

**South Carolina Telehealth Alliance (SCTA)  
2020 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.

**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. For programs in which it's appropriate, all endpoints will be discoverable for dialing through with a neighborhood 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

**Tactic 1.1:** Convene IT workgroup on a regular basis with standing agenda for ongoing updates, best practice sharing, shared problem solving and identification of any future opportunities for continuous improvement.

- **Champion:** Michael Haschker & Matt Hiatt
- **Planning Members:** IT Workgroup
- **Quarterly Milestones:**
  - **March 2020:** Create standard agenda, determine meeting frequency, and begin holding meetings.
  - **June 2020:** Meeting are being held, assess efficacy and adjust format, agenda, attendees if necessary.
  - **September 2020:** Identify any topics or issues to be addressed in the next year's strategic plan.

**Tactic 1.2:** Develop and implement a standard approach to optimizing cost efficiency for SCTA equipment.

- **Champion:** MUSC Health
- **Planning Members:** PCC
- **Quarterly Milestones:**
  - **March 2020:** Review and analyze equipment maintenance costs for SCTA-supported sites.
  - **June 2020:** Create standard approach to equipment maintenance costs at SCTA supported sites.
  - **September 2020:** Communicate and implement maintenance cost coverage policy.

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<b>IT Workgroup Roster</b>	<b>Champion:</b> Michael Haschker (MUSC), Matt Hiatt (PCC) <b>Members:</b> Rick Byers (Prisma), Michael Chapin (Prisma), Marvin Reece (Prisma), 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)
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<b>Strategy 2:</b>	<b>Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.</b>
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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 and households connected to the adequate connectivity required to participate in telehealth services	Number of rural sites with subsidized broadband  Percentage of state covered with residential connectivity	Total broadband increased for rural sites (before and after subsidized line installed)	TBD
Increase telehealth services per capita in rural areas	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:** Establish a mechanism for assessing and addressing community connectivity needs for receiving home-based telehealth services.

- **Champion:** PCC
- **Planning Members:** SCORH, SCHA
- **Quarterly Milestones:**
  - **March 2020:** Conduct assessment and mapping of connectivity needs and share maps and findings with SCTA partners.
  - **June 2020:** Identify necessary connectivity speeds for key service lines (e.g. electronic consent at home for school-based health; diabetic RPM; video visits to the home) and assess community-level connectivity gaps for these key services.
  - **September 2020:** Identify potential interventions to address outlined needs and report to council.

**Tactic 2.2:** Engage Federally Qualified Health Centers (FQHCs) to optimize telehealth activities.

- **Champion:** SCPHCA, PCC
- **Planning Members:** FQHCs (Little River, CareSouth Carolina, BJH Comp), SCTA

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- **Quarterly Milestones:**
  - **March 2020:** PCC, SCPHCA and SCTA begin planning process to define attendees, scope, and goals of user group.
  - **June 2020:** Convene FQHC user group for best practice sharing and collaborative problem solving to address issues and barriers to telehealth service deployment and optimization.
  - **September 2020:** Identify any topics or issues to be brought forward for next year's strategic plan.

**Tactic 2.3:** Work in concert with SCTA partners and healthcare providers (Strategy 3, Strategy 4) to ensure a rural focus in developing and deploying new telehealth services.

- Champion: PCC
- Planning Members: SCTA Partners
- Specific Strategies: 3.2.C, 3.3.A, 4.1.A, 4.2.A, 4.3, 4.4, 4.5.A, 4.5.B

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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	Medium Term	Long Term
Support community hospitals with the availability of specialty and subspecialty services	Total # of telehealth interactions by service line and by connected 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	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.	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
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	Health impact on high risk chronic disease conditions  Demonstrate reduction in disparities in access to care in underserved populations

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		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 stroke care in South Carolina via telehealth.
- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
  - **March 2020:** Convene Telestroke workgroup, create standing agenda, and launch Telestroke Newsletter.
  - **June 2020:** Launch educational webinar in coordination with SC AHEC. Identify opportunities to engage connecting sites in stroke strategy.
  - **September 2020:** Identify any opportunities for continuous improvement and bring forward for 2021 strategic planning.

