

## South Carolina Telehealth Alliance 2016 – 3<sup>rd</sup> Quarter Report

### **Mission**

Improve the health of all South Carolinians through telehealth.

### **Values**

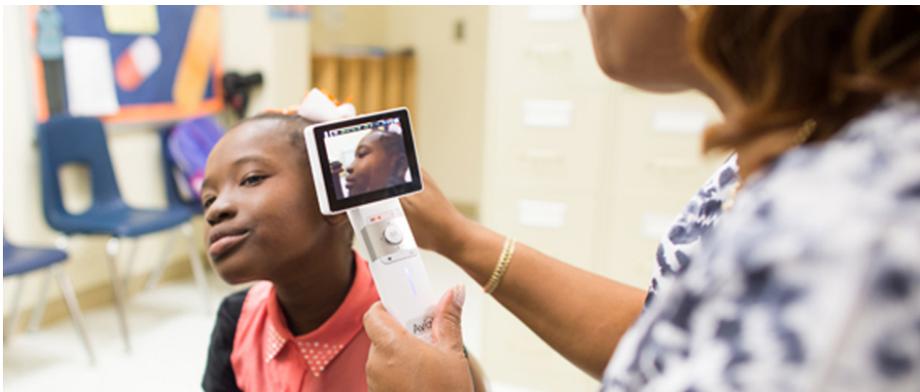
- Patient centered
- Quality
- Collaboration
- Sustainability
- Accountability

### **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.



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

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

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

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

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

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

The South Carolina Telehealth Alliance (“SCTA”) is an unprecedented collaboration of academic medical centers, community hospitals and providers, existing telemedicine systems, government leaders and other entities that believe that all South Carolina residents should and can have access to quality health care, while effectively managing the cost of providing care.

Quarter three of CY2016 has been incredibly productive for the South Carolina Telehealth Alliance (SCTA) and its partners throughout the state. September deliverables have successfully been met or are in progress as SCTA works to collaboratively overcome unique challenges in the state. Telemedicine’s reach has been expanded throughout the state thanks in large part to the work of all strategic partners and their related personnel. The 2017 Strategic Planning process was guided by the expertise of these healthcare professionals for increased statewide participation to enhance telehealth and telemedicine programs unique to each strategic partner’s institution and the patients they serve.

### SCTA Strategic Partners:

Department of Mental Health (“DMH”)

Greenville Health System (“GHS”)

McLeod Health (“McLeod”)

Medical University of South Carolina (“MUSC”)

Palmetto Care Connections (“PCC”)

Palmetto Health – USC Medical Group (“PH-USC”)

South Carolina Area Health Education Consortium (“SC AHEC”)

South Carolina Educational Television (“SC ETV”)

SCTA strategic partners are excited to set forth some notable potential projects for 2017 that underscore the growth and progress in South Carolina that include the following:

- Define SCTA membership and benefit structure for statewide partners, providers, payors and other stakeholders.
- Create workgroup structure categorized by telehealth/telemedicine subject matter or special interest groups.
- Development of comprehensive IT and equipment resources shareable among all IT personnel in the state.

The following report is a summary of deliverables met for the third quarter of CY2016, SCTA Advisory Council meeting proceedings, statewide telehealth program updates and other past and future SCTA activities. Additional information can be found in the appendices.

## Driving Strategies and Tactics

### 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.*

#### **September 2016 Deliverable:**

Demonstrate use of a common, open-access platform in use by at least one hospital receiving services provided by multiple institutions in the Alliance.

South Carolina Telehealth Alliance (SCTA) 2016 Strategic Plan mandates deployment of a common, open-access platform for telemedicine providers in the State. Tactic 1A requires that at least one hospital in the state receives services provided by multiple institutions in the SCTA. SC Department of Mental Health (DMH) and the Medical University of South Carolina (MUSC) successfully conducted program test calls using carts at Hampton Regional Medical Center. This demonstrated that a single standardized endpoint can be used to access telehealth programs from multiple institutions. Additionally, SCTA is assisting Hampton Regional Medical Center with securing a gatekeeper to streamline interconnectivity and improve call quality, creating a cart-agnostic environment for consulting providers.

With technical assistance from SCTA, Hampton Regional Medical Center will be installing additional telehealth infrastructure to enhance program access, allow standards based call capability and promote seamless access to statewide telehealth programs irrespective of location. This expands SCTA's efforts to create an open-access telehealth network in South Carolina.

