



## South Carolina Telehealth Alliance Quarterly Report December 2015

### Summary

The South Carolina Telehealth Alliance (SCTA) has successfully completed the remaining deliverables through the final quarter of 2015 by harnessing the collective expertise of members of the SCTA Advisory Council. The Advisory Council comprises personnel from MUSC Health, Department of Mental Health, Palmetto Health/USC, Greenville Health System, Palmetto Care Connections, SC DHHS, SC ETV and rural providers. The Advisory Council provides ongoing guidance to ensure that deliverables are met pursuant to the timelines set forth. From the final SC Telehealth Alliance meeting of the quarter and year, The Advisory Council chose to readopt the Strategies, Vision and Mission, but reviewed and approved new deliverables for 2016. In summary, this document includes a final assessment of the 2015 strategic plan deliverables, 2016 strategic plan deliverables and SCTA activities that have transpired since September in brief. Additional information can be found in the appendices.

### 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.

## 2015 Strategic Plan Deliverables

1. Deploy a coordinated, open-access telehealth network in South Carolina.				
Champions: Designees of MUSC, USC, GHS, DMH and PCC				
Tactic	Deliverable	Owner	Deadline	Completion Status
<b>Explore a common telehealth technological platform that is capable of coordinating multiple referring and consulting hospitals</b>	SC Telehealth Alliance providers will collectively establish: <ul style="list-style-type: none"> <li>○ Core compatibility standards for video conferencing, security and confidentiality, and electronic medical record integration.</li> <li>○ MUSC to complete RFP process for a telehealth delivery platform to include advisory members of GHS, USC and DMH</li> </ul>	MUSC	March 1, 2015	Complete
<b>Coordinate existing telehealth programs within the Alliance</b>	Create a plan for existing telehealth services to coordinate their delivery will be established	MUSC	June 1, 2015	Complete

Proposed initiatives for the upcoming year have been the primary focus of the work for the quarter within this strategy. Additionally, telehealth equipment is being deployed apace with requests for additional specialty and sub-specialty service provision in hospitals and primary care clinics. Notably, and in alignment with newly adopted tactics, the Alliance has awarded funding to large health systems in the Midlands and the Upstate to serve as support hubs for their respective regions. Tactics have been amended and new deliverables have been added to continue servicing providers who desire equipment for telehealth program development. The 2016 SCTA Strategic Plan can be found in **Appendix A**.

The steps taken in the third and fourth quarter include:

- Two of the largest regional health systems in the state, Palmetto Health and Greenville Health System have executed signed agreements that will provide them with telehealth funding to serve as regional telehealth support hubs throughout the state. These newly formed SC Telehealth Alliance regional support hubs are now charged with hiring dedicated telehealth personnel to better serve their surrounding community hospitals and further advance telehealth initiatives of the SC Telehealth Alliance that improve the delivery of healthcare in the state. These support hubs will have the have the technological capacity to

serve in the open-access telehealth network while maintaining compatibility with the standards introduced by the SC Telehealth Alliance.

- A standards-based software platform has been deployed by MUSC Health for Inpatient and Emergency services for Conway Medical Center, Tidelands Health, and Beaufort Memorial Hospital. This software is intended to leverage standards-based approaches and catalyze the use of a network utilizing multiple service from multiple institutions.
- New, proposed SC Telehealth Alliance Strategic Plan deliverables and tactics for 2016 were reviewed at the SCTA Advisory Council Retreat in October 2015 and have been accepted by the full Advisory Council.

**2. Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.**

**Champions: Designees of PCC, SCETV and USC**

Tactic	Deliverable	Owner	Deadline	Completion Status
<b>Conduct onsite assessments of rural providers to include interest, desired services, workforce capacity, and internet connectivity</b>	<p>Perform a thorough needs assessment of rural hospitals, FQHCs and clinics</p> <p>A needs assessment team will be facilitated by PCC and include investigators from MUSC, USC and GHS.</p> <ul style="list-style-type: none"> <li>○ The team will develop a community health access assessment plan for at least one rural region to include a critical access hospital, regional referral hospitals and all primary care health access points</li> <li>○ The team will assess the ability of a primary care network to be augmented by telehealth</li> </ul>	PCC	March 1, 2015	Complete
<b>Conduct onsite assessments of rural providers to include interest, desired services, workforce capacity, and internet connectivity</b>	<p>Develop workflow assistance for referring sites for the implementation of quality telehealth service delivery</p> <ul style="list-style-type: none"> <li>○ a PCC initiative will establish a telehealth best-practices advisory team for referring sites charged with advising</li> </ul>	PCC	June 1, 2015	Complete