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

- **Collaborating Partners:** Children’s Telehealth Collaborative (CTC), Prisma Health, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **MUSC Health:** PICU Program.
  - **Prisma Health:** Pediatric multispecialty inpatient and emergency consultation services.

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

- **Collaborating Partners:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Infectious disease, palliative, inpatient psychiatry, hospitalists, cardiology (focusing on Hampton Regional and MUSC Regional Hospitals).
  - **Prisma:** Infectious disease, inpatient psychiatry, neurology.
  - **McLeod:** Inpatient psychiatry, inpatient neurology, vascular, pulmonary.
  - **Spartanburg:** Cardiology and pulmonology consults at Union Medical Center.

**Subtactic 3.1.D:** Expand access to critical care intensivists via telehealth and disseminate evidence-based best practices through multidisciplinary education and quality improvement.

- **Collaborating Partners:** MUSC Health (Operations Center), AnMed Health, KershawHealth, Self Regional Healthcare, Prisma Health Tuomey Hospital, Carolina Pines Regional Medical

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Center, MUSC Lancaster, RMC Orangeburg, Roper St. Francis Berkeley Hospital, Roper St. Francis Mt. Pleasant Hospital, Bon Secours St. Francis Hospital

- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Critical Care Network:** Onboarding new hospitals to tele-ICU. Explore opportunities for increased collaboration.

**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:** Rural health care providers (TBD)
- **Quarterly Milestones:**
  - **March 2020:** Identify rural health care providers to pilot new e-consult program and improve referral management process.
  - **June 2020:** Implement e-consult and referral management pilot program.
  - **September 2020:** Report out early utilization and initial findings of pilot program.

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

- **Collaborating Partners:** MUSC, Prisma Health, McLeod, PCC, Clemson
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Regional clinics throughout South Carolina (e.g. Tidelands, Bluffton).
  - **Prisma Health:** Sumter and Orangeburg pediatric satellite clinics.
  - **PCC:** Focus on rural access points.
  - **McLeod:** Pulmonary sleep study follow up nutrition services.
  - **Clemson:** Joseph F. Sullivan Clinic (and associated mobile health clinic vans) & the Clemson-MUSC Healthy Me- Healthy SC Rural Health Initiative.

**Subtactic 3.2.C:** 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 2020:** Continue to identify and implement opportunities for coordinated marketing and cross-promotion of state telementoring programs.
  - **June 2020:** Begin to explore feasibility for centralized SCTA telementoring model.
  - **September 2020:** Report findings from feasibility study to SCTA Advisory Council.

**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.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod Health, Spartanburg Regional Health System, Little River, BJH Comp, CareSouth Carolina, PCC, CTC
- **Quarterly Milestones:**
  - **March 2020:** Identify current practices of enrollment in school-based telehealth programs and outline industry best practices.
  - **June 2020:** Assess current school-district infrastructure to support school-based telehealth programs.
  - **September 2020:** Report out/provide recommendations to state agencies based on collective experience to optimize integration of school-based telehealth programming into school-district infrastructure.

**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.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod, SCDMH
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Continuous Virtual Monitoring and specialty care in post-acute and long-term care facilities. Extending specialty care to correctional facilities.
  - **Prisma Health:** Post-Acute/Skilled Nursing Facility (SNF) Psych services, SC correctional facilities.
  - **McLeod:** Rural SNF primary/urgent care pilot.

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

- **Collaborating Partners:** Children’s Telehealth Collaborative, Dr. Olga Rosa (USC Med)
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **PH-USC Medical Group, Dr. Olga Rosa:** Tele-CAP (Child Abuse Program).

**Tactic 3.4:** Increase the adoption and utilization of direct-to-patient telehealth modalities.

**Subtactic 3.4.A:** Increase the adoption and utilization of health system-based direct-to-patient services.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Primary care/urgent care, mental health, post-op, specialty consults.
  - **Prisma Health:** Episodic/urgent and preventative healthcare.

