2020 ANNUAL REPORT
HEALING POWER OF **CONNECTION**

SOUTH CAROLINA
Telehealth
ALLIANCE

CONTENTS

MISSION

Improving 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.

STRATEGIES

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

Rural Focus
Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas

Service Development
Build and scale telehealth clinical services and programs that expand access to care.

Mental Health
Broaden mental health and related telehealth clinical services and programs to increase access to care.

Education and Training
Conduct statewide education and training to providers and the public to accelerate and spread adoption of telehealth.

Collaboration
Develop a telehealth organization structure that encourages, and facilitates statewide collaboration among providers in the delivery of health care, education, and research.
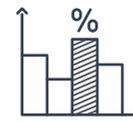
Outcomes
Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

Promotions and Sustainability
Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.

FROM THE SCTA LEADERSHIP

The South Carolina Telehealth Alliance (SCTA) has never been more relevant than it is today, nor has there been a time in which our collaborative activity has been so necessary. During the COVID-19 pandemic our state was well poised to respond to the needs of South Carolinians using telehealth capacities made possible by the SCTA.

The breadth of our telehealth infrastructure throughout the state was directly utilized, and also innovatively adjusted, to respond to the pandemic crisis. In this report you will see how SCTA partner organizations responded by leveraging telehealth in unprecedented and amazing ways. Telehealth has played a core role in the state's pandemic response for COVID-19 prevention and management. The rapid decline in outpatient care that occurred early in the pandemic was mitigated by widespread use of telehealth across the state, made affordable and timely in large part by the SCTA and its partners. We will be forever grateful for all the individuals, institutions and investments that have gotten us to this point as telehealth leaders of the nation, and as prepared as we could be for this challenging year.

Going forward there will be challenges to ensuring that our state continues to optimize the benefits afforded from the advent of large-scale virtual care. We will need to band together to improve connectivity throughout the state, and efficiently follow that connectivity with robust clinical services tailored to the needs of our communities. We will need to make sure that we stay true to our mission of telehealth to improve the health of all South Carolinians, leaving no citizen behind. To that end, this year's statewide telehealth strategy brings forth a new sense of focus, guiding our robust infrastructure and strength of virtual clinical services towards areas of greatest need. Thank you for your vast contributions that have gotten us to this point. Please join me in this call-to-action to further advance a healthcare landscape that needs us now more than ever.

James T. McElligott, M.D., MSCR
Telehealth Executive Medical Director
Medical University of South Carolina
SCTA Advisory Council Co-Chair

Kathy Schwarting, MHA
Chief Executive Officer
Palmetto Care Connections
SCTA Advisory Council Co-Chair

Dear Fellow South Carolinians:

As a member of the South Carolina Telehealth Alliance (SCTA) Advisory Council since its inception in 2014, I am honored and privileged to introduce the 2020 SCTA Annual Report to you. The mission of the SCTA is to improve the health of all South Carolinians through telehealth, and we have certainly done so this year. Given the complexities and uncertainties presented before us in 2020 due to the coronavirus disease 2019 (COVID-19) pandemic, our state, through the leadership of the SCTA and its many partners, was in a remarkable position to respond efficiently and effectively to the increased need for telehealth services and programs.

The importance of telehealth activity in our state has never been more evident than in 2020. South Carolina's existing telehealth framework and infrastructure supported the rapid adoption of new flexibilities for providing care as the COVID-19 pandemic brought drastic change to healthcare delivery systems across the world. I feel it is important to summarize the growth we have witnessed over the past year. SCTA now includes close to 600 sites, and more than 40 state agencies and non-profits are actively engaged in telehealth. Without this collaboration, much of the other success would not be possible.

Specific to our state's COVID-19 response, virtual care is now being offered in every county in the state, with South Carolinians in every county having access to online COVID-19 screenings at no-cost. South Carolina was also one of the first states in the country to offer virtual COVID-19 screenings with referral to remote specimen collection locations. More than 90,000 virtual care visits were enabled without cost to providers through the SCTA Doxy.Me platform. Additionally, as part of the state's preparation and response to COVID-19, the South Carolina Department of Health and Human Services implemented several telehealth policy changes and provided resources to protect the health and well-being of Medicaid members by ensuring ongoing access to care. This included 32 pieces of guidance that were issued in the first six weeks of the declared public health emergency.

School-based telehealth programs also remained consistent – even as students transitioned to remote learning, they still had access to the same high-quality school-based telehealth programs. One of our partners, Prisma Health, successfully transitioned its program for Medically Complex Children to provide services directly into patients' homes, which has proven to be an effective model to meet children's and parents' needs. Expanded telehealth reimbursement policies have also allowed increased tele-behavioral health care for pregnant and post-partum women in South Carolina via MUSC's Women's Reproductive Behavioral Health telehealth program. It is clear to see that while this year presented many challenges across our state, we were already well-positioned to continue our great work in the field of telehealth and help meet the needs of our communities.

While we will certainly reflect upon the great work our state has accomplished this year, we must recommit ourselves to continuously improving our telehealth services and programs. The 2021 SCTA Strategic Plan has been optimized to focus on service-oriented strategy domains with cross-cutting support tactics in the areas of telehealth education, advocacy/awareness, technology, and quality/outcomes. This enhanced format centers around our clinical services and allows us to rethink how our tactical support efforts can improve our telehealth program infrastructure, ensure quality, and maximize value. Onward and upward in 2021!