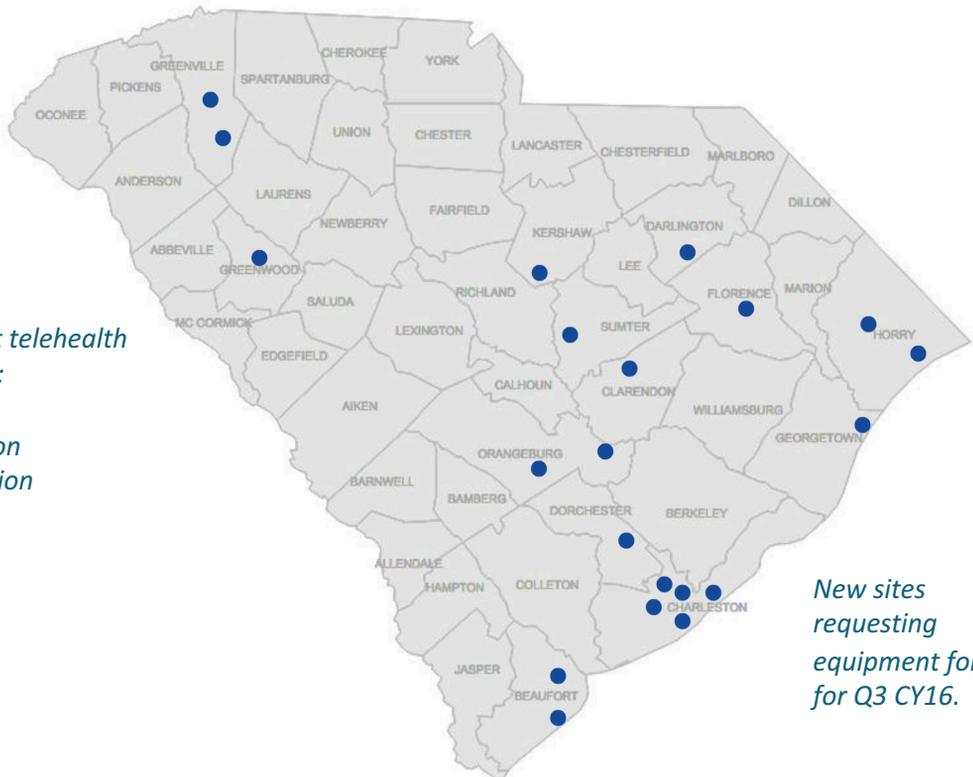
Deployment of technologies was the primary goal this quarter under Strategy 1, whereas we had a 167 percent increase in the total number of Equipment Request Forms that were submitted. This allows SCTA to track and manage deployed technologies at organizations who have not opted to manage/own assets. Organizations have the option to manage and own equipment and associated IT infrastructure with conditional support from the SCTA.



*Dr. James Simmons conducting a telemedicine consult.*

## Driving Strategies and Tactics

### Equipment Request Form



The top three outpatient telehealth programs requested are:

1. Specialty Consultation
2. Primary Care Extension
3. Tele-Psychiatry

New sites requesting equipment for Q3 CY16.

**62%** of requesting organizations are new to developing telehealth programs.

Sites that submitted Equipment Request Forms in Q3 are working to track the following metrics:

1. Clinical volumes
2. Patient satisfaction
3. Clinical outcomes

## Driving Strategies and Tactics

### September 2016 Deliverable:

Have at least one referring hospital piloting the streamlined credentialing process.

Palmetto Care Connections convened a meeting to bring together credentialing experts and personnel (shown below) from all regional hubs and the Department of Mental Health. The goal of this meeting was to continue working towards decreasing the burden that telehealth credentialing places on hub and spoke sites. Attendees discussed the current state of telehealth credentialing and two proposed models of centralized credentialing (one involving a Central Verification Organization and the other focusing on a centralized Credentialing by Proxy model).

The group agreed that a centralized model involving credentialing by proxy would be the most feasible, and that a centralized traditional credentialing model could be offered in combination with the credentialing by proxy method. The group also agreed to begin working toward the following goals:

- Channel telehealth quality data through the central entity.
- Create a brief survey which would assess attitudes towards credentialing by proxy and the proposed centralized model.
- Provide outreach to statewide credentialing groups to discuss credentialing by proxy and the proposed centralized model.

MUSC has successfully demonstrated the credentialing by proxy process with 16 sites utilizing this credentialing methodology. It currently takes, on average, 95 days to credential one provider at a site using traditional credentialing methodology and 29 days for credentialing by proxy.

### Statewide Credentialing Proposal Meeting Attendees

- Kathy Schwarting, (PCC) – Convener
- Shirley Crawford, (GHS)
- Annette Pelfrey, (GHS)
- Paulena Prosser (McLeod)
- Annalise Baker-Whitcomb (MUSC)
- Alexis Economy (MUSC)
- Cheryl Coble (Palmetto Health-USC Medical Group)
- Kacie Hodges (DMH)



## Driving Strategies and Tactics

### September 2016 Deliverable:

Large employers engaged to assess needs and readiness to adopt telehealth for their employees.

A preliminary assessment survey was sent to Lisa Wear-Ellington, Executive Director of the South Carolina Business Coalition on Health following an in-person meeting with SCTA leadership. The survey was forwarded to all of their members that include the likes of BMW and Michelin. The Employer Telehealth Survey can be found in **Appendix A**.