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- **McLeod Health:** Episodic/urgent care, post-op.
- **Spartanburg:** Home health & diabetes care telemonitoring and video visits, congestive heart failure rehabilitation, video lactation consultants.
- **Beaufort Memorial:** Urgent care, mental health, nutrition & dietetics, primary care.

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

- **Collaborating Partners:** Children’s Telehealth Collaborative (CTC), MUSC Health, Prisma Health, McLeod Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **MUSC Health:** Pediatric direct-to-patient specialty services.
  - **Prisma Health:** Ferlauto clinic outreach for medically complex children, respiratory therapy.
  - **McLeod Health:** Speech pathology home telehealth services.

**Subtactic 3.4.C:** Increase adoption and utilization of Remote Patient Monitoring (RPM) technologies.

- **Collaborative Partners:** MUSC Health, Prisma Health, clinic partners
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Diabetes, CHF, hypertension, Trauma Resilience & Recovery Program (TRRP).
  - **Prisma Health:** (acute and chronic) Diabetes, CHF, hypertension, Babyscripts, TRRP.

<b>Strategy 3 Workgroups</b>	<p><b>Regional Hub Working Group:</b> Amelia Bischoff (Prisma), Shawn Valenta (MUSC), Ashley Springs (McLeod), Jeff Miles (McLeod), Ryan Kruis (SCTA), Sonya Frankowski (SCTA)</p> <p><b>School-based Telehealth Workgroup:</b> Chris Moseley (McLeod), Ashley Springs (McLeod), Katie King (MUSC), Gaye Douglas (Pee Dee Mental Health), Jeri Andrews (CareSouth Carolina), Susie Woodward (SRHS), Allison Jackson (BJH Comp Health), Loretta Crowley (Prisma), Kimberly South (Prisma), Katie Schill (Prisma), Candace Chamberlain (Prisma), Kelly Hawsey (Prisma), Karen Driggers (Prisma), Carol Foil (SRHS), Valeria Williams, Sonya Frankowski (SCTA)</p> <p><b>Telementoring/Project ECHO Workgroup:</b> Divya Ahuja (Prisma), Kelly Barth (MUSC), Suzanne Lane (MUSC), Karen Hartwell (MUSC), Adrena Harrison (Prisma), Rachel Grater (MUSC), Donna Johnson (MUSC), Kelly Hawsey (Prisma), Karen Driggers (Prisma), Sonya Frankowski (SCTA)</p> <p><b>Children’s Telehealth Collaborative:</b> Carly Howard Draddy (Prisma), Robin LaCriox</p>
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	(Prisma), George Haddad (Prisma), Caughman Taylor (Prisma), Karen Driggers (Prisma), Bryan Gamble (Prisma), Kelly Hawsey (Prisma), Jeff Faust (Prisma), Ashley Springs (McLeod), Webb McCall (McLeod), Jeff Miles (McLeod), Hart Smith (McLeod), Carl Chelan (McLeod), Chris Moseley (McLeod), Brooke Yeager McSwain (CTC), David McSwain (MUSC), Maggie Cash (CTC), Andrew Atz (MUSC), Mark Scheuerer (MUSC), Ryan Kruis (SCTA), Sonya Frankowski (SCTA), Emily Sederstrom (MUSC)
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**Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to quality 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 community hospitals with the availability of mental health and related clinical services and programs	Total # of telehealth interactions by service line and by connected hospital	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 efficient access to mental health and 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
Support additional SCDMH locations with the availability of telemental health services and programs	Total # of telehealth interactions by service line and by service delivery location	Demonstrated evidence that telehealth services are improving quality metrics	Demonstrated evidence that telehealth services are improving mental health continuum of care

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Extend care to population-based and other non-traditional settings to improve access to mental health and related clinical services and programs	Total # of telehealth interactions by service line and by service delivery location	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
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**Tactic 4.1:** Support community hospitals with the availability of mental health and related clinical services and programs.

