUSC)</p> <p>Members: Rick Byers (Prisma), Michael Chapin (Prisma), Marvin Reece (Prisma), Matt Hiatt (PCC), Jon Lohr (Beaufort Memorial), Christal Jones (DMH), Webb McCall (McLeod), Cole Naus (Tidelands), Kapil Madathil (Clemson), Gary Herrington (CareSouth), David McSwain (CTC/MUSC), Daniel Leonard (Prisma)</p>
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Tactic 1.3: Evaluate long-term viability and utility of the pilot centralized credentialing program.

- **Champion:** PCC
- **Planning Members:** Credentialing Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Assess baseline satisfaction and utilization with spoke hospitals on current credentialing procedures. Complete data imports from MUSC into centralized ECHO database.
 - **June 2019:** Assess satisfaction and utilization of spokes utilizing centralized database. Provide interim report on utilization and satisfaction.
 - **September 2019:** Report on overall success of pilot and determine feasibility for expansion of program.

Credentialing Workgroup	<p>Champion: Kathy Schwarting (PCC)</p> <p>Members: Cheryl Coble (Prisma), Teresa Wilson (Prisma), Shirley Crawford (Prisma), Kacie P. Hodges (DMH), Paulena Prosser (McLeod), Susan Pickle (McLeod), Kerri Bergeron(MUSC), Victoria Gooch (DMH)</p>
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Strategy 2:	Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.
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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.	Number of rural sites with subsidized broadband	Total broadband increased for rural sites (before and after subsidized line installed)	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:** PCC
- **Planning Members:** MUSC
- **Quarterly Milestones:**
 - **March 2019:** Identify opportunities to promote the value(s) of enhanced broadband in rural areas.
 - **June 2019:** In coordination with the SCTA Content Advisory Team, establish a promotional plan to increase awareness of the benefits of broadband for rural sites.
 - **September 2019:** Broadband promotional plan underway.

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

** See Tactics 1.1 (IT Workgroup) and 5.2 (Education Workgroup)*

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

- **Champion:** PCC
- **Planning Members:** Dr. James Simmons (4OLA), MUSC, TRMC, Hampton Regional, Allendale Hospital, AHEC
- **Quarterly Milestones:**
 - **March 2019:** Facilitate a discussion through collaborative community engagement in the Bamberg, Barnwell, Hampton and Allendale region regarding the need and feasibility for regional telehealth access centers
 - **June 2019:** Identify the ideal locations for proposed regional telehealth access centers and clinical service partners.
 - **September 2019:** Establish a proposed plan for a regional access center implementation in the target area and report on feasibility of plan.

** Tactic 2.3 to be done in partnership with Tactic 3.2.C*

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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 by service line and by connected hospital. Ratio of interactions over bed size of hospital.	Demonstrated evidence that telehealth services are improving quality metrics. All state hospitals are at least “stroke ready.”	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 by site Ratio of telehealth interactions over number of sites	Percentage of SC counties with primary care or ambulatory offices accessing specialty care via tele	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 for SNFs, schools, and correctional facilities. Interactions over number of sites (delineated by site type).	Percentage of SC counties with a population-based setting (schools, SNFs, correctional facilities) having access to specialty care via tele	Health impacts demonstrated in the populations within these settings

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Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).	Total # of telehealth interactions	Total # of interactions for chronic disease conditions Total # of interactions to Medicaid and underserved populations	Health impact on high risk chronic disease conditions Demonstrate reduction in disparities in access to care in underserved populations
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Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services.

Subtactic 3.1.A: Optimize the use of telehealth services by hospitals (2019 focus – telestroke)

- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Identify service improvement needs and metrics for statewide acute stroke care.
 - **June 2019:** Formulate a plan to address service improvement needs and collection of statewide metrics.
 - **September 2019:** Communicate plan to SCHA members.

Subtactic 3.1.B: Grow and optimize pediatric telehealth services.

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Each SC children’s hospital will identify and prioritize pediatric telehealth services to develop or grow. All current service lines reporting quarterly utilization.
 - **June 2019:** Clinical and operational workflows drafted.
 - **September 2019:** Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).

Subtactic 3.1.C: Increase adult inpatient telehealth services that meet the needs of the respective region.

- **Champion:** MUSC Health
- **Planning Members:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Report out baseline utilization metrics for all inpatient telehealth services by site on quarterly basis.
 - **June 2019:** Use data to inform further program growth and optimization.