Amanda Q. Williams
Deputy Chief of Staff for Strategy and Training,
SC Department of Health and Human Services
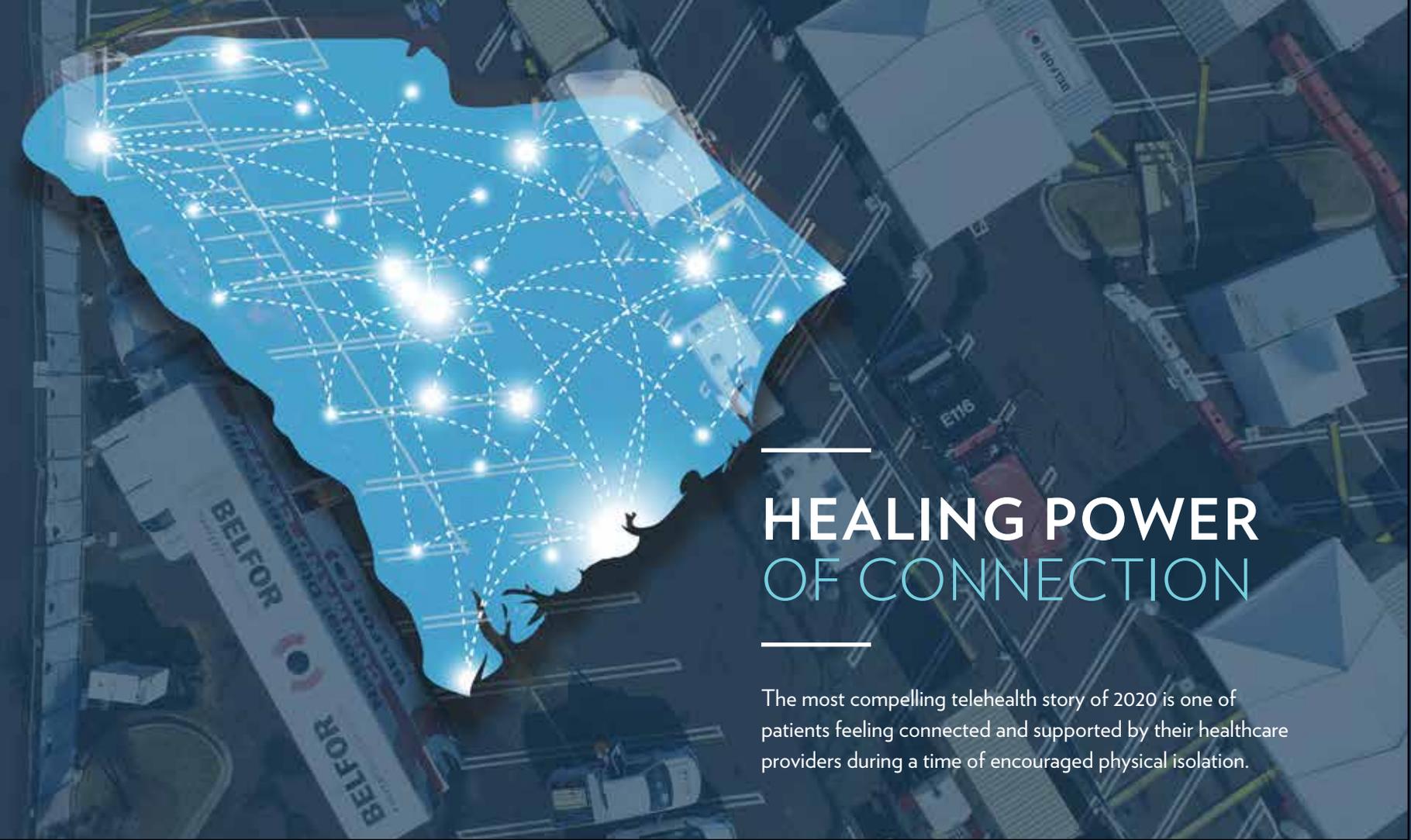
HEALING POWER
OF CONNECTION

The most compelling telehealth story of 2020 is one of patients feeling connected and supported by their healthcare providers during a time of encouraged physical isolation.

Collaboration through Crisis

As COVID-19 arrived in the United States, SCTA partners were prepared. Thanks to continued investment from the state, South Carolina is fortunate to have an extensive established telehealth network in place, allowing for a rapid telehealth response to the COVID-19 crisis. As SC citizens were urged to stay home and remain socially distant, telehealth played a key role in maintaining continuity of care and meeting patient and provider needs. More than that, the strong existing telehealth network helped to facilitate a culture of community, allowing SC residents not only to continue to access healthcare services, but also to feel a little less alone.

During the onset of COVID-19, South Carolina Telehealth Alliance (SCTA) partners were pressured to truly innovate new telehealth care models across the care continuum. Telehealth is being used to slow the spread of the virus; monitor and provide care to those infected with the disease; protect vulnerable patients; and maintain access to critical healthcare services. New telehealth use cases paired with a temporarily changed reimbursement landscape have allowed more providers to reach more patients during a critical time. The most compelling telehealth story of 2020, however, is one of patients feeling connected and supported by their healthcare providers during a time of encouraged physical isolation.