## Driving Strategies and Tactics

**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.*

### **September 2016 Deliverable:**

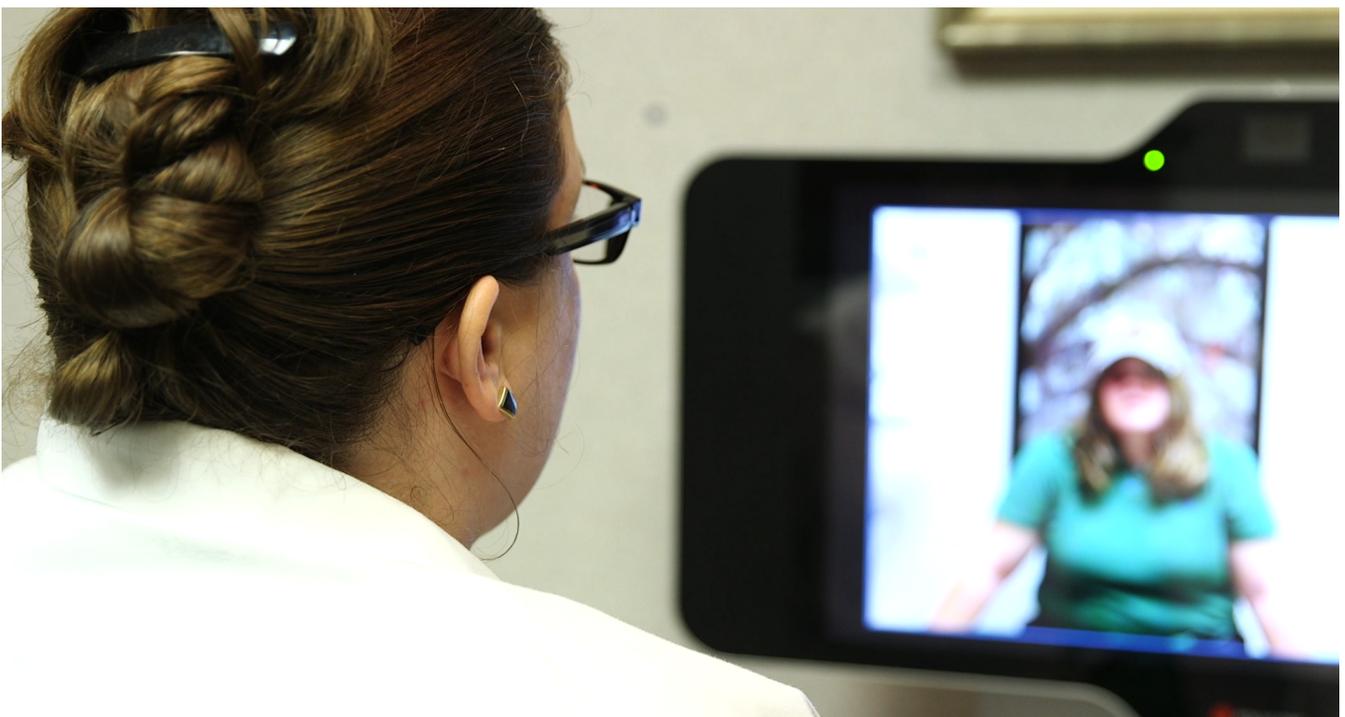
Implement at least one additional service which responds to the Needs Assessment in the four county area.

#### **Adult Endocrinology**

SCTA and PCC has identified services based on regional hub telehealth service readiness and utilization which has yielded endocrinology as a needed service. The Medical University of South Carolina (MUSC) is developing a telehealth service/program to co-manage adult patients needing endocrinology services in a family medical practice in Bamberg, SC.

#### **School-based Telehealth in Bamberg County**

MUSC is working with Dr. Danette McAlhaney and her group, Bamberg Family Practice, to provide services to the schools in the Bamberg School districts. Nurse Practitioner Kelli Garber will provide ongoing training and education on the school-based telehealth program for nurses in both Bamberg Districts. A MUSC respiratory therapist will also provide asthma education to students in all schools sites via telemedicine.



## Driving Strategies and Tactics

### **September 2016 Deliverable:**

Implement at least one additional service which responds to the Needs Assessment in the four county area.

### **Maternal Fetal Medicine**

The Maternal Fetal Telemedicine program aims to improve access to specialty prenatal care services in underserved areas in South Carolina. In Quarter 3, the program expanded to include a total of 9 sites in Charleston, Beaufort, Hampton and Georgetown Counties. Four services are currently offered including Maternal Fetal Medicine, Genetic Counseling, Opioid Counseling and Reproductive Infectious Disease. This program has an average of 39 consults per month.

### Low-risk Prenatal care study

A study of home telehealth video visits for low-risk prenatal patients began in the spring and conducted the first telehealth prenatal home visit on July 14<sup>th</sup> 2016. This study team is the first group at MUSC to utilize video visits launched through the Medical Record, allowing increased convenience for patients and providers. Providers can launch the visit from the patient's chart in EPIC, and patients connect through the Patient Portal, MyChart, where they can also enter health information and vitals. This study conducts approximately every other visit through telehealth for the intervention group and trains patients on how to measure vitals at home with the provided equipment. This project aims to assess patient and provider satisfaction, and measure the reliability of at home prenatal care measurements and visits.

### Hampton County Prenatal Care

Hampton County is part of a four county area without a single local Obstetrician. The MUSC Center for Telehealth has partnered with a local organization, Lowcountry Healthy Start, a case management organization for pregnant and post-partum women, to increase access to prenatal care in this area. Lowcountry Healthy Start caseworkers are currently conducting a feasibility survey in this area for in-home telehealth video visits with low-risk prenatal care patients. Following the feasibility assessment, we plan to implement telehealth video visits into the home for women facing barriers to care, especially those relating to travel, following a similar protocol to the low-risk prenatal care study occurring at MUSC.

## Driving Strategies and Tactics

### 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.*

#### **September 2016 Deliverable:**

Palmetto Health – USC Medical Group and Greenville Health System will report roadmaps of their regional telehealth growth.\*

Regularly scheduled calls are being held by telehealth managers at Palmetto Health – USC Medical Group, Greenville Health System, and Medical University of South Carolina (MUSC). McLeod Health has fully executed an agreement with SCTA and will be represented at telehealth managers meetings. These meetings are held to share information and experience, provide details about available SCTA resources, and discuss various operational challenges across the state. Palmetto Health – USC Medical Group and Greenville Health System will present internal telehealth strategic and business plans pursuant to the overall goal of outlining a roadmap for regional telehealth at SCTA's interim meeting on November 10, 2016. Regional hub telehealth manager information can be found below.