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Subtactic 3.1.D: Expand access to critical care intensivists and explore possibilities for a statewide critical care network, complemented by tele-ICU.

- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Identify key critical care quality metrics and service needs for South Carolina hospitals.
 - **June 2019:** Formulate a plan to further address the state’s critical care quality needs, complemented by tele-ICU.
 - **September 2019:** Communicate that plan to SCHA members and other key stakeholders.

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

Subtactic 3.2.A: Optimize telehealth services to better support primary care providers and improve efficiency of the referral process.

- **Champion:** MUSC Health
- **Planning Members:** SC Primary Care Clinics, PCC
- **Quarterly Milestones:**
 - **June 2019:** Assess what telehealth modalities and programs have the greatest potential to improve primary care service provision and best practices for implementation.
 - **September 2019:** Report out findings of assessment and begin development of telehealth value toolkit for primary care practices.

Subtactic 3.2.B: With diabetic RPM as use case, identify best practices and pathway towards sustainable service for a primary care clinic partnered with a telehealth hub service provider

- **Champion:** MUSC Health
- **Planning Members:** PCC, DHHS, BCBS
- **Quarterly Milestones:**
 - **March 2019:** Review current processes and finances for service.
 - **June 2019:** Under optimized model, propose financial structure for a service delivery partnership.
 - **September 2019:** Establish guidelines for dissemination on best service and business practices for RPM in a partnership model

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Subtactic 3.2.C: Expand and grow regional telehealth access points for the equitable delivery of specialty care.

- **Champion:** MUSC Health
- **Planning Members:** Prisma Health, McLeod, PCC
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting quarterly utilization of services at regional telehealth access clinics and identify any barriers toward continued growth.
 - **June 2019:** Work with SCTA partners to identify potential regions in which to develop additional regional telehealth access points and assess feasibility.
 - **September 2019:** Report findings and begin implementation process for additional clinics where appropriate.

Subtactic 3.2.D: Through enhanced collaboration, optimize the telementoring and Project ECHO models in the state that enable primary care and other practice settings to co-manage complex medical cases with the assistance of a multidisciplinary specialist team.

- **Champion:** Telementoring Workgroup
- **Planning Members:** MUSC, PH-USC Medical Group, Prisma Health
- **Quarterly Milestones:**
 - **March 2019:** Implement coordinated marketing efforts for state telementoring programs. Workgroup to begin meeting on a quarterly basis.
 - **June 2019:** Identify common outcome metrics across programs. Begin reporting metrics on quarterly basis.
 - **September 2019:** Research and report out potential payment opportunities for telementoring / ECHO programs.

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 by increasing the utilization of school-based telehealth.

- **Champion:** MUSC Health, Prisma Health
- **Planning Members:** School-based Telehealth Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting utilization by school on quarterly basis.
 - **June 2019:** Formulate plan to increase utilization across school districts.
 - **September 2019:** Implement plan in upcoming school year.

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Subtactic 3.3.B: Implement telehealth services to correctional, post-acute, and long-term care facilities to decrease the costs of avoidable readmissions and transfers.

- **Champion:** MUSC Health, Prisma Health
- **Planning Members:** McLeod, DMH
- **Quarterly Milestones:**
 - **March 2019:** Begin reporting utilization by site.
 - **June 2019:** Use data to inform growth and further optimization.

Subtactic 3.3.C: Expand access to child abuse pediatric care within the network of Children’s Advocacy Centers (CACs).

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** SC Network of Children’s Advocacy Centers, Prisma Health, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Identify region(s) to pilot a telehealth child abuse pediatric (TeleCAP) program.
 - **June 2019:** Establish clinical and operational workflows. Identify and acquire appropriate telehealth technology for program.
 - **September 2019:** Implement pilot TeleCAP program.

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

Subtactic 3.4.A: Increase the adoption and utilization of direct-to-patient urgent and primary care services.

- **Champion:** Prisma Health
- **Planning Members:** Direct-to-consumer workgroup
- **Quarterly Milestones:**
 - **March 2019:** Report CY2018 data from identified access, experience and quality key performance indicators. Identify data and other information needed to build educational content that effectively addresses the largest barriers to DTC adoption among (a) patients, (b) providers/health system, (c) legislature, and (d) payers.
 - **June 2019:** Consolidate data and information, and work closely with the Content Advisory Team to develop key messaging and communication plan for each targeted stakeholder group.
 - **September 2019:** Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.