COVID-19
Screening and Testing

South Carolina was one of the first states in the nation to stand up virtual COVID-19 screenings paired with referrals to COVID-19 testing, an effort largely supported by SCTA partners. MUSC Health, Prisma Health, McLeod Health, AnMed Health, Roper St. Francis Healthcare, and other health systems leveraged their existing Virtual Urgent Care platforms so that patients could complete screenings virtually, and then receive referrals for COVID-19 testing as appropriate. Conducting COVID-19 screenings virtually helped avoid unnecessary exposure to infection for healthcare workers and other patients in the clinic setting and provided a seamless screening-to-testing experience for patients. In 2020, SCTA partners conducted almost 230,000 virtual urgent care visits in South Carolina.

In 2020, SCTA partners conducted almost

230,000

Virtual Urgent Care visits in South Carolina — an estimated **710%** increase from 2019.

South Carolina Virtual Urgent Care Visits by Month 2020 vs. 2019 Monthly Average

2020

2019

Month	
JAN	
FEB	
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
NOV	
DEC	

50,000
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
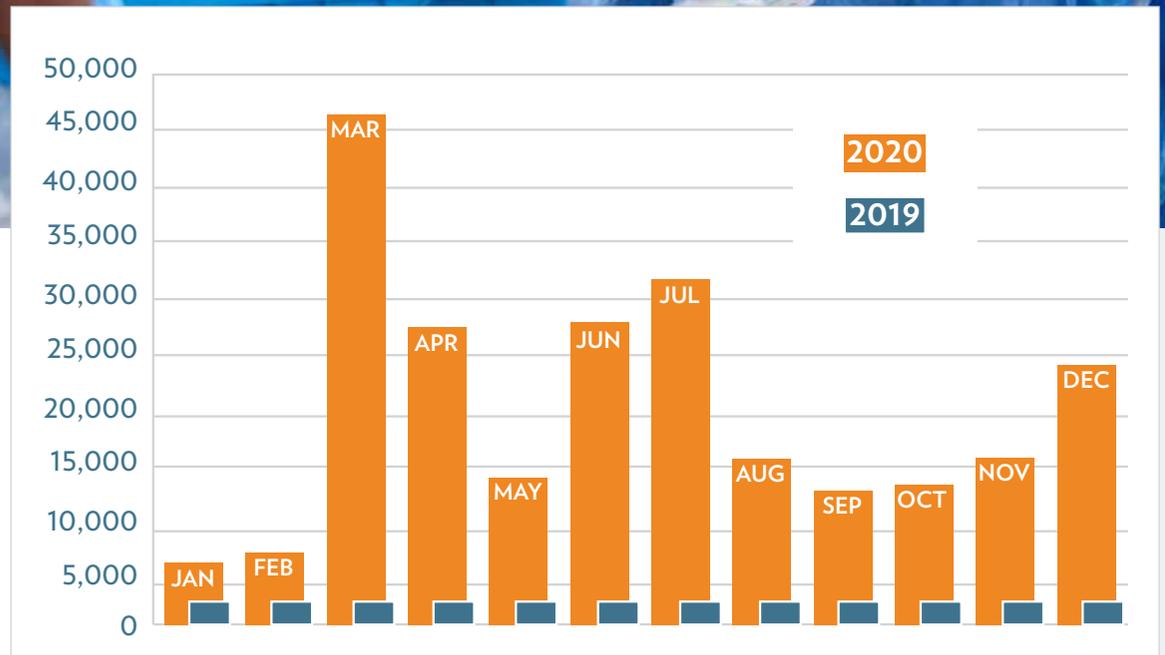
SCTA partners also quickly repurposed and expanded their telehealth technology infrastructure to provide high-quality inpatient care during the COVID-19 pandemic. McLeod Health and Prisma Health both increased their organizations' technological capabilities to provide a greater breadth of inpatient telehealth consults, allowing for expanded specialty consults including pulmonology/intensivist and infectious disease care to be deployed both within and across hospital sites.

Telehealth for Healthcare Worker Exposure Reduction

MUSC Health re-deployed existing telehealth equipment to remotely monitor COVID-positive and suspected COVID-positive patients in the inpatient and emergency department settings, decreasing the number of times care team members needed to enter these patients' rooms. These inpatient telehealth programs collectively helped mitigate healthcare worker exposure and preserve precious PPE resources during a critical time.

MUSC's Healthcare Worker Exposure Reduction program was estimated to save almost **$190,000 in PPE** during 2020.

Over **1,500 sessions** connecting inpatients to family and friends took place in McLeod Health's Family Connect program during 2020.