	on technical specifications, connectivity, administration and clinical workflow aspects of a telehealth enabled site			
<b>Facilitate improved connectivity for rural providers</b>	<p>The capability of assessing a referring site's current broadband capabilities and performing a review of all options for desired connectivity for site, including ETV resources and the USAC's HCF Program for subsidized funding, will be established</p> <ul style="list-style-type: none"> <li>○ connectivity assessment for all sites in at least one rural region will be completed</li> </ul>	PCC	September 1, 2015	Complete
<b>Facilitate improved connectivity for rural providers</b>	<p>Assist with equipment installs, support and training</p> <ul style="list-style-type: none"> <li>○ all health access points that have adequate bandwidth and desiring to participate in telehealth activities within at least one rural region will be equipped with telehealth technologies</li> </ul>	PCC	December 1, 2015	
<b>Objectively assess for care disparities in chronic health condition management</b>	<p>Perform a telehealth needs assessment at the regional level to include both available quantitative health data and qualitative community assessments</p> <ul style="list-style-type: none"> <li>○ The needs assessment team detailed in Strategy 2a will establish a telehealth service delivery needs assessment following the completion of the health access assessment</li> </ul>	PCC	TBD	Complete
<b>Objectively assess for care disparities in chronic health condition management</b>	<p>Identify and assist in the development of appropriate telehealth service lines</p> <ul style="list-style-type: none"> <li>○ PCC will establish a region-specific database of the available telehealth services in South Carolina to be utilized in identifying service gaps upon completion of the needs assessment (Strategy </li></ul>	PCC	September 1, 2015	Complete

	2a and 2c)			
<b>Objectively assess for care disparities in chronic health condition management</b>	Identify consulting assistance to communities for telehealth grant opportunities <ul style="list-style-type: none"> <li>○ establish a formal support mechanism to assist community providers in participation of telehealth grant opportunities</li> </ul>	PCC	September 1, 2015	Complete

PCC has continued to monitor the needs and readiness for telehealth services in the Hampton, Barnwell, Bamberg and Allendale counties as directed in the deliverables under this strategy. Through an extensive needs assessment, PCC revealed that 80 percent of organizations in that four county region had telehealth equipment and roughly 50 percent are effectively utilizing service with telehealth equipment in the regions assessed.

### 3. Invest in expanding needed specialty and subspecialty capabilities through telehealth.

Champions: Designees of MUSC, USC and GHS				
Tactic	Deliverable	Owner	Deadline	Completion Status
<b>Promote telehealth services which transform the care delivery system to provide better care, lower cost and maximize the limited supply of care providers</b>	Report a timeline and the pathway of service development	MUSC	March 1, 2015	Complete

Telehealth service growth has increased dramatically in the 2015 year with demand for services beginning to comport with the supply of telehealth personnel and equipment. Existing services are being enhanced to support some of the demand where there is capacity. MUSC tele-stroke and Department of Mental Health programs have now reached some very important milestones: these programs have conducted 6,500 and 25,000 consults, respectively. With the marked growth in the year prior, planning for 2016 is underway with a focus on services that enhance efficiencies of care delivery and cost containment and that can be replicated widely.

<b>4. Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.</b>				
Champions: Designees of PCC and ETV				
<b>Tactic</b>	<b>Deliverable</b>	<b>Owner</b>	<b>Deadline</b>	<b>Completion Status</b>
<b>Leverage the experience of the PCC to raise awareness, educate and facilitate the adoption of telehealth</b>	Provide monthly newsletter discussing telehealth news and send to health care providers in SC, hold educational webinars for providers and their staffs, maintain central website for telehealth information and continue to convene the annual telehealth summit to promote state efforts and educate on national trends	PCC	Ongoing	Ongoing
<b>Provide training for future providers through multidisciplinary telehealth courses at the graduate level</b>	Establish a telehealth best practices training mechanism <ul style="list-style-type: none"> <li>○ articulate a model for disseminating telehealth knowledge and training for multidisciplinary health teams</li> </ul>	PCC	June 1, 2015	Complete
<b>Provide training for future providers through multidisciplinary telehealth courses at the graduate level</b>	Leverage SCETV's 50+ years of experience and the Area Health Education Consortium SCHOOLS network to disseminate telehealth best practices and tele-educational courses for health care providers and patients	ETV	Ongoing	Ongoing
<b>Investigate the feasibility of statewide centralized credentialing program for all telehealth providers</b>	PCC will report a feasibility assessment of a centralized credentialing program	PCC	June 1, 2015	Complete

Palmetto Care Connections continues to distribute a monthly e-newsletter and host webinars on telehealth topics. The 4th Annual Telehealth Summit of SC was held on October 15<sup>th</sup> and 16<sup>th</sup> at the Columbia Metropolitan Convention Center in Columbia, SC. The SC Telehealth Alliance planning retreat preceded the Telehealth Summit on October 14<sup>th</sup>.