GREENVILLE  
HEALTH SYSTEM



**McLeod  
Health**



#### **Regional Hub Telehealth Managers**

Amelia Bischoff, MHA  
Palmetto Health – USC Medical Group

Christianna Novakovic, MHA, CAPM  
Greenville Health System (GHS)

Matt Reich  
McLeod Health

Shawn Valenta, RRT, MHA  
Medical University of South Carolina (MUSC)

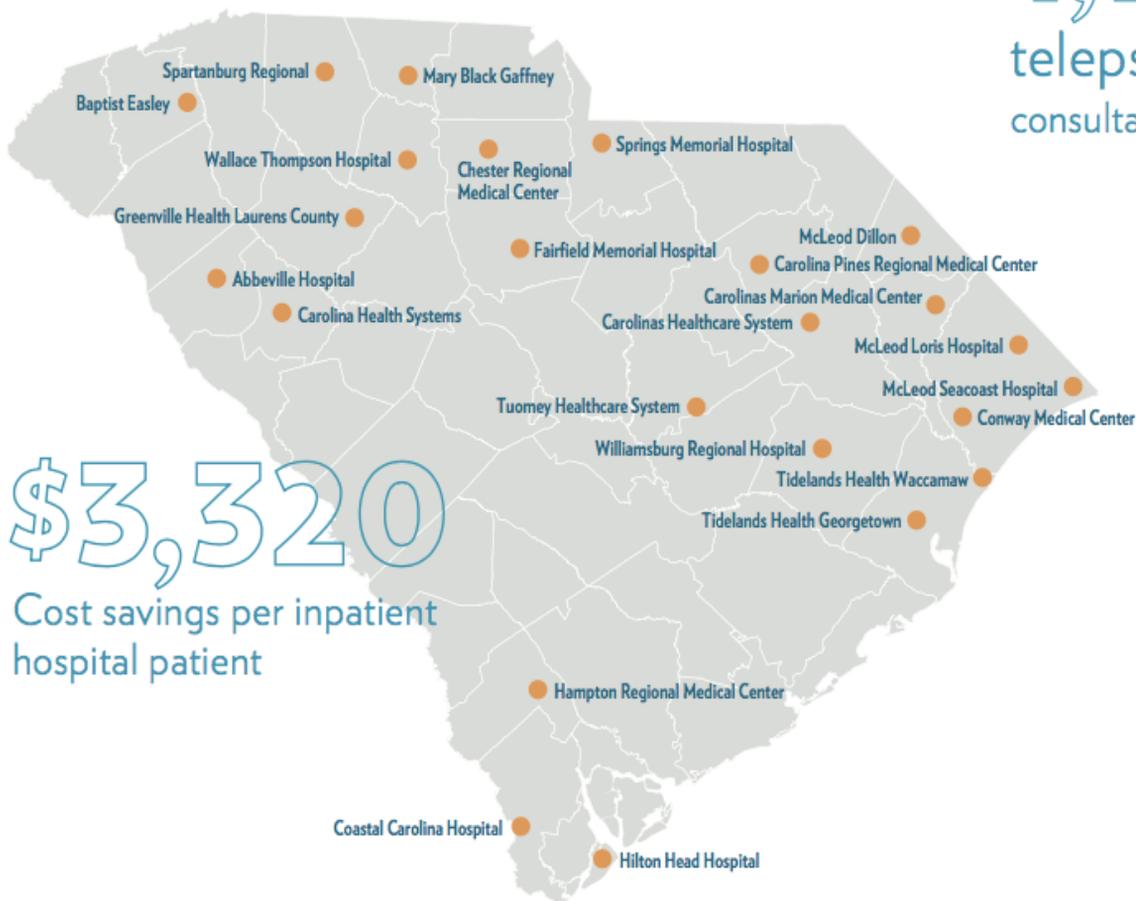
*\*Deliverable is in progress and will be met in November 2016*

## Driving Strategies and Tactics

The South Carolina Department of Mental Health (DMH) continues to expand its statewide telepsychiatry network having added providers and increased total consultations over quarter three. Through matching support from SCTA and extramural funds from the US Department of Agriculture, DMH has equipped new hospitals and replaced depreciated telehealth carts. DMH has also provided financial subsidies for small, rural hospitals. See **Appendix B** for a comprehensive update on the DMH telepsychiatry program.

### SCDMH Telepsychiatry Consultation Program locations

DMH conducts over  
**1,100**  
telepsychiatry  
consultations/month



**\$3,320**

Cost savings per inpatient  
hospital patient

## Driving Strategies and Tactics

### September 2016 Deliverable:

A report on telehealth utilization by county will be presented to the Advisory Council.

To date, there are more than 223 distinct telehealth sites in South Carolina, and that number is growing by the day. Telehealth programs offered throughout the state include:

#### **Correctional Institutions and Jails\***

##### **Outpatient Connections Directly to the Patient**

- Intake health assessments
- Acute condition management
- Asthma Monitoring
- Asynchronous virtual visits for acute conditions\*

##### **Home Monitoring and Management**

- Diabetes Home Monitoring
- Diabetic blood sugar
- Home neonatal visits\*
- Diabetic blood pressure
- Post-trauma mental health symptom monitoring
- Weight monitoring
- Video visits for acute and chronic conditions\*
- Video visits for mental health counseling

##### **Hospital-based Consultations**

- Video visits for lactation support\*
- Hospitalist consultation for admissions
- Video visits for prenatal visits\*
- Mental health consultations to the emergency room
- Video visits for weight management
- Mental health consultations to inpatient facility
- Neonatology\*

#### **School-based**

- Neurology
- Acute sick care and chronic disease management
- Pediatric burn
- Mental health counseling, general
- Pediatric Critical Care
- Mental health counseling, trauma focused
- Pediatric Gastroenterology
- Intensive Care Unit patient monitoring

#### **Skilled Nursing Homes**

- ICU Innovations (Quality improvement and educational outreach)
- Mental health\*
- Tele-EEG
- Wound care\*
- Telestroke

#### **Outpatient Specialty Consultations in a Clinical Setting**

- Dermatology (Pediatric)
- Diabetes education
- General surgery (Adult and Pediatric)
- Endocrinology (Pediatric)
- Ear Nose and Throat (Adult and Pediatric)
- Healthy lifestyle counseling (Pediatric)
- Infectious disease for obstetrics\*
- Lactation support to clinics
- Maternal fetal genetics
- Maternal fetal medicine
- Mental health medication management
- Neurology\*
- Nutrition (Adult and Pediatric)
- Opioid addiction management for obstetrics\*
- Orthopedics
- Patient-Child Interactive Therapy
- Pediatric Development Rapid Triage Service\*
- Post stroke follow up\*
- Sickle Cell (Pediatric)
- Social work
- Urology (Pediatric)
- Weight management group visits

*\* New telehealth service Jan-June 2016*

## Driving Strategies and Tactics

**September 2016 Deliverable:**

A report on telehealth utilization by county will be presented to the Advisory Council.