Patient-Family Connection

Providing vital clinical care was not the only way that technology was deployed in the inpatient setting during the COVID-19 pandemic. As hospitals across SC limited visitation policies to help curb the spread of Coronavirus, people receiving in-patient care found themselves alone in their hospital rooms. To mitigate feelings of isolation and loneliness, telehealth teams at MUSC Health and McLeod Health assisted with the procurement of technology to facilitate a video connection so patients could have virtual visits with their loved ones.
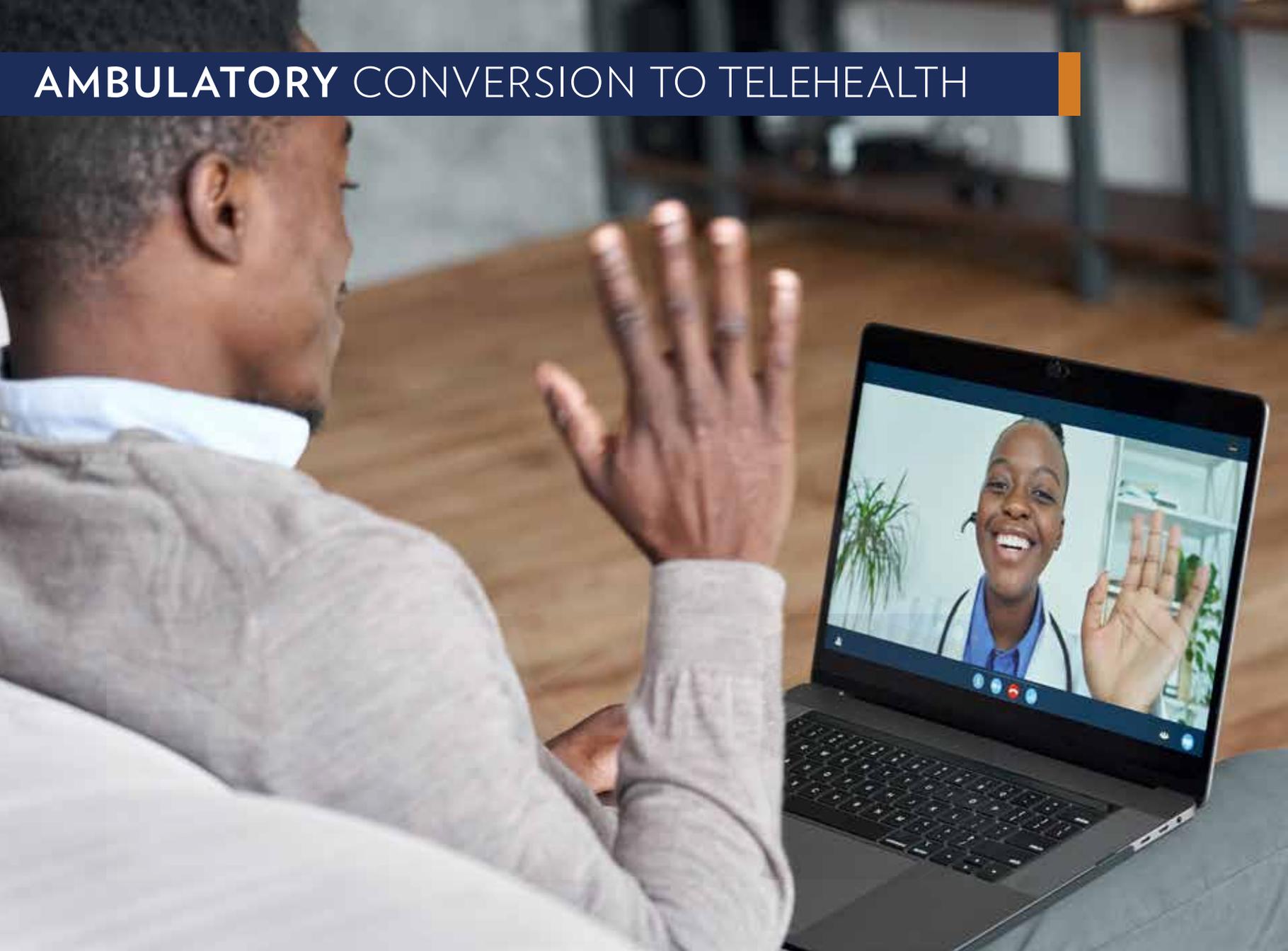
Across South Carolina, healthcare providers are estimated to have completed over

1,200,000

synchronous ambulatory telehealth visits during 2020.

As SC residents were encouraged to stay home, healthcare providers quickly worked to convert outpatient clinic operations to telehealth to maintain continuity of care and connection with patients while adhering to social distancing recommendations. The conversion of ambulatory healthcare operations to telehealth was perhaps the largest collective telehealth undertaking across South Carolina, involving a wide array of SCTA partners from large health systems to community health center networks to small private practices. As video visits were quickly deployed across the state in response to suspending in-person encounters, thousands of healthcare providers were onboarded to their respective telehealth platforms.