*"Telehealth in South Carolina will deliver high value through productive collaboration."*



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

**Champions: Designees of MUSC and representatives of the State Legislature**

<b>Tactic</b>	<b>Deliverable</b>	<b>Owner</b>	<b>Deadline</b>	<b>Completion Status</b>
<b>Establish a SC Telehealth Advisory Council</b>	The Advisory Council will convene by December 15, 2014.	MUSC	December 15, 2014	Complete
<b>Establish success metrics that focus on SC care problems that are amenable to telehealth and which encourage collaboration for equitable impact</b>	The Advisory Council will establish success metrics for telehealth delivery in South Carolina	MUSC	March 1, 2015	Complete

The Advisory Council recognizes that its success metrics are largely dependent on the standardization of data collection methods and resulting evidentiary outcomes. The Advisory Council continues to lead the discussions of developing telehealth services collaboratively that address the needs of South Carolinians. SC Telehealth Alliance Advisory Council will proffer a comparable collaborative structure, under which it operates, to expand engagement and outreach among regions and within its statewide initiatives to ensure appropriate data are collected. Minutes from the previous SC Telehealth Advisory Council meeting held on December 3, 2015 can be found in **Appendix B**.

**6. Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability.**

**Champions: Designees of MUSC, USC, GHS, DHHS, PCC and ETV**

<b>Tactic</b>	<b>Deliverable</b>	<b>Owner</b>	<b>Deadline</b>	<b>Completion Status</b>
<b>Document, evaluate and communicate outcomes related to existing and new telehealth initiatives to include cost savings, clinical</b>	As representing the South Carolina Telehealth Alliance, MUSC and ETV will initiate effective public awareness campaigns	MUSC and ETV	June 1, 2015	Complete

<p><b>quality improvements, increased access to care, etc. ETV resources and experience will be leveraged to deliver telehealth successes to the public and other stakeholders</b></p>				
<p><b>Support research that establishes academic visibility and credibility for telehealth in SC</b></p>	<p>A report on the ongoing assessments and telehealth activities will be presented at the 2015 Annual Telehealth Summit of South Carolina</p>	<p>MUSC and PCC</p>	<p>October 16, 2015</p>	

The SC Telehealth Alliance has partnered with SC ETV to develop an informational campaign that includes television, radio, and digital educational content for providers and consumers in South Carolina. This initiative focus on existing and new telehealth services that are benefitting citizens in every region of South Carolina. The content created will highlight the collaborative nature of the telehealth service delivery across the state. The telehealth content will be able to be freely shared and adapted for use by each support hub member of the SC Telehealth Alliance.



## 2016 SC Telehealth Alliance Strategic Plan

SC Telehealth Alliance Advisory Council readopted and formalized the mission, vision and strategies from 2015. The 2016 SCTA Strategic Plan, inclusive of new deliverables, was approved and is being finalized with partners to ensure deliverables are met accordingly. The 2016 Strategic Plan can be found in **Appendix A**.

## Appendix A

### South Carolina Telehealth Alliance Driving Strategies and Proposed Tactics 2016 *Draft 12-30-15*

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

*In 2016, any hospital in South Carolina wishing to receive telehealth services will have a mechanism to be equipped to do so.*

#### Tactics:

- A. Disseminate, support and utilize open-access telehealth technology in hospitals and primary care clinics across the state
  - a. Champion: MUSC
  - b. Planning Members: PH-USC, GHS, DMH, PCC
  - c. Deliverables:
    - i. March: Report a roadmap for the deployment of technology, training and ongoing support for consultative telehealth services for all hospitals in the state wishing to receive services via the Alliance
    - ii. September: Demonstrate use of a common, open-access platform in use by at least one hospital receiving services provided by multiple institutions in the Alliance
  
- B. Develop a process for coordinating and streamlining credentialing, with a focus on the needs of hospitals receiving services from multiple institutions
  - a. Champion: Palmetto Care Connections
  - b. Planning Members: PH-USC, GHS, MUSC, DMH, Roper, Hampton
  - c. Deliverables:
    - i. March: Develop a model for a process of streamlining credentialing for hospital-based telehealth services
    - ii. September: Have at least one referring hospital piloting the streamlined credentialing process
  