### Telehealth Service Connections by County



**South Carolina Telehealth Alliance service providers:**

- > Greenville Health System
- > MUSC Health
- > Palmetto Care Connections
- > Palmetto Health
- > South Carolina Area Health Education Centers
- > South Carolina Department of Mental Health

**223** distinct telehealth sites and counting

*Telehealth Service Connections by County*

## Driving Strategies and Tactics

### September 2016 Deliverable:

Multidisciplinary team, initial sites and outcomes process in place.

Divya Ahuja, MD, Associate Professor of Clinical Internal Medicine at the USC School of Medicine and his team contacted small clinics and providers around the state to serve as pilot sites for the SC Hepatitis telehealth program. Additionally, sites who have had preexisting relationships with the program have continued their involvement from previous infectious disease programs. Dr. Ahuja has assembled a multidisciplinary team of physicians, nurses, pharmacists, and program assistants to work toward meeting program deliverables and establishing outcomes metrics.

### SC Hepatitis Telehealth Initiative team members:

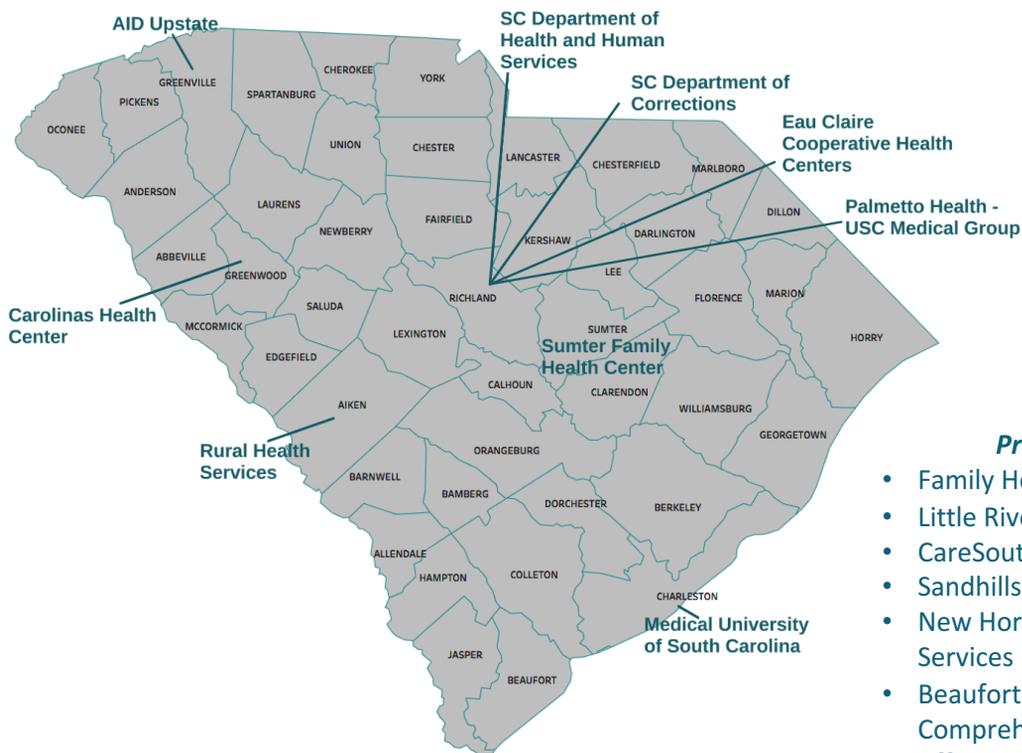
#### Clinical team

- Divya Ahuja, MD – PI/Director
- Caroline Derrick, PharmD, BCPS
- Bryan Love, PharmD, BCPS
- Komaletther Young, RN, BSN

#### Administrative team

- Adrena Harrison, MSN, RN – Project Director
- Kimberly Crawford, MA
- Steve Robertson- IT

### Current SCHTI sites



### Proposed sites:

- Family Health Centers
- Little River Medical Center
- CareSouth Carolina
- Sandhills Medical Foundation
- New Horizons Family Health Services
- Beaufort Jasper Hampton Comprehensive Health Services
- Affinity Health Center

## Driving Strategies and Tactics

### 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.*

#### **September 2016 Deliverable:**

At least one formal telehealth training program will be open to South Carolina providers.

Collaborative work has been completed by Area Health Education Centers (AHEC) and Palmetto Care Connections (PCC) to define modules and begin development of a statewide telehealth curriculum. Several modules are in the final stage of development and will be made available through the AHEC Learning Management System (LMS). Fiscal Year 2017 will see the completion of module development in tandem with development efforts among SCTA Member Institutions. The PCC Education and Communication Subcommittee will be reconstituted to help serve as the operational body to validate and oversee module deployment. In October 2016, a statewide Grand Rounds will be held for academic centers across the state looking at the possibilities of healthcare systems utilizing telehealth within pediatric services to improve population health. All four academic centers are participating.

Dr. James McElligott is working with AHEC and the Department of Internal Medicine at MUSC to launch a residency training curriculum on telehealth in November for second year residents. An experiential learning curriculum is also in development for third year residents. This curriculum, if successfully tested, can be extended to other specialties and residency training programs.