SC Department of Mental Health's Ambulatory Telehealth Programs

SC Department of Mental Health's Community Telepsychiatry Program (CTP) rapidly enhanced its community-based and school mental health services by equipping providers to extend their capabilities to provide services directly to patients in their homes, as well as into clinics and schools.
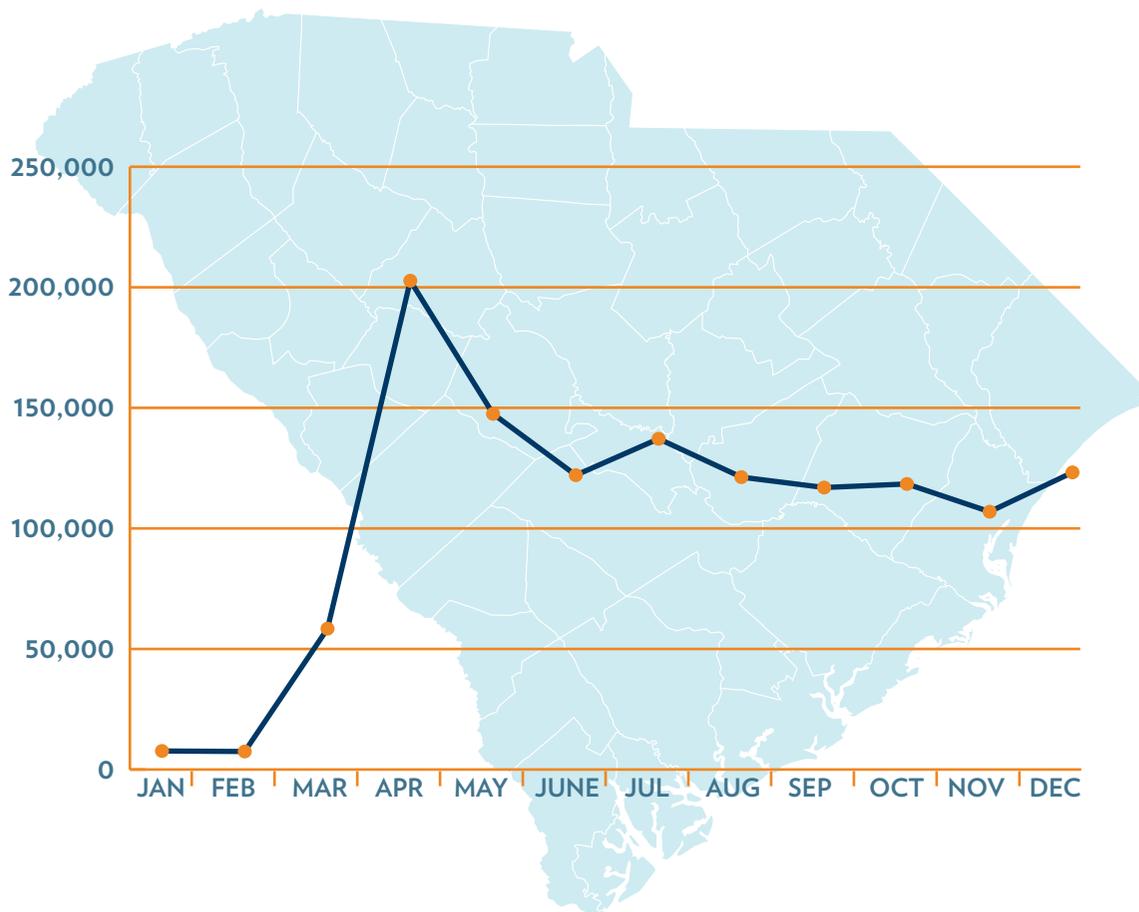
Throughout 2020, the CTP provided approximately **250,000 services** via telehealth.

SCTA Extends Doxy.Me Instance

To support the widescale conversion of ambulatory care to telehealth, the SCTA extended a premium instance of the telehealth video platform, Doxy.Me, to providers across SC. This was very positively received, especially by smaller and more rural healthcare providers. **The SCTA has received almost 1,500 requests for accounts, and during 2020 providers completed over 90,000 visits** using the SCTA instance of this platform.
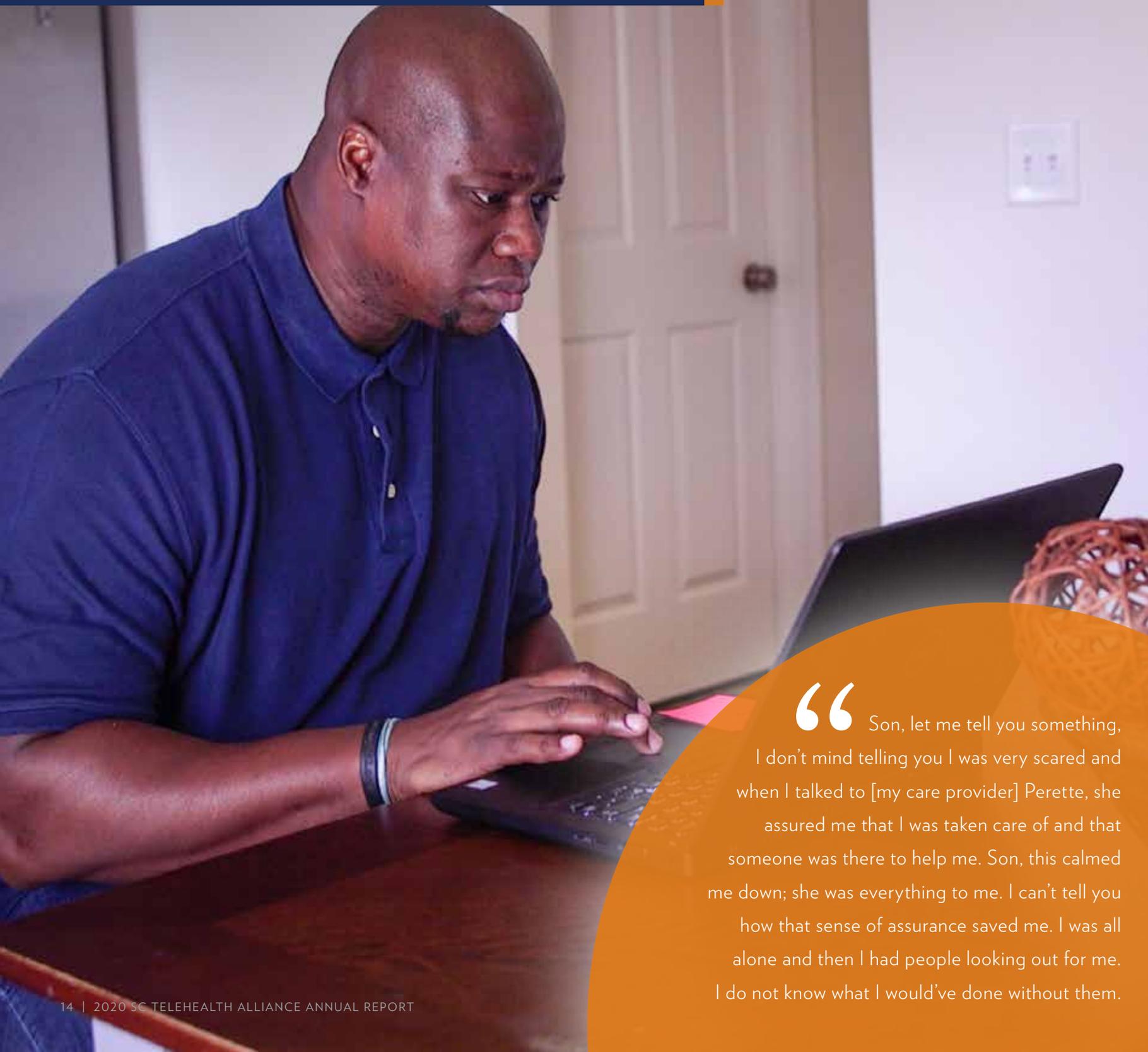
" Son, let me tell you something, I don't mind telling you I was very scared and when I talked to [my care provider] Perette, she assured me that I was taken care of and that someone was there to help me. Son, this calmed me down; she was everything to me. I can't tell you how that sense of assurance saved me. I was all alone and then I had people looking out for me. I do not know what I would've done without them.