- C. Incorporate large employers in open access network
  - a. Champion: Hospital Association
  - b. Planning Members:
  - c. Deliverables:
    - i. September: Large employers engaged to assess needs and readiness to adopt telehealth for their employees

2. **Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.**

*In 2016, telehealth service development will be driven to the tailored needs of a rural region.*

**Tactics:**

- A. **Establish service development priorities based on the 2015 needs assessment of the 4 county rural area**
  - a. **Champion: PCC**
  - b. **Planning Members: Hampton, Orangeburg, MUSC, Roper, PH-USC**
  - c. **Deliverables:**
    - i. **March: Prioritize the identified services from the 2015 Needs Assessment results by readiness for implementation**
    - ii. **September: Implement at least one additional service which responds to the Needs Assessment in the 4 county area**

**3. Invest in expanding needed specialty and subspecialty capabilities through telehealth.**

*In 2016, the telehealth support to South Carolina hospitals will be accelerated by both increasing the number of services available and the number institutions providing services regionally.*

**Tactics:**

- A. Enable primary regional hospital networks and providers of hospital-based telehealth services to be regional telehealth support hubs
  - a. Champion: MUSC
  - b. Planning Members: PH-USC, GHS, Children’s Hospital Collaborative
  - c. Deliverables:
    - i. June: Regional support hub personnel training completed and regular coordination meetings established
    - ii. September: Palmetto Health and GHS will report roadmaps of their regional telehealth growth
  
- B. Coordinate deployment of existing outpatient services to maximize South Carolina coverage
  - a. Champion: MUSC
  - b. Planning Members: DHHS, DHEC, DMH
  - c. Deliverables:
    - i. June: An expansion plan to increase telehealth participation in low-utilization counties for primary care clinics will be underway
    - ii. September: A report on telehealth utilization by county will be presented to the Advisory Council
  
- C. Develop a telehealth “teach the teacher” forum which enables primary care settings to co-manage complex diseases with the assistance of specialists and a multidisciplinary team
  - a. Champion: PH-USC
  - b. Planning Members: AHEC, MUSC, GHS
  - c. Deliverables:
    - i. March: A needs assessment plan to identify target regions will be presented, with a focus on Hepatitis C
    - ii. September: Multidisciplinary team, initial sites and outcomes process in place

4. **Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.**

*In 2016 the Alliance will begin preparing the workforce of the future by integrating telehealth training into health provider education programs across the state.*

**Tactics:**

- A. Establish a health provider training process in telehealth for both practicing providers and the future health workforce.
  - a. Champion: AHEC, PCC
  - b. Planning Members: MUSC, PCC, PH-USC
  - c. Deliverables:
    - i. June: A program development and statewide implementation plan for telehealth training for the healthcare workforce will be established
    - ii. September: At least one formal telehealth training program will be open to South Carolina providers

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

*In 2016, active healthcare stakeholder involvement in the Alliance will increase through the establishment of regional and task-focused workgroups*

Tactics:

- A. Establish a work group structure to enable engagement with specific initiatives across geography, patient populations and service areas
  - a. Champion: SCTA Outreach Coordinator
  - b. Planning Members: SCTA Advisory Council, PCC
  - c. Deliverables:
    - i. March: Working groups structure proposed
    - ii. June: Working groups convened and first report to SCTA Advisory Council



**6. Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability.**

*In 2016 the Alliance will work directly with insurers to develop sustainable reimbursement models which incentivize the use of effective telehealth in South Carolina.*