### **Proposed modules include:**

- *Equipment*
  - Hardware
  - Software
  - Peripherals
- *Processes*
  - Billing
  - Scheduling
  - Referrals and Follow-up
- *Presenting*
  - Near Site
  - Far Site
  - Program Specific (e.g. telestroke, school-based, mental health)
- *Overview/Implementation*
  - Telehealth 101
  - Efficacy
  - Population Health

## Driving Strategies and Tactics

### 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.*

#### September 2016 Deliverable:

No deliverable(s) due this month.



The Content Advisory Team continues to hold regular monthly meetings to guide and provide content ideas to SC ETV. SCTA and SC ETV also distributes a monthly newsletter in collaboration to promote the *MyTelehealth* educational campaign within the state. The Team's scope will change going into the 2017 year to include more marketing and branding deliverables and initiatives.

You can view developed stories and materials by visiting the below website:

**SC ETV My Telehealth Webpage:**

<http://www.sctv.org/telehealth>

You can also view the social media outlets by visiting any of the below sites:

Twitter: @my\_telehealth

Facebook: facebook.com/mytelehealth

The Content Advisory Team has representation from the following organizations:

- SC Department of Mental Health
- SC Hospital Association
- SC ETV
- Greenville Health System
- Palmetto Health
- Medical University of South Carolina
- Palmetto Care Connections

## Driving Strategies and Tactics

**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.*

**September 2016 Deliverable:**

SCTA plan to address SC Board of Medical Examiners priority concerns regarding telehealth is formulated.

S. 1035 was passed in the most recent SC legislative session. The SC Telemedicine Act includes amendments from recent SC Board of Medical Examiners Telehealth Advisory Opinion(s).

The SC Board of Medical Examiners was provided recommendations, at their request, on permissible circumstances for controlled substance prescribing via telemedicine by licensees in South Carolina. Additional guidance will be provided to the Board upon request. A copy of the letter and recommendations can be found in **Appendix C**.

**September 2016 Deliverable:**

Health plans considering SCTA recommendations for reimbursement contracts and policies.

SCTA developed a list of **Telehealth Insurance Coverage Policy** Recommendations, which was the resulting product of the Payer Retreat held in May 2016. These recommendations were open to public comment from all consumer groups, payers, healthcare organizational leadership, and providers across the state. Feedback on recommendations will be openly shared and discussed at the upcoming Payer Forum that has been rescheduled due to Hurricane Matthew. Forum details are forthcoming. Proposed payer policy recommendations can be found in **Appendix D**. Additional updates can be found in **Appendix E**.

## Employer Survey

**In partnership with the South Carolina Business Coalition on Health, the South Carolina Telehealth Alliance is assessing the access to, awareness of, and needs for telehealth among large employers in the state. Your feedback is invaluable to our mission and we look forward to the opportunity to serve you in the near future!**

1. Have you ever heard of the South Carolina Telehealth Alliance?
2. Have you ever heard either of the following terms? Check all that apply.

Telehealth: accessing health information from your provider on a laptop or mobile device OR an e-Visit with your provider.

Telemedicine: a health provider consulting with a specialist from a remote site to treat a patient.

3. How familiar are you with the concept of telehealth/telemedicine?
4. Do you currently offer telehealth services to your employees?
5. If you are interested in learning more about how the use of telehealth can positively impact your organization, please indicate so here and SCBCH will facilitate a follow up meeting.

## DMH TELEPSYCHIATRY CONSULTATION PROGRAM

Provides Statewide Psychiatric Consultation Services

7 Psychiatrists' Offices strategically located statewide (05/2016)

13 new offices opened in Charleston for hospital and community telepsychiatry

11 ED Psychiatrists actively consulting (7.3 FTE) and 1 conducting Peer Review

Statewide EHR developed and implemented for Telepsychiatry Consultation Program

25 Hospitals under contract with 24 currently participating, 1 being equipped now (8/2016)

2 additional Hospitals reviewing contracts for potential participation

Over 30,284 Consultations Since Inception in March, 2009

53% Reduction in Emergency Department (ED) Lengths of Stay (LOS), per USC School of Medicine

CY 2015: 31% of Patients Recommended for Release (Discharge) Same Day of Consultation

Impact on Patients... (03/2015)

100% of ED Staff state Telepsychiatry is an efficient use of Patient's time;

92% state Patients appear comfortable during consultations; and,

Efficient Use of Hospital Resources... (03/2015)

70% of Hospital Administrators state the program is an efficient use of hospital funds;

80% would recommend the program to other hospitals;

60% would be interested in additional uses of the platform for other medical specialties

Program Spawned 2 NIMH R01 Research Grants Measuring Statewide Financial Impact

R01 grant (lead by Dr. Meera Narasimhan, USC School of Medicine) shows substantial savings:

1-Telepsychiatry patients had lower rates of inpatient admission after 30 days (8% Vs. 19%)

2-Telepsychiatry patients had shorter lengths of stay (4.1 days Vs. 6.2 days inpatient)

3-Telepsychiatry patients were less likely to be admitted to the hospital (8% Vs 19%)

4-Telepsychiatry patients were more likely to receive 30 day followup care (38 Vs. 13%)

5- Telepsychiatry Patients were more likely to receive 90 day followup care 46% Vs. 17%)

6- Inpatient hospital charge savings (\$5209 Vs.\$8529)=\$3320

5 State/Regional/National Awards Since Inception (March/2009)

July 2012: Shared Savings Plan Initiated with All Participating Hospitals

Sustainability Success: TDE funded 100% in FY 2008/9... and 7.94% for 2015

January 2013: USC School of Medicine (SoM) General Psychiatry Residents Began required Telepsychiatry