**Subtactic 4.1.A:** Increase the number of community hospitals with access to mental health and related clinical services and programs.

- **Collaborating Partners:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Emergency Department Telepsychiatry Program (EDTP).

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

- **Collaborating Partners:** SCDMH, SCHA, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Emergency Medical Services (EMS), law enforcement, first responders, and other community-ready crisis intervention service lines.

**Tactic 4.2:** Support primary care and related-care providers with efficient 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.

- **Collaborating Partners:** PCC, SCDMH, MUSC Health, PHUSC Medical Group
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Continue to support primary care and related-care providers that have implemented telemental health clinical services and programs in

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partnership with SCDMH. Activate telemental health clinical services and programs with other primary care and related-care providers as requested.

- **PHUSC:** Continue to support FQHC and rural partners with telepsychiatry services.

**Tactic 4.3:** Support additional SCDMH locations with the availability of telemental health services and programs.

**Subtactic 4.3.A:** Increase the number of additional SCDMH locations with access to telemental health services and programs.

- **Collaborating Partners:** SCDMH, DAODAS, county alcohol and drug abuse authorities (county authorities), PCC
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Nursing homes, SCDMH psychiatric hospitals, Community Crisis Response and Intervention (CCRI), Office of Transition Services, Care Coordination, and Morris Village.
  - **DAODAS:** Care transitions between Morris Village and county authorities.

**Tactic 4.4:** Extend care to population-based and other non-traditional settings to improve access to mental health and related clinical services and programs.

**Subtactic 4.4.A:** Increase the number of population-based and other non-traditional settings with access to mental health and related clinical services and programs.

- **Collaborating Partners:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Population-based and other non-traditional settings to include, but not be limited to, schools and law enforcement access points.
  - **DAODAS:** Care transitions between correctional facilities and county authorities.
  - **MUSC Health:** Mental health and substance use disorder services for pregnant and postpartum women.

<b>Strategy 4 Workgroup</b>	<b>Champion:</b> Robert Bank (SCDMH) <b>Members:</b> Kathy Schwarting (PCC), Katie King (MUSC), Jimmy McElligott (MUSC), Meera Narasimhan (USC SOM), Stewart Cooner (SCDMH), Sara Goldsby (DAODAS), Connie Guille (MUSC)
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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	Medium Term	Long Term
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 2020:** Promote and disseminate telehealth educational resources developed for health profession students (e.g. Webinar Wednesdays, online courses, and the Summit).
  - **June 2020:** Revise current online telehealth modules and develop additional training based on needs assessment from higher education.
  - **September 2020:** Review educational content developed by telehealth partner organizations and adapt for statewide distribution as appropriate.

**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 2020:** Promote and disseminate telehealth educational resources developed for health professionals (e.g. Webinar Wednesdays, online courses, and the Summit).
  - **June 2020:** Revise current online telehealth modules and develop additional training based on needs assessment from practices serving rural/underserved patients.
  - **September 2020:** Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2020.

<b>Education Committee</b>	<p><b>Champion(s):</b> Jennifer Bailey (SC AHEC), Davia Smith (PCC)</p> <p><b>Members:</b> Divya Ahuja (Prisma), Amelia Bischoff (Prisma), Katherine Chike-Harris (MUSC CON), Stewart Cooner (DMH), Gaye Douglas (DMH/Care South), Ragan DuBose-Morris (MUSC), William Gamble (Prisma), Jillian Harvey (MUSC CHP), Kelly Hawsey (Prisma), Samuel Head (SC DHHS), CeCe Heyward (SC AHEC), Bailey King (USC COSW), Dawn Leberknight (SC AHEC), Robert Morgan (Prisma), Lisa Taylor (Beaufort Memorial Hospital), Gail Weaver (Pee Dee AHEC/McLeod), Sonya Frankowski (SCTA)</p>
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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.