**Tactics:**

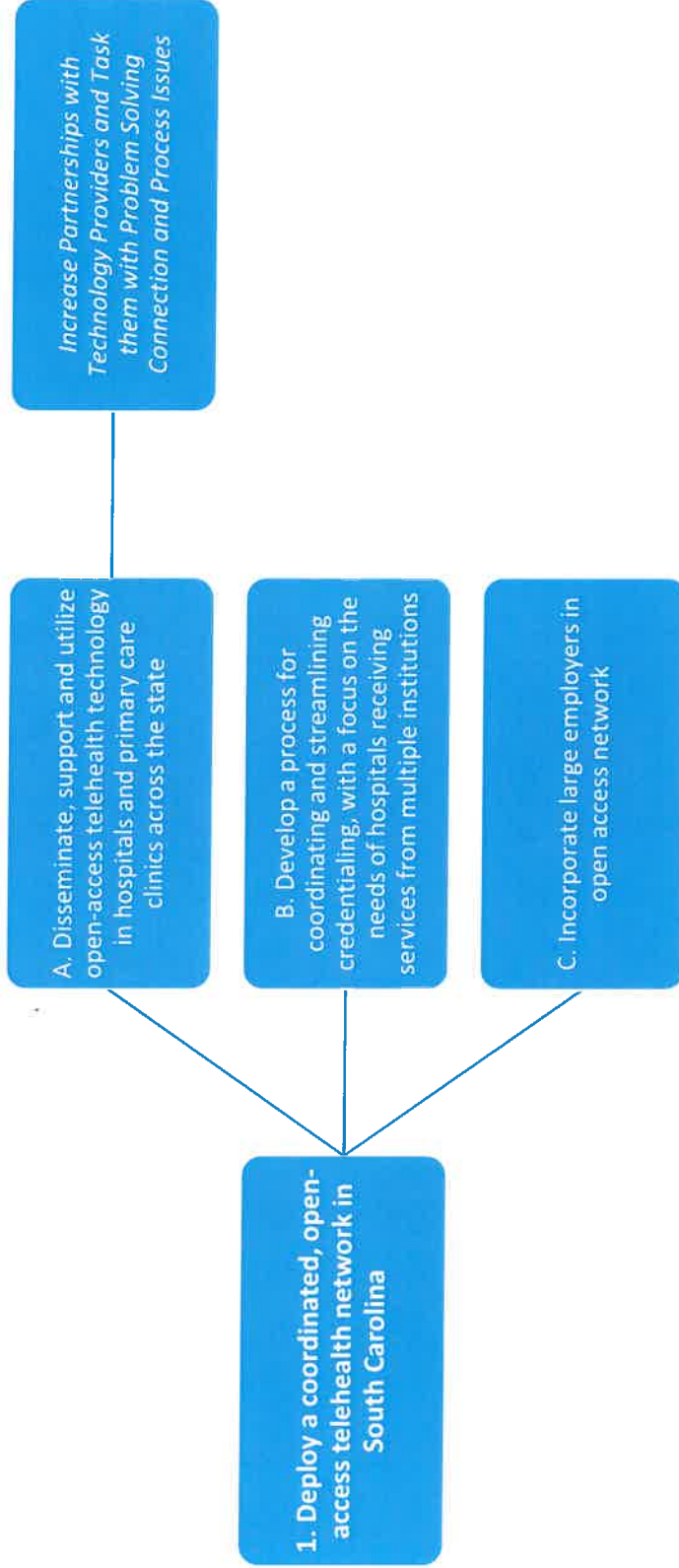
- A. Deploy an informative promotional campaign that can be utilized by all SCTA partners
  - a. Champion: SCETV
  - b. Planning Members: MUSC, PPC, PH-USC, and GHS
  - c. Deliverables:
    - i. June: Marketing material development and dissemination plan finalized
- B. Develop a coordinated approach to working with the SC Board of Medical Examiners on policies supporting responsible use of telehealth
  - a. Champion: SCTA Advisory Council Liaison
  - b. Planning Members: SCTA Advisory Council
  - c. Deliverables:
    - i. September: SCTA plan to address SC BOME priority concerns regarding telehealth is formulated
- C. Establish a task force to include insurers to develop reimbursement policies which incentivize telehealth models that enhance care and reduce overall costs
  - a. Champion: MUSC
  - b. Planning Members: DHHS, BCBS, PH-USC, GHS
  - c. Deliverables:
    - i. March: Task force formed
    - ii. September: Health plans considering SCTA recommendations for reimbursement contracts and policies