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Subtactic 3.4.C: Develop an approach to expand access to care for medically complex children.

- **Champion:** Children’s Telehealth Collaborative
- **Planning Members:** MUSC Health, Prisma Health, McLeod Health
- **Quarterly Milestones:**
 - **March 2019:** Each children’s hospital will identify a telehealth service to support medically complex children in the home or other convenient location.
 - **June 2019:** Clinical and operational champions identified and workflows drafted.
 - **September 2019:** Implement the pilot service for medically complex children.

Strategy 3 Workgroups	<p>Regional Hub Working Group: Amelia Bischoff (Prisma), Shawn Valenta (MUSC), Ashley Springs (McLeod), Jeff Miles (McLeod), Ryan Kruis (SCTA)</p> <p>School-based Telehealth Workgroup: Amelia Bischoff (Prisma), Chris Moseley (McLeod), Katie Cristaldi (MUSC), Gayle Douglas (Prisma), Courtney Huggins (Anmed), Susie Woodward (SRHS), Angel Bourban (Prisma), Michelle Steffen (Riverside Peds), Robin Estrada (Prisma), Melissa Predergast (CCSD), Holly Bryan (Prisma), Vicky Craig (Kershaw), Craig Kinley (SCTA), Allison Jackson (Comp Health), Joyce Harris, Shelley McGeorge (SCDE), Marty Player (MUSC), Maria Williamson (SRHS), Pam Davis (Little River Medical Center), Dee Drayton (SCDE), Loretta Crowley (Prisma), Lynn Bassett, Kelli Garber (MUSC), Elana Wells (MUSC), Carol Foil (SRHS)</p> <p>Direct-to-Consumer Workgroup: Amelia Bischoff (Prisma), John Lohr (Beaufort Memorial), Chris Moseley (McLeod), Andrew Rolfe (Prisma), Courtney Huggins (Anmed), Shauna Bishop (BMH), Lisa Taylor (BMH), Katie Lawrence (Prisma), Karl Macklin (Prisma), Ashley Springs (McLeod), Vanessa Diaz (MUSC), Emily Sederstrom (MUSC), Cathryn Adair (SC BCBS), Rachel Musselwhite (SRHS), Susie Woodward (SRHS)</p> <p>Telementoring/Project ECHO Workgroup: Divya Ahuja (Prisma), Teresa Joseph (MUSC), Julie Kanter (MUSC), Kelly Barth (MUSC), Adrena Harrison (Prisma), Eve Fields (Prisma), Ben Goldwasser (Prisma), Rachel Grater (MUSC), Donna Johnson (MUSC), Callie Hayden (Prisma)</p> <p>Children’s Telehealth Collaborative: Carly Howard Draddy (Prisma), Robin LaCriox (Prisma), George Haddad (Prisma), Caughman Taylor (Prisma), Amelia Bischoff (Prisma), Bryan Gamble (Prisma), Kelly Hawsey (Prisma), Ashley Springs (McLeod), Webb McCall (McLeod), Jeff Miles (McLeod), Hart Smith (McLeod), Carl Chelan (McLeod), Brooke Yeager McSwain (CTC), David McSwain (MUSC), Maggie Cash (CTC), Andrew Atz (MUSC), Mark Scheuerer (MUSC), Ryan Kruis (SCTA), Emily Sederstrom (MUSC)</p>
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Strategy 4:	Broaden mental health and related telehealth clinical services and programs to increase access to quality care.
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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 by service line and by connected hospital. Percentage of hospitals receiving mental health or related clinical services via telehealth.	Demonstrated evidence that telehealth services are improving quality metrics.	Demonstrated evidence that telehealth services are improving mental health continuum of care.
Support primary care and related-care providers with integrated or aligned access to mental health related clinical services and programs.	Total # of telehealth interactions by service line and by primary care and related care entity.	Demonstrated evidence that telehealth services are improving access to care at the point nearest to the patient.	Demonstrated evidence that telehealth services are improving access to care beyond SCDMH-specific locations.
Establish telepsychiatry as recruitment tool for providers	Total # of providers providing telepsychiatry services by provider type. # of new providers providing telepsychiatry services	Demonstrated evidence of a stratified roster of telehealth clinical service providers.	Demonstrated evidence of a change in the service delivery structure to reflect efficient use of provider types.