In 2020, MUSC's COVID-19 RPM program enrolled and **monitored 1,278 patients**.
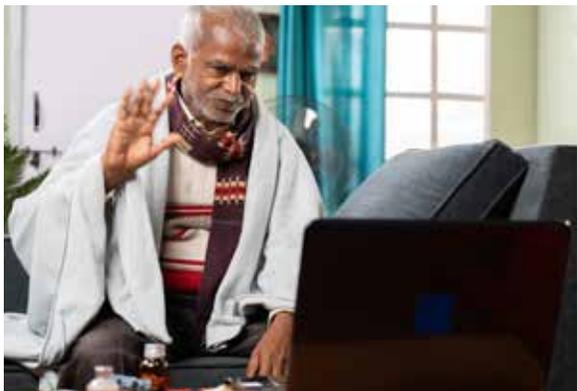
COVID-19-specific
Remote Patient Monitering (RPM)

SCTA partners leveraged their expertise with existing mobile health programs to build COVID-19-specific remote patient monitoring (RPM) and/or follow-up programs. Using existing technology, healthcare providers are able to communicate with patients who've tested positive for COVID-19, but do not require hospitalization. Prisma Health implemented a COVID-19 Emergency Department follow-up program in which patients without primary care providers are offered follow-up virtual visits at day 2, 5, and 8 after a positive COVID-19 test.

Another example is MUSC's COVID-19 RPM program, which enrolls patients to receive a daily check-in email and brief questionnaire, to help a nursing team monitor symptoms and alert a physician if a patient's condition worsens. The program has received extremely positive feedback, with patients commenting that the program allowed them to feel less alone, knowing someone was checking in with them and monitoring their symptoms.

" When you are worried about something like this it weighs upon you. They took away all my worries."

" The nursing team gave me useful advice during this time of self-quarantine. They let me know what I should take to help with my headaches or chest pressure or aches. Also, they were encouraging as I went through this virus."

" I had a feeling that I was doing something for myself and felt more in control of my care."

Telehealth services in SC experienced unprecedented growth throughout 2020 due to the COVID-19 pandemic. Telehealth was leveraged across hospitals, clinics, nursing homes, and other care settings to care for patients while also encouraging social distancing. Federally Qualified Health Centers, Rural Health Clinics, and healthcare providers of all sizes began providing telehealth services more than ever before, as state and federal telehealth reimbursement policies were temporarily expanded during the COVID-19 crisis. Telehealth has been so readily adopted by patients and providers that it is difficult to envision telehealth not playing a key role in all future care delivery models.

1,400,00+
Real-time video interactions

250,000+
Asynchronous telehealth interactions

Asynchronous interactions are provider/patient online interactions that can include adaptive interview styled assessments, recorded video messages or still images, online visit texting, or audio files that are transmitted between provider and patient.

200,000+
Remote patient monitoring (RPM) interactions

RPM is continuous tracking of a patient's clinical conditions. The patient can be located in a clinical setting or at home.

2,000,000+
interactions – an estimated **364% increase** from 2019.

3,000+
Remote specialty interpretations

Patient information is transferred securely to a specialist for interpretation (EEG or diabetic retinopathy).