Consultation Rotations

January 2013: Raleigh Presentation to NC Legislative Committee on Health Issues

Program was Catalyst for Utilizing PSPN (Palmetto State Providers Network - a Fiber Optic Medical Network) and

the SC ORS (Office of Research & Statistics) SCHIEx (SC Health Information Exchange) Database

Hospitals Electronically Connected to Allow Consultations for Other Medical Specialties in Addition to Mental

Health Consultations

At TDE's request, the program contributed expertise to 4 NC Telepsychiatry (start-up) programs

9 Hospitals agreed to permit the real-time, clinically-supervised use of General Psychiatry Residents for ED

Telepsychiatry (04/2014) – 9 hospitals continued agreement 05/2015

Consultation Data shared with more than 24 other State/National Organizations

**DMH currently providing 450 consultations per month between MH centers and clinics**

**DMH currently providing additional 450 consultations per month between MH centers**

## Recommendations on the safe prescribing of controlled substances via telemedicine



South Carolina Board of Medical Examiners  
Synergy Business Park  
Kingstree Building  
110 Centerview Dr.  
Columbia, SC 29210

June 16, 2016

Re: Recommendations on the safe prescribing of controlled substances via telemedicine

Dear South Carolina Board of Medical Examiners:

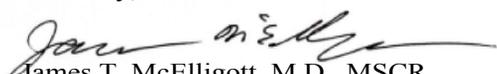
As requested by the Board, and in relation to recent legislative action (S. 1035 – SC Telemedicine Act of 2016), I, James McElligott, M.D., MSCR, co-Chair of the South Carolina Telehealth Alliance and Medical Director for Telehealth at MUSC, submit this document consisting of language for consideration for the Board's oversight pertaining to prescribing controlled substances in the context of a telemedicine encounter. Thank you for allowing me and the organizations I represent to participate in this important process. We would of course be happy to present use cases of responsible prescribing of opioids and other controlled substances via telemedicine at the Board's discretion on behalf of our institution, partners, and affiliates.

The South Carolina Telehealth Alliance (SCTA) is a collaboration of health centers, community hospitals and providers, existing telemedicine systems, government leaders and other entities that believe that all South Carolina residents should and can have access to quality health care, while effectively managing the cost of providing care. Ensuring safe, responsible prescribing practices in a telemedicine encounter is paramount for all licensees and applicable health care professionals participating in the SCTA.

In accordance to the Board's latest *Telemedicine Advisory Opinion* and S. 1035, SC Telemedicine Act of 2016, practicing telemedicine is held to the same standard of care as licensees employing more traditional in-person medical care. When the prescribing of controlled substances is indicated, additional attention to the standard of care is also indicated. We write to provide policy recommendations on safe prescribing practices for licensees in the context of a telemedicine visit, particularly when a diagnosis yields prescriptions that are controlled substances.

We look forward to working with the Board of Medical Examiners, state agencies and other governing bodies to promote safe prescribing practices in the context of a telemedicine encounter. We are happy to provide any additional information and can be reached for questions and concerns by contacting Kevin Wiley, Telehealth Alliance and Outreach Coordinator at [wileykk@musc.edu](mailto:wileykk@musc.edu) or 843-792-2669.

Sincerely,

  
James T. McElligott, M.D., MSCR  
Medical Director for Telehealth, MUSC  
Co-Chair, SC Telehealth Alliance

## Recommendations on the safe prescribing of controlled substances via telemedicine

### Patients concurrently receiving care in in-patient settings

Controlled substances may be prescribed in the context of a telemedicine encounter for hospitalized patients when the licensee is adequately credentialed at the site where the patient resides. Most licensees practicing within this context in the State of South Carolina are sufficiently credentialed for such prescribing practices. Accompanying this document is the current methodology by which licensees are credentialed for telemedicine service provision.

### Outpatient care

#### *Maintaining Medical Home Integrity*

The SC Board of Medical Examiner's *Telehealth Advisory Opinion*, consistent with current law, specifically S. 1035, SC Telemedicine Act of 2016, maintains that prescribing controlled substances in the context of a telemedicine encounter should be tightly integrated in the local health care system. Specifically, patients should be encouraged to have an established relationship with a local medical home licensee while receiving specialty care in the context of a telemedicine encounter. If a patient does not have a local primary care licensee providing care, the telemedicine licensee should provide counseling regarding the benefits of having an established medical home and assist with identification of local primary care licensees if possible. Additionally, when prescribing controlled substances, care should be transitioned to the medical home when possible if the following conditions are met: (1) the case is not complex (e.g., the patient has no comorbid conditions or complications); (2) the patient is stable on medication, if applicable; and (3) the patient is able to readily access their medical home.

#### *Documentation*

Licensees prescribing controlled substances must maintain a complete record of the patient encounter in the telemedicine context according to prevailing medical record standards and in accordance with the Board of Medical Examiners' *Telemedicine Advisory Opinion*. The licensee should also document utilization of the South Carolina Prescription Monitoring Program and a completed patient/licensee controlled substances agreement within the medical record.

#### *Opioid Prescribing*

Additional recommendations for prescribing opioid medications in the context of a telemedicine encounter include the use of:

- a) A Patient-Physician Agreement
- b) Prescription Drug Monitoring Program
- c) Mental Status Exam
- d) Discussion of risks and benefits of medication, including the assessment of patient's pain, affect, activity and adjunctive treatments.
- e) Screens for aberrant behaviors (e.g., substance misuse) and substance use disorders
- f) Urine drug screen at initiation and periodically during ongoing treatment

### Hospice care

Licensees practicing in hospice care settings may prescribe controlled substances in the context of a telemedicine encounter.