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Develop a best practice for medical information sharing across disparate medical service delivery organizations.	A solution to the challenge of medical information sharing.	Implementation of a software solution to effect real-time information sharing across business-associated healthcare entities.	Demonstrated evidence that implementation of an information sharing software solution has provided measurable benefit to the healthcare continuum.
Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medically assisted treatment (MAT).	<p style="text-align: center;">Total # of telehealth interactions by service line and by connected site.</p> <p style="text-align: center;">Percentage of 301 sites receiving tele-MAT services.</p>	Demonstrated evidence that telehealth services are improving access to MAT.	Demonstrated health impacts in populations with opioid use disorder and other substance use disorders

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:** SCDMH
- **Planning Members:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list and IT readiness evaluation of rural hospitals for implementation of clinical services and programs.
 - **June 2019:** Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.
 - **September 2019:** Activate select cohort of rural hospitals from established priority list and IT readiness evaluation.

Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention.

- **Champion:** SCDMH
- **Planning Members:** SCDMH, DAODAS, MUSC Health, SCHA
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list of geographically-strategic and community-ready areas for implementation of regional crisis intervention services.
 - **June 2019:** Establish regional crisis intervention services across 50% of the State.
 - **September 2019:** Establish statewide coverage of crisis intervention services. Establish evaluation metrics to determine impact of crisis intervention services.

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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:** SCDMH
- **Planning Members:** PCC, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Establish priority list and IT readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.
 - **June 2019:** Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.
 - **September 2019:** Activate select cohort of primary care and related-care providers from established priority list and IT 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 2019:** Continue marketing initiative to use telepsychiatry as recruitment tool for telehealth clinical service providers.
 - **June 2019:** Demonstrate initial evidence of a stratified roster of telehealth clinical service providers.
 - **September 2019:** Demonstrate evidence of a change in the service delivery structure to reflect efficient use of telehealth clinical service provider types.

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

- **Champion:** SCDMH
- **Planning Members:** PCC, MUSC Health, SCHA, Regional Hubs
- **Quarterly Milestones:**
 - **March 2019:** Select a software solution to mitigate the challenge of medical information sharing.
 - **June 2019:** Configure a software solution to effect real-time information sharing across business-associated healthcare entities.
 - **September 2019:** Implement a software solution to effect real-time information sharing across business-associated healthcare entities.

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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
- **Quarterly Milestones:**
 - **March 2019:** Work with complimentary healthcare service providers to develop a comprehensive telehealth program that coordinates mental health and primary health care to be deployed to appropriate recipient organizations.
 - **June 2019:** Demonstrate initial outcomes of mental health and primary health comprehensive program development in at least one extended service site.
 - **September 2019:** Demonstrate outcomes of mental health and primary health comprehensive program development in at least one extended service site and expand service availability as appropriate.

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, DAODAS, MUSC Health
- **Quarterly Milestones:**
 - **March 2019:** Identify additional opportunities for implementation of mental health and related clinical services via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).
 - **September 2019:** Demonstrate outcomes of implementation of mental health and related clinical services via telehealth in a specific extended service area; specifically, as a component of the SCDMH School Mental Health Program.

Tactic 4.6: Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medically assisted treatment (MAT).

Subtactic 4.6.A: Coordinate efforts to expand MAT access throughout South Carolina via telehealth.

- **Champions:** DAODAS, 301s, MUSC Health
- **Planning Members:** PCC
- **Quarterly Milestones:**
 - **March 2019:** Establish committee structure that facilitates regular communication and coordination of tele-MAT expansion efforts. Establish clearly defined roles for stakeholders involved in expansion efforts.
 - **June 2019:** Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).

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- **September 2019:** Work collaboratively with other workgroups (i.e. Education, Content Advisory Team, or Sustainability Workgroup) to address the key issues identified.

Subtactic 4.6.B: Evaluate current MAT telehealth expansion efforts.

- **Champions:** MUSC Health (SC MAT ACCESS)
- **Planning Members:** DAODAS, PCC, 301s, CareSouth
- **Quarterly Milestones:**
 - **March 2019:** Identify an approach to evaluate the different models for tele-MAT active in SC. Work with Education Workgroup to assess tele-MAT implementation barriers within the 301s.
 - **June 2019:** Begin data collection and evaluation efforts of different tele-MAT provider models. Receive a report from Education Workgroup on identified barriers and educational needs within the 301s.
 - **September 2019:** Develop a report based on evaluation of tele-MAT models.