Women's Reproductive Behavioral Health

Nationally, mental health and substance use disorders among pregnant and post-partum women have increased during COVID-19. These disorders can have profound consequences for women, their children, and their families. Fortunately, home-based telehealth visits have improved access to treatment for these disorders.

In 2020, MUSC's Women's Reproductive Behavioral Health clinic completed over **600 asynchronous** Virtual Care visits with pregnant and post-partum women in South Carolina.

Virtual Care for Medically Complex Children

During the COVID-19 pandemic, Prisma Health pivoted its virtual care program for Medically Complex Children from connecting with patients in a clinic to connecting directly into patients' homes using both video and peripheral technology. This technology allows the physician at the clinic to look at ears, throats, skin, as well as temperature and heart/lungs sounds. Providing virtual care to children in their homes received positive responses from both families and caregivers. Children with complex medical conditions may use ventilators or other specialty equipment which requires ambulance transport. Home-based virtual care visits with pediatricians who specialize in the care of complex children saved families time, money, and worry while not compromising quality of care.

SC Department of Mental Health Telepsychiatry Programs

Through its telepsychiatry programs, SCDMH was well poised to support SC citizens in coping with the mental health effects of the COVID-19 pandemic.

By December 2020, SCDMH provided approximately **25,700** telehealth services **per month,** a **480% increase** in the average services per month pre-COVID.

SCDMH also launched *SC Hopes* and *Tu Apoyo (Your Support)*, two anonymous toll-free phone lines for SC citizens overwhelmed by COVID-19 challenges to access mental health and addiction services.

Tele-ICU

MUSC Health's critical care team continued to partner with community hospitals to provide an extra level of expert care to intensive care patients. There are 9 connected hospitals receiving round-the-clock remote ICU monitoring.

In 2020, MUSC Health's Tele-ICU program monitored **over 11,000 patients**, and resulted in over 1,300 emergency responses.

Project ECHO/Telementoring

Extension for Community Healthcare Outcomes (Project ECHO) and other Telementoring models empower rural healthcare providers to provide specialty-informed care for patients with specific health care needs through regular case review and didactic sessions. Project ECHO/Telementoring programs in South Carolina include:

- Project ECHO SC Pregnancy Wellness
- Southeast Viral Hepatitis Interactive Case Conference
- Project ECHO Opioid Use Disorders
- SC Rural Cancer Survivorship Project ECHO

During 2020, South Carolina Project ECHO/ Telementoring programs held 76 sessions with a total of almost **3,000** participants.

BROADBAND INFRASTRUCTURE

Last summer, PCC and other SCTA leaders met with Senator Lindsey Graham to discuss the future of telehealth and broadband post-pandemic.

The COVID-19 pandemic brought broadband access to the forefront as South Carolinians began to work, learn, and access healthcare from their homes. Palmetto Care Connections (PCC) continued to lead efforts to increase broadband accessibility in SC through assisting healthcare providers in rural and underserved areas with broadband subsidies, and advocating at the state and federal levels for broadband expansion.

- In June, PCC presented its 2019 broadband maps to the SC Legislative COVID-19 Public Education Committee, discussing telehealth and education challenges due to broadband barriers. PCC also had numerous communications with the Office of Regulatory Staff and the SC Department of Education to assist in developing strategies for short-term connectivity solutions for students transitioning to remote learning.

- As an advocate for SC's rural and underserved communities, PCC participated in Congressman James Clyburn's webinar about SC's innovative approach to broadband mapping.

- During its 8th Annual Telehealth Summit, PCC organized sessions with US Congressmen Jim Clyburn and Tim Scott, and SC Representatives Gilda Cobb-Hunter and Murrell Smith focused on the importance of telehealth and broadband access during the pandemic.

Since 2013, PCC has helped providers save more than **$25 million in broadband costs** through assistance with filing for USAC subsidies.

ANNUAL TELEHEALTH SUMMIT

Each year, Palmetto Care Connections (PCC) hosts the Annual Telehealth Summit, the state's largest telehealth educational event. To ensure a safe event amidst COVID-19, PCC pivoted its approach by organizing a free virtual conference which took place over three Fridays in October. Over 500 people registered to take part in educational and interactive sessions with topics spanning the latest in telehealth technology, best practices in telehealth program implementation, and the future of telehealth and broadband policy.

SCTA EDUCATION & TRAINING WORKGROUP

Healthcare providers were fortunate to have access to an existing suite of telehealth educational materials as they scrambled to quickly stand up telehealth services during the pandemic. In 2020, SC AHEC's educational modules were updated to include COVID-19-specific information, and a new module was created focused on telehealth implementation best practices to support SC providers and learners new to telehealth. PCC also launched a series of educational webinars during the spring and summer, with speakers focused on implementation best practices, state and federal policy changes, and rural healthcare providers' use of telehealth services during the COVID-19 pandemic.

TRAINING & EDUCATION

PCC's 8th Annual Telehealth Summit of South Carolina took place **virtually, with over 30 sponsors** and **exhibitors, 39 speakers,** and more than **500 registrants**.

In 2020, over **16,000 learner experiences** occurred across the SCTA's diverse educational opportunities.