## Telehealth Insurance Coverage Policy Recommendations

### For Private Payers

- I. **Mirror the South Carolina Department of Health and Human Services (DHHS) Medicaid’s coverage of schools as a covered site by adding schools as a covered, reimbursable site to your telehealth policies**  
The Center for Advancing Health calls a “health care desert,” any area where primary and specialty care is hard to find. \*There are nine counties in South Carolina that do not have any pediatricians and several that only have one or two. School- based clinics have been shown to increase health access to rural children, decrease emergency room visits, decrease absenteeism, improve chronic disease management and improve academic performance.

### For Department of Health and Human Services (DHHS) and Private Payers

- II. **Expand the list of eligible, reimbursable providers to include registered dietitians**

A comprehensive telehealth consultation can involve a primary care provider specialists and allied health professionals such as registered dietitians. Including registered dietitians will significantly aid in meeting South Carolina’s Obesity Initiative by allowing registered dietitians to deliver nutritional counseling via telehealth to citizens all over the state, including to citizens living in the many counties that do not have any registered dietitians.

- III. **Increase the facility fee reimbursement amount to an equitable level**

As telehealth continues to expand, facility reimbursement amounts that do not cover the cost of offering telehealth services remain a barrier. The reimbursement amounts should at least allow the originating site to break even when considering its staffing and office space. The average cost of an exam room for one hour in Georgetown County is \$21.38 and \$22.92 in Beaufort County.

*\*Note: Georgia Medicaid’s facility fee reimbursement amount is \$20.52.*

### For Federal Payers (Medicare)

- IV. **Prevent geographical barriers in telehealth insurance coverage**

A major tenet of telehealth is providing services to those living in rural areas who have little or no access to primary or specialty care. While rurality is a real barrier to quality care, there are many other barriers to care, such as socioeconomic factors that create health care barriers for those living in urban and suburban areas. As shown on this South Carolina Department of Health and Environmental (DHEC) map, most of the state is considered medically underserved according to the federal Health Resources and Services Administration (HRSA).

*\*South Carolina Health Professions Data Book, 2014*

*\*South Carolina Department of Health and Environmental Control*

**New Telehealth Services (July-September 2016)**

Service	Program
Pediatric Ear Nose and Throat	Virtual Teleconsultation Services
Pediatric Orthopaedics	Virtual Teleconsultation Services
Text message monitoring of mental health symptoms	Technology Applications Center for Healthy Lifestyles

**New Telehealth Sites (July-September 2016)**

Site	Program	County
Bamberg Ehrhardt High School	School-based Telehealth	Bamberg
Bamberg Ehrhardt Middle School	School-based Telehealth	Bamberg
Denmark-Olar Elementary School	School-based Telehealth	Bamberg
Denmark-Olar High School	School-based Telehealth	Bamberg
Denmark-Olar Middle School	School-based Telehealth	Bamberg
South Florence High School	School-based Telehealth	Florence
Carolina's Hospital System Florence	Tele-Stroke	Florence
Hartsville Medical Practice	Virtual Teleconsultation Services	Darlington
Healthcare Place at Bethune	Virtual Teleconsultation Services	Kershaw
Primary Care of Camden Clinics	Virtual Teleconsultation Services	Camden
Primary Care of Kershaw Clinics	Virtual Teleconsultation Services	Kershaw
Salerno Pediatrics, Hilton Head Island	Virtual Teleconsultation Services	Beaufort

**Telehealth Publications (July-September 2016)**

Cormack, C.L., Garber, K., Cristaldi, K., Edlund, B., Dodds, C. & McElligott, L. (2016). Implementing school based telehealth for children with medical complexity. *J Pediatr Rehab Med.* ((3). 237-240.

Gilmore, A.K., Wilson, S.M., Skopp, N.A., Osenbach, J.E., & Reger, G. (2016). A systematic review of technology-based interventions for co-occurring substance use and trauma symptoms. *J Telemed Telecare*, Epub ahead of print.

Gros, D.F., Lancaster, C.L., Lopez, C.M., & Acierno, R. (2016) Treatment satisfaction of home-based telehealth versus in-person delivery of prolonged exposure for combat-related PTSD in veterans. *J Telemed Telecare*, September epub ahead of print.

Tagliente, I., Solvoll, T, Trieste, L., De Cecco, C.N., Murgia, F., & Bella, S. (2016). Which indicators for measuring the daily physical activity? An overview on the challenges and technology limits for Telehealth applications. *Technol Health Care*, 24(5). 665-672.

The Center for Telehealth began operations in November 2013. Below is an illustration of the allocation of funds as of September 30, 2016.

Figure 1. Allocation of Funds

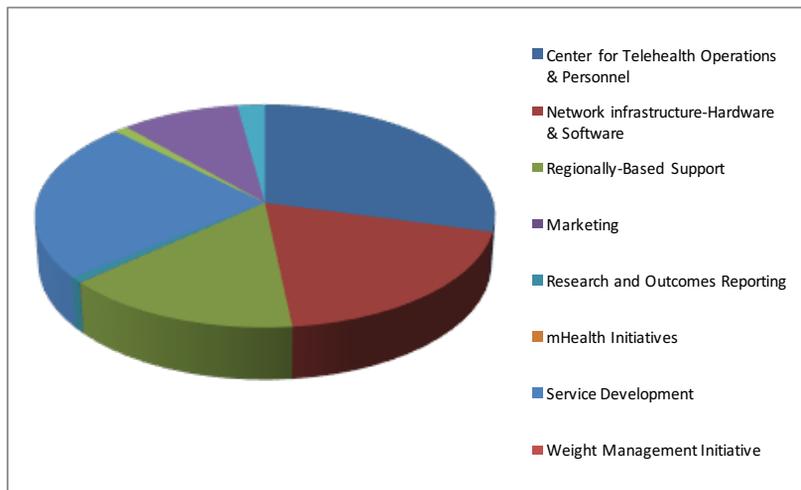


Figure 2. Actual Expenditures and Projected Budget

