

SOUTH CAROLINA
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**South Carolina Telehealth Alliance (SCTA)
2018 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 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:**

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- **March 2018:** Revise the online request form, and establish a process for reviewing requests. Integrate request form with CRM and help desk systems.
- **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:**
 - **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.).
 - **September 2018:** If determined necessary, update standards and protocols and implement recommended changes to IT solutions.

IT Workgroup Roster	<p>Champion: Michael Haschker (MUSC)</p> <p>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)</p>
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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:**
 - **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.
 - **June 2018:** Work with credentialing vendor to complete the data interface. Transfer credentialing data from MUSC and SCDMH services.
 - **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	<p>Champion: Kathy Schwarting (PCC)</p> <p>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)</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.	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.

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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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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

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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.

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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.

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

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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	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:**
 - **March 2018:** Establish priority list and readiness evaluation of rural hospitals 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 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:**
 - **March 2018:** Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services.
 - **June 2018:** Convene a meeting of interested parties from the priority list to discuss the need/inclination for crisis intervention services and supports.

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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:** 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.

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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.

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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
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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)

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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 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.

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

Education Committee	<p>Champion(s): Jennifer Bailey (SC AHEC), Kathy Schwarting (PCC)</p> <p>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)</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.
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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.

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.

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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
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:**
 - **March 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.

SOUTH CAROLINA
Telehealth
ALLIANCE

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.

SOUTH CAROLINA
Telehealth
 ALLIANCE

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 (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

SOUTH CAROLINA Telehealth ALLIANCE

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

- **Champion:** Don Godish
- **Planning Members:** Content Advisory Team
- **Quarterly Milestones:**
 - **March 2018:** Develop and build distribution lists for audiences in Mailchimp (public, providers, legislators, and payers).
 - **June 2018:** Develop specific content, messaging, and channels for each audience.
 - **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.
 - **December 2018:** Engage focus group(s) and utilize surveys to evaluate current promotions and gain insight on future opportunities

Content Advisory Team	<p>Champion: Don Godish (SCETV)</p> <p>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)</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:** Adrian Grimes
- **Planning Members:** Reimbursement Workgroup
- **Quarterly Milestones:**
 - **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
 - **June 2018:** Begin meeting with telehealth providers to assess the programs and identify payer populations using the programs
 - **September 2018:** Host live telemedicine demonstrations for payers at MUSC’s Center for Telehealth.
 - **December 2018:** With completed template, begin collaborating with hub contracting departments to decide next step for shared arrangement payer engagement

Reimbursement Workgroup	<p>Champion: Adrian Grimes</p> <p>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)</p>
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