Tactic	Description	Champion	Proposed planning members from survey
<b>1. Deploy a coordinated, open-access telehealth network in South Carolina.</b>			
<b>A</b>	Disseminate, support and utilize open-access telehealth technology in hospitals and primary care clinics across the state.	MUSC	<ol style="list-style-type: none"> <li>1. MUSC (4)</li> <li>2. GHS (4)</li> <li>3. SC Rural Health (4)</li> <li>4. Palmetto Health, PCC (3)</li> <li>5. USC (2)</li> </ol>
<b>B</b>	Develop a process for coordinating and streamlining credentialing, with a focus on the needs of hospitals receiving services from multiple institutions.	PCC	<ol style="list-style-type: none"> <li>1. DHHS, MUSC (2)</li> <li>2. USC, GHS, Palmetto Health, Hampton, Roper, McLeod (1)</li> </ol>
<b>C</b>	Incorporate large employers in open access network.	Hospital Association	<ol style="list-style-type: none"> <li>1. MUSC (2)</li> <li>2. GHS, Palmetto Health, PCC, SC Rural Health, DHHS (1)</li> </ol>
<b>2. Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.</b>			
<b>A</b>	Establish service development priorities based on the 2015 needs assessment of the 4 county rural area.	PCC	<ol style="list-style-type: none"> <li>1. USC, PCC (3)</li> <li>2. MUSC, AHEC, tRMC (2)</li> <li>3. DMH, GHS, Palmetto Health, Hampton (1)</li> </ol>
<b>3. Invest in expanding needed specialty and subspecialty capabilities through telehealth.</b>			
<b>A</b>	Enable primary regional hospital networks and providers of hospital-based telehealth services to be regional telehealth support hubs.	MUSC	<ol style="list-style-type: none"> <li>1. Palmetto Health, GHS (4)</li> <li>2. USC, MUSC (3)</li> <li>3. McLeod (2)</li> <li>4. Self-Regional, AnMed, Roper (1)</li> </ol>
<b>B</b>	Coordinate deployment of existing outpatient services to maximize South Carolina coverage.	MUSC	<ol style="list-style-type: none"> <li>1. MUSC, GHS, Palmetto Health (4)</li> <li>2. USC (2)</li> <li>3. PCC, McLeod, Tidelands, AHEC (1)</li> </ol>
<b>C</b>	Develop a case-based telehealth program which enables primary care settings to co-manage complex diseases with the assistance of specialists and a multidisciplinary team.	USC	<ol style="list-style-type: none"> <li>1. MUSC (4)</li> <li>2. GHS, Palmetto Health (3)</li> <li>3. DMH, PCC, DHHS, AHEC (2)</li> </ol>

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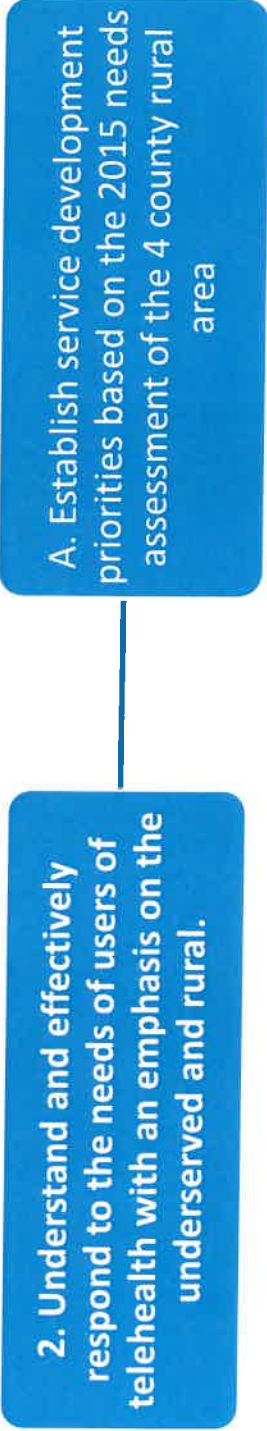
<b>4. Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.</b>		
<b>A</b>	Establish a health provider training process in telehealth for both practicing providers and the future health workforce.	<p>AHEC</p> <ol style="list-style-type: none"> <li>1. GHS, MUSC, Palmetto Health (4)</li> <li>2. USC, AHEC, PCC, SC Rural Health (3)</li> <li>3. DMH (2)</li> <li>4. McLeod, Tidelands, tRMC, DHHS (1)</li> </ol>
<b>5. Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education and research.</b>		
<b>A</b>	Establish a work group structure to enable engagement with specific initiatives across geography, patient populations and service areas	SCTA Outreach Coordinator <ol style="list-style-type: none"> <li>1. PCC, MUSC (2)</li> <li>2. USC, GHS, Palmetto Health (1)</li> </ol>
<b>6. Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability.</b>		
<b>A</b>	Deploy an informative promotional campaign that can be utilized by all SCTA partners	SC ETV <ol style="list-style-type: none"> <li>1. MUSC (3)</li> <li>2. GHS, USC, SC ETV, AHEC (2)</li> <li>3. DMH, PCC, SC Rural Health, DHHS (1)</li> </ol>
<b>B</b>	Develop a coordinated approach to working with the SC Board of Medical Examiners on policies supporting responsible use of telehealth	SCTA Liaison <ol style="list-style-type: none"> <li>1. USC, MUSC, GHS, Palmetto Health (2)</li> <li>2. PCC, SC Rural Health, DHHS (1)</li> </ol>
<b>C</b>	Establish a task force to include insurers to develop reimbursement policies which incentivize telehealth models that enhance care and reduce overall costs	MUSC <ol style="list-style-type: none"> <li>1. DMH, MUSC, PCC, DHHS (1)</li> </ol>