Subtactic 4.6.C: Identify other telehealth opportunities to increase efficiency and enhance continuity of care for South Carolinians with substance use disorders.

- **Champions:** DAODAS, SCDMH
- **Planning Members:** Morris Village, PCC, MUSC Health, 301s
- **Quarterly Milestones:**
 - **March 2019:** Identify providers, service line, and location for piloting a new telehealth service (e.g. telehealth within Morris Village).
 - **June 2019:** Establish clinical and operational workflows and training.
 - **September 2019:** Implement pilot of telehealth service(s).

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Strategy 5:	Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth.
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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 health professional trainees who received exposure to telehealth education # of trainees who received specific training on how to deliver and/or coordinate healthcare services via telehealth	% 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 telehealth-specific contact hours	% of providers with high level of knowledge of telehealth (survey)	% of providers prepared to utilize distance technologies to collaborate in interprofessional teams (survey)

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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 2019:** Establish lines of communication/collaborative partnership with the Content Advisory Team & SCETV in order to produce educational videos that address Telehealth Core Competencies
 - **June 2019:** Develop additional educational resources/videos for integration of telehealth in health professions curricula based on Telehealth Core Competencies (including Tele-presenter training for health profession students)
 - **September 2019:** Publish/promote catalog of telehealth educational resources available categorized by core competency

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 2019:** Launch reimbursement billing online training program for healthcare workers. Continue to distribute survey among other provider settings (e.g. small and rural hospitals working with the SCHA or the 301 behavioral health centers).
 - **June 2019:** Develop training modules and resources such as Tele-Presenter online certification, telehealth coordinator, and broadband access based on needs assessment from practices serving rural/underserved patients
 - **September 2019:** Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019

Education Committee	<p>Champion(s): Jennifer Bailey (SC AHEC), Kathy Schwarting (PCC)</p> <p>Members: Ragan DuBose-Morris (MUSC), Davia Smith (PCC), Amelia Bischoff (Prisma), Divya Ahuja (Prisma), Gail Weaver (AHEC/McLeod), Gaye Douglas (DMH/Care South), James Stallworth (Prisma), Jillian Harvey (MUSC), Kelly Hawsey (Prisma), Kimberly Kascak (SC AHEC), Lauren Angelo-Duck (USC CON), Robert Morgan (Prisma), Samuel Head (SC DHHS), Stewart Cooner (DMH), Tena McKinney (USC CON), Teri Browne (USC SOSW), William Gamble (Prisma), Lisa Taylor (Beaufort Memorial Hospital), Katherine Chike-Harris (MUSC)</p>
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SOUTH CAROLINA
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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.
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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.

Collaborative Outcomes for Strategy

Tactic	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.	# of stakeholders participating across workgroups and planning sessions # of organizations represented among stakeholders	Satisfaction metrics among SCTA stakeholders	TBD

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 2019:** Optimize stakeholder webinars and meetings
 - **June 2019:** Organize work-group structure for maximum SCTA participant benefit
 - **September 2019:** Maximize inclusion in annual strategy planning

Tactic 6.2: Establish unified opinions and priorities on policies and/or regulations and pursue these priorities when possible and appropriate.

- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
 - **March 2019:** Identify potential priorities or issues to address.
 - **June 2019:** Develop SCTA priority or issue statements as needed.
 - **September 2019:** Meet with appropriate stakeholders and decision-makers to advance SCTA objectives on identified issues.

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Strategy 7:	Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.
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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
Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions	# of programs that have received support from dedicated Strategy 7 team (either USC or MUSC COE)	# of programs that have received in-depth analysis from dedicated Strategy 7 team (either USC or MUSC COE)	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
Foster telehealth research across the state through telehealth-oriented research support and pilot funding.	# of telehealth pilot projects funded by the SCTA # of telehealth research consultations	% of pilot projects with at least one research publication # of telehealth research publications by SC researchers	% of pilot projects that have had at least one extramural proposal funded following pilot project funding % of pilot projects that have resulted in lasting programs beyond two years of initial 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 and Dee Ford
- **Planning Members:** USC School of Medicine; MUSC Center of Excellence
- **Quarterly Milestones:**
 - **March 2019:** USC and COE each to begin collecting data for at least one in-depth analysis on a telehealth service line (e.g. asynchronous DTC virtual care, telestroke cost-effectiveness).
 - **June 2019:** Conduct analysis and report out findings to advisory council. Identify additional service lines for outcomes analysis.
 - **September 2019:** Begin collecting data for additional program analyses.