**Collaborative Outcomes for Strategy**

Tactic	Short Term	Medium Term	Long Term
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:** Continue to create opportunities for increased engagement and 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 2020:** Develop SCTA Stakeholder engagement and feedback survey.
  - **June 2020:** Analyze SCTA Stakeholder survey data to gauge satisfaction with inclusivity and engagement and identify opportunities for improvement.**September 2020:** Report findings from survey to Advisory Council and use data for development of 2021 Strategic Plan.

**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
- **Ongoing Progress:** SCTA Advisory Council members to bring potential priorities or issues forward as they arise to establish a unified voice and advance SCTA objectives on identified issues.

**Tactic 6.3:** Optimize the Salesforce tool to be a comprehensive catalog of services and endpoints to ensure accuracy and ease of use.

- **Champion:** MUSC
- **Planning Members:** Prisma, DMH, PCC, McLeod
- **Quarterly Milestones:**

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- **March 2020:** Partners trained on current state, feedback obtained, data reviewed for accuracy. All programs and sites should be inputted by March.
- **June 2020:** Using feedback, develop a stabilization and improvement plan to optimize infrastructure for users. Develop ongoing data integrity reviews.
- **September 2020:** Deploy/begin improvement plan.

**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
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 (USC); MUSC Center of Excellence (COE)
- **Quarterly Milestones:**
  - **March 2020:** USC and COE each to identify new telehealth programs for evaluation and in-depth outcomes analysis (e.g. behavioral health and ID into primary care (USC); school-based telehealth & virtual urgent care (COE). Begin work on peer review publication of findings
  - **June 2020:** USC and COE to each submit 1-2 articles for peer review publication on telehealth initiatives in SC. Present findings to advisory council
  - **September 2020:** Begin collecting data for additional program analyses

**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 2020:** Continue partnership with SCTR to administer SCTA telehealth research grants. Identify additional opportunities to foster telehealth research within SC (e.g. presentations at the Summit).
  - **June 2020:** Report initial progress on first round of SCTR telehealth research pilots awarded in 2019. Partner with SCTR on release of RFA for 2020 pilot awards.
  - **September 2020:** Ensure SCTA representation in the SCTR review and award process for 2020 pilot grantees. Report on 2020 pilot awardees to SCTA advisory council.

<b>Strategy 8:</b>	<b>Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.</b>
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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 2020:** Review and fine tune the SCTA marketing plan to include cross-partner promotional planning, as well as Telehealth Awareness Week (TAW) planning.
  - **June 2020:** Implement SCTA marketing plan, begin TAW planning, including administration of telehealth awareness survey.
  - **September 2020:** Analyze telehealth awareness survey data and publish during TAW, report on marketing plan progress to Advisory Council.

<b>Content Advisory Team</b>	<b>Champion:</b> Don Godish (SCETV) & Adrian Grimes (SCTA/MUSC Health) <b>Members:</b> Amelia Bischoff (Prisma), Stewart Cooner (DMH), Tabitha Safdi (SCETV), Ryan Kruis (SCTA), Chris Moseley (McLeod Health), Rick Foster (SCHA), Maria
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SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

	Williamson (SRHS), Susie Woodward (SRHS), Teresa Vickers (SRHS), Kelly Perritt (MUSC), John Lewis (SCETV), Davia Smith (PCC), Julia Shillinglaw (SCETV), Tracy Stanton (McLeod), Ali McMenamin (AHEC), Brooke McSwain (CTC), Chrissy Hutchison (SCORH)
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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 2020:** Leverage clinical champions and stakeholders to engage and advocate for each payer priority, to include considerations for legislative action.
  - **June 2020:** Based on outcomes of engagement/advocacy, further develop action plans for each payer priority.
  - **September 2020:** Develop promotional materials, including videos, to support the action plan.

<b>Sustainability Workgroup</b>	<p><b>Champion:</b> Adrian Grimes (SCTA/MUSC Health)</p> <p><b>Members:</b> Amelia Bischoff (Prisma), Kelly Hawsey (Prisma), Maggie Cash (CTC), 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), Tracey Washington (SC BCBS), Jodi Fitzsimmons (McLeod), Lorri Gibbons (SCHA), Barney Osborne (SCHA)</p>
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