# Strategy 1



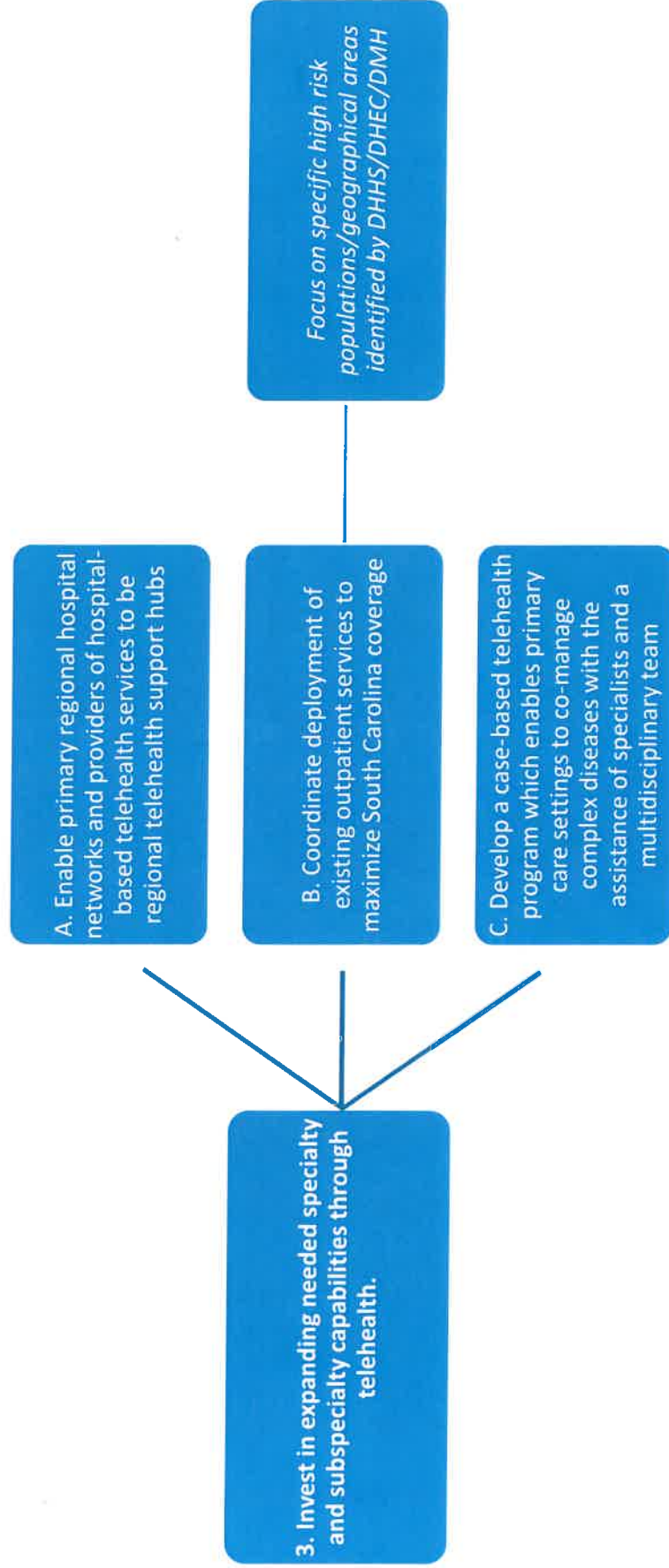
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# Strategy 2



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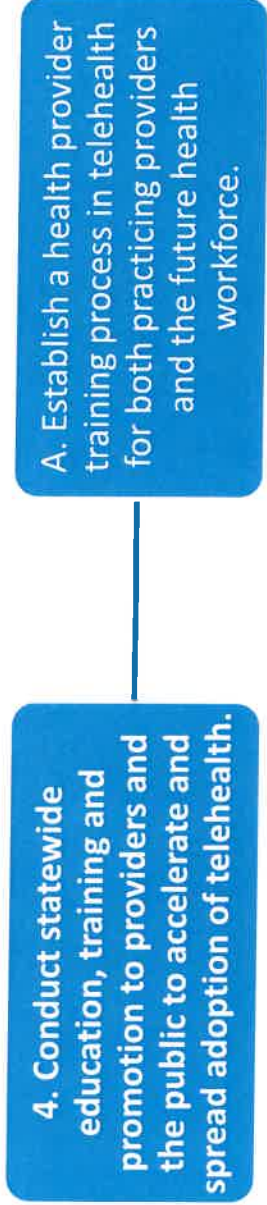
# Strategy 3