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Tactic 7.2: Foster telehealth research across the state through telehealth-oriented research support and pilot funding.

- **Champion:** MUSC Health
- **Planning Members:** USC, Clemson, SC Translational Research Institute (SCTR)
- **Quarterly Milestones:**
 - **March 2019:** Begin transitioning the SCTA telehealth pilot grants over to SCTR for ongoing administration. Ensure SCTA participation in the advertising and review process.
 - **June 2019:** Work closely with SCTR leadership to develop a coordinated method for responding to telehealth-related research requests.
 - **September 2019:** Assess SCTA collaboration with SCTR to determine if any changes are needed for the ongoing partnership.

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Strategy 8:	Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.
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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	% of individuals confident that telehealth is an effective means to deliver healthcare	% of individuals confident that the healthcare of everyone in SC has improved because of telehealth
Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.	<i>*Progress indicated on yearly basis via payer score card.</i>		

Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.

- **Champion:** SCETV
- **Planning Members:** Content Advisory Team
- **Quarterly Milestones:**
 - **March 2019:** Update the SCTA marketing plan to include cross ‘partner’ promotional planning, as well as TAW planning
 - **June 2019:** Implementation of cross-promotional marketing in place and documented in the SCTA marketing plan
 - **September 2019:** Complete online TAW marketing toolkit
 - **December 2019:** Complete annual public awareness survey and report 2018 and 2019 data to advisory council

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Content Advisory Team	<p>Champion: Don Godish (SCETV) & Adrian Grimes (SCTA/MUSC Health)</p> <p>Members: Amelia Bischoff (Prisma), Stewart Cooner (DMH), Tabitha Safdi (SCETV), Donna Keller (Prisma), Ryan Krus (SCTA), Ashley Starkey (Prisma), Chris Mosely (McLeod Health), Rick Foster (SCHA), Maria Williamson (SRHS), Susie Woodward (SRHS), Rachel Musselwhite (SRHS), Kelly Perritt (MUSC), John Lewis (SCETV), Scottie Dye (Prisma), Davia Smith (PCC), Julia Shillinglaw (SCETV), Tracy Stanton (McLeod), Shea Garbett (Prisma), Ali McMenamin (AHEC), Brooke McSwain (CTC), Chrissy Hutchison (SCORH)</p>
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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:** MUSC Health
- **Planning Members:** Sustainability Workgroup
- **Quarterly Milestones:**
 - **March 2019:** Develop 2019 payer priorities, aligned with SCHA goals, and an on-going payer progress report from the 2018 payer scorecard. Publish online and create a presentation for any SCTA provider partner to use.
 - **June 2019:** Equipped with the above ‘tools,’ encourage SCTA partners to host their own meetings with payers to identify telehealth services that match SCTA priorities, and provide solutions to high cost drivers for payers.
 - **September 2019:** Work with the education workgroup to publish coverage changes (new codes, etc.) guidelines online and promote this content to telehealth providers and billing and contracting staff. Example: Additional RPM codes
 - **December 2019:** Publish State of Telehealth in South Carolina that highlights benefits of our unique provider/payer collaborations and any coverage progress made due to these collaborations.

Sustainability Workgroup	<p>Champion: Adrian Grimes (SCTA/MUSC Health)</p> <p>Members: Amelia Bischoff (Prisma), Kelly Hawsey (Prisma), Maggie Cash (SC Children’s Collaborative), Samuel Head (SC DHHS), Elizabeth Harmon (SCHA), Will Harms (BCBS), Kathy Schwarting (PCC), Ashley Springs (McLeod), Wanda Taylor (Prisma), Shawn Valenta (MUSC), Stewart Cooner (DMH), Kellie Mendoza (MUSC), Kerri Bergeron (MUSC), Cathryn Adair (SC BCBS), Jodi Fitzsimmons (McLeod), Lorri Gibbons (SCHA), Barney Osborne (SCHA)</p>
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