RESEARCH & OUTCOMES

MUSC TELEHEALTH
CENTER OF EXCELLENCE

The MUSC Center for Telehealth is one of two federally recognized National Telehealth Centers of Excellence (COE) as designated by the Health Resources & Services Administration (HRSA) – an award totaling $7.6 million dollars to date. One of the main goals of MUSC's COE is to research and evaluate MUSC's telehealth programs and disseminate these findings nationally. The main areas of research focus include:

- Federal and local healthcare spending
- Models for telehealth service development, measurement, and evaluation
- Telehealth as a model for implementation of best practices
- Evaluation of behavioral health-focused telehealth programs
- Telehealth modalities for primary care
- Telehealth to improve HIV prevention and treatment

In 2020, MUSC was also awarded a grant from the Agency for Healthcare Research and Quality. In partnership with PCC, MUSC will use these funds to describe and evaluate MUSC's telehealth response to COVID-19, with particular focus on unintended consequences and potential differential effect on rural and high-risk populations. Overall, MUSC faculty contributed to 81 peer-reviewed articles on telehealth in 2020 and conducted over 100 academic and professional presentations.

SCTA TELEHEALTH
RESEARCH PILOT GRANTS

The SCTA partnered with the SC Clinical and Translational Research Institute (SCTR) this year to award three $25,000 Telehealth Research Pilot Grants with the aim to accelerate the adoption, utilization, and investigation of telehealth interventions in South Carolina:

- Health Chat: Connecting with Underserved Adolescents to Monitor Healthy Lifestyle Goals via Mobile Health — *Christine SanGiovanni, MD (MUSC)*
- Telehealth Management of Complex ADHD — *Silvia Pereira-Smith, MD (MUSC)*
- Utilizing Telehealth to Engage Youth in Foster Care in Follow-Up Care — *Elizabeth Wallis, MD (MUSC)*

In 2020, at least **98 peer-reviewed articles** on telehealth were **published** by South Carolina researchers, a **31%** increase from the prior year.

UNIVERSITY OF SOUTH CAROLINA
TELEHEALTH RESEARCH

The USC School of Medicine continued supporting telehealth evaluation at Prisma Health and SCDMH, and in 2020 the SCTA began working more closely with the USC Center for Rural and Primary Health Care. This group will be leading a number of important SCTA research initiatives, the first of which focused on barriers and facilitators of telehealth adoption among smaller rural and primary health care practices during COVID-19.

TOGETHER WE SHARED A COHESIVE MESSAGE

In March, healthcare providers from around the state shared a message of inspiration and hope in getting through this pandemic together. **The video reached close to 10,000 people.**

TOGETHER WE SHARED A COHESIVE MESSAGE

WATCH THE VIDEO

YOU WERE THERE WHEN **PEOPLE NEEDED YOU**

The highest viewed story of 2020 was *How To Access Free Telehealth Services During The Covid-19 Pandemic.*

HOW TO ACCESS FREE TELEHEALTH SERVICES DURING COVID-19

READ THE STORY

PROMOTIONS & **AWARENESS**

During 2020, **SCETV created 41 unique podcasts, videos, and news stories** about telehealth in South Carolina. Distribution points included broadcasts on South Carolina ETV, South Carolina Public Radio and digital channels including YouTube, Facebook, and Twitter.

SPOTLIGHT ON SOCIAL

On May 28, 2020, SCETV posted a story about first responders and behavioral health. The story reached over 33,000 people, garnered over 2,000 engagements, and was shared over 100 times on Facebook alone.

FIND OUT MORE

NEW APP INSPIRES FIRST RESPONDERS TO TALK MENTAL HEALTH

FOLLOW US ON FACEBOOK

Facebook followers **grew by 15.4%** in 2020.

Twitter followers **grew by 22.8%** in 2020.

SUSTAINABILITY

Payer & Policy Advocacy

The rapid growth of telehealth seen in 2020 would not have been possible were it not for the temporary expansion of telehealth reimbursement coverage afforded during the COVID-19 Public Health Emergency.

If telehealth is to remain a mainstream, critical part of delivering efficient and effective care in South Carolina, then these temporary flexibilities must be made permanent.

In 2020, SCTA partners published a position statement outlining key policy requirements needed to sustain telehealth into the future.

- **Cover telehealth services.** Health insurers should be required to provide coverage for health care services delivered via telehealth to the same extent the services would be covered if delivered via an in-person encounter.

- **Remove originating site restrictions.** The COVID-19 pandemic has clearly demonstrated the need for telehealth in rural areas, in urban areas, at work, at school, at home, and many other locations. Originating site restrictions are obsolete and outdated; the location of the patient should not matter for telehealth.

- **Remove provider type restrictions.** Health insurers should cover the full range of providers that make up the care team and that can deliver telehealth-appropriate services.

- **Provide equitable payment for services delivered via telehealth.** Reimbursing telehealth visits at rates considerably less than in-person care disincentivizes providers and health systems from utilizing telehealth.

- **Address systemic barriers preventing vulnerable populations from accessing telehealth services**. Barriers include lack of internet connectivity for those in rural or low-income communities and costs associated with audio-visual devices and connected health monitoring equipment.

South Carolina has come too far with telehealth this past year to go back. In the year ahead, the SCTA will be working with its health care, payer, and legislative partners to ensure the important gains made in telehealth coverage are not lost.

SOUTH CAROLINA
Telehealth
ALLIANCE

To lean more about the SCTA please visit our web page or connect with us on social media.

CONTACT US

🌐 sctelehealth.org

✉ info@sctelehealth.org

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