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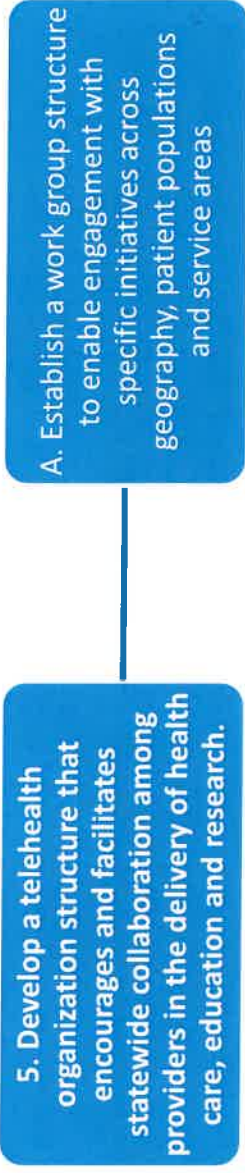


# Strategy 4



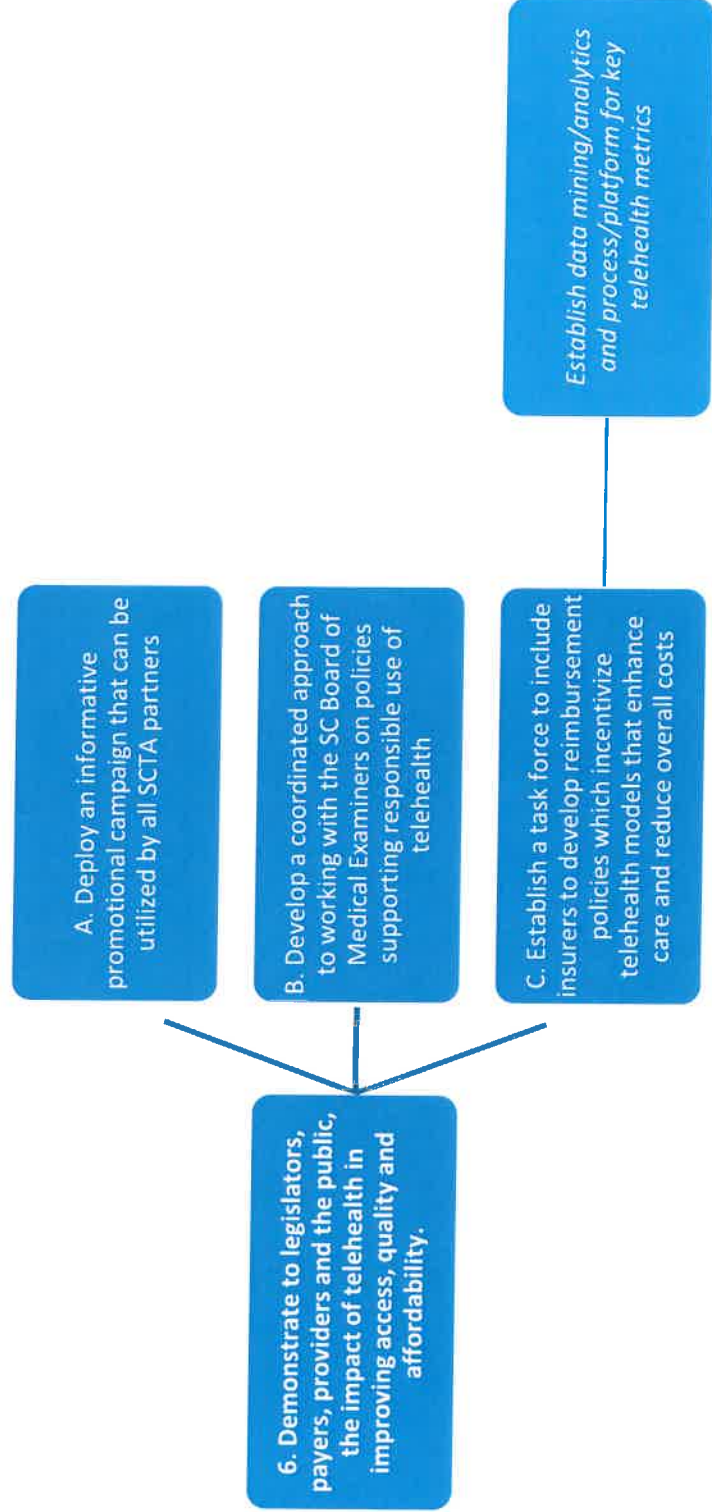
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# Strategy 5



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# Strategy 6



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