

South Carolina Telehealth Alliance 2016 – 4th Quarter Report

For inquiries contact:

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Mission

Improve the health of all South Carolinians through telehealth.

Values

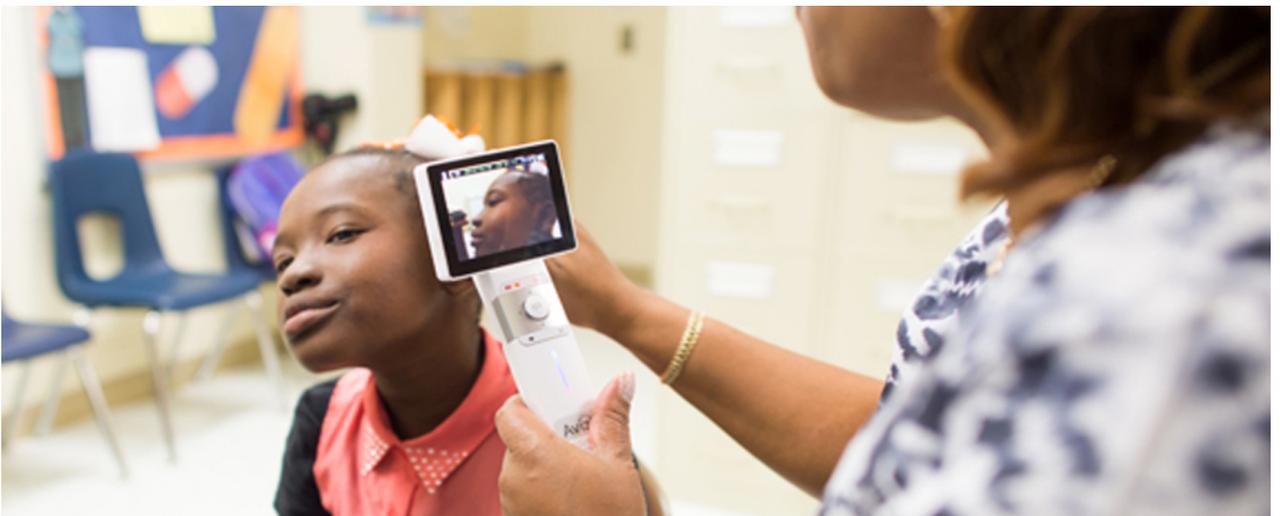
- Patient centered
 - Quality
- Collaboration
- Sustainability
- Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

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



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.

South Carolina Telehealth Alliance ended the year by satisfactorily completing deliverables set forth in the 2016 Strategic Plan. Hallmarks of the past year’s work include continued program growth, new operational and communications framework for the Advisory Council, successful promotion of the statewide telehealth educational campaign, and new avenues for collaboration among South Carolina Telehealth Alliance partners throughout the state. Statewide collaboration among partners at various institutions and organizations lent well to the transparent, inclusive processes by which the 2017 SCTA Strategic Plan was developed. The 2017 strategic planning process was guided by the expertise of healthcare professionals to enhance telehealth 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 Health”)

Medical University of South Carolina (“MUSC Health”)

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”)

The following report is a concluding summary of goals met in the fourth quarter of CY2016, SCTA strategy and operational documents, 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.

Deliverables met for 2016:

March

1. Report a roadmap for the deployment of technology, training and ongoing support for the consultative telehealth services for all hospitals in the state wishing to receive consultative services via the Alliance
2. Develop a model for a process of streamlining credentialing for hospital-based telehealth services

September

1. Demonstrate use of a common, open-access platform in use by at least one hospital receiving services provided by multiple institutions in the Alliance.
2. Have at least one referring hospital piloting the streamlined credentialing process
3. Large employers engaged to assess needs and readiness to adopt telehealth for their employees

South Carolina Telehealth Alliance's inclusive and collaborative approach to developing tactics to meet deliverables pursuant to deploying an open-access network in 2016 yielded novel approaches to providing multiple services on a single standardized endpoint. The newly formed SCTA Information Technology workgroup, comprising personnel from Department of Mental Health, Roper St. Francis, Greenville Health System, MUSC Health, Palmetto Health-USC Medical Group, McLeod Health, Hospital Corporation of America and Palmetto Care Connections, have combined expertise to streamline telehealth technological function and find more solutions to technological barriers across regions of the state.

Palmetto Care Connections (PCC) has surveyed the health systems across the state to identify credentialing methodology unique to the needs in South Carolina. Consensus was recently met in a preliminary meeting that credentialing by proxy is preferable. PCC has engage providers and credentialing professionals at the regional hub hospital systems to ascertain preference for a credentialing model suitable for all telehealth services. The following goals remain for SCTA's telehealth credentialing efforts:

- Explore channeling telehealth quality data through a 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

29

Average number of days it takes to credential by proxy, which is about a third of the time it takes to credential traditionally
(MUSC Health data)

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.

Deliverables met for 2016:

March

1. Prioritize the identified services from the 2015 Needs Assessment results by readiness for implementation.

September

1. Implement at least one additional service which responds to the Needs Assessment in the 4 county area

Three services have been identified for development to manage patients needing telehealth services in parts of the four county region assessed by Palmetto Care Connections: Bamberg, Allendale, Hampton and Barnwell counties.

Adult Endocrinology

Medical University of South Carolina is enhancing capacity to provide Adult Endocrinology services to assist a family medical practitioner provide services via telemedicine to patients in Bamberg, SC.

School-based telehealth

The Medical University of South Carolina (MUSC) is working with Dr. Danette McAlhaney of Bamberg Family Practice to provide school-based telehealth services in two Bamberg School districts. Nurse Practitioner Kelli Garber will lead trainings and education on the school-based telehealth program for nurses in two Bamberg districts. Asthma education will also be provided to students in all schools via telemedicine. Services are now available to all public school children in Bamberg and Williamsburg counties.

Maternal and Fetal Medicine

This program aims to improve access to specialty prenatal care services in underserved regions of South Carolina. The program expanded its site coverage 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. There are an average of 39 consults taking place every month.

Maternal and Fetal Medicine

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 14th 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, there is a 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.

Deliverables met for 2016:

March

1. Needs assessment to identify target regions with a focus on Hepatitis C

June

1. Regional support hub personnel training completed and regular coordination meetings established
2. An expansion plan to increase telehealth participation in low-utilization counties for primary care clinics will be underway

September

1. Palmetto Health and GHS will report roadmaps of their regional telehealth growth
2. A report on telehealth utilization by county will be presented to the Advisory Council
3. Multidisciplinary team, initial sites and outcomes process in place

SC Hepatitis Telehealth Initiative

Divya Ahuja, MD at USC School of Medicine and his team are working with small clinics and providers around the state to serve as pilot sites for the SC Hepatitis telehealth program that provides telehealth educational sessions with specialists and primary care providers. There were fifty attendees at telehealth sessions in the final quarter of 2016. An HCV Mini Symposium was held in December with attendees representing Rural Health Services, CareSouth Carolina, Carolina Health Centers, Lexington Medical Center, MUSC Health, SC DHHS, SC Department of Mental Health, SC DHEC, and Palmetto Health – USC. Additional providers are being recruited to participate in telehealth sessions and other telehealth programs provided by the SC Hepatitis Telehealth Initiative.

SCTA and the SCHTI team recognize that there are counties with high cure opportunity identified for future outreach as the program expands in areas of need in the map following this page. Additionally, a map of current SCHTI sites show the SCHTI program is already responding to the needs in counties with high concentrations of HCV cases.

Driving Strategies and Tactics

All of the operational telehealth leaders of the SCTA Regional Hubs participated in a telehealth panel at the SC HIMSS 2016 Fall Conference: *Healthcare IT: Your “X” Factor*. In addition, the regional hubs are planning a retreat in February 2017 to develop an assessment of the unique telehealth service development barriers existing within the larger health systems.

This group, comprising Greenville Health System, McLeod Health, MUSC Health, and Palmetto Health – USC Medical Group still maintain regularly scheduled calls to discuss telehealth programmatic needs, share information and experience, provide details about available SCTA resources, and discuss various operational challenges across the state. Palmetto Health – USC Medical Group, McLeod Health and Greenville Health System have agreed to lead the direct-to-consumer efforts within the 2017 SCTA Strategic Plan. Information on the operational telehealth leaders can be found below.



SCTA Regional Hubs' Operational Leadership

Amelia Bischoff, MHA
Palmetto Health – USC Medical Group
Amelia.Bischoff@palmettohealth.org

Christianna Novakovic, MHA, CAPM
Greenville Health System
CNovakovic@ghs.org

Matt Reich
McLeod Health
mreich@mcleodhealth.org

Shawn Valenta, RRT, MHA
MUSC Health
valentas@musc.edu

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.

Deliverables met for 2016:

June

1. A program development and statewide implementation plan for telehealth training for the healthcare workforce will be established

September

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

The SC AHEC will launch the SCTA Telehealth Education Workgroup beginning in January 2017. The SCTA Education Workgroup will employ new methods of information dissemination to SCTA institutions providing introductory knowledge and training to learners and providers. This Workgroup has representation from the following healthcare organizations and institutions: USC School of Medicine, SC DHHS, Greenville Health System, AHEC, MUSC, Hope Health, Tidelands Health, McLeod Health, Palmetto Health – USC Medical Group and Beaufort Memorial Hospital.

Notable milestones to be reached in the coming quarter include healthcare provider training institution engagement beginning with four medical schools in the state. This workgroup will determine these institutions' readiness and preferred format for incorporating introductory telehealth knowledge in their existing curriculums. Fiscal Year 2017 will see the completion of module development in tandem with development efforts among the previously mentioned SCTA member institutions.



Medical student completing telehealth education coursework

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.

Deliverables met for 2016:

March

1. Working groups structure proposed

June

1. Working groups convened and first report to SCTA Advisory Council

The logo for 'my telehealth' features the text 'my telehealth' in a white, lowercase, sans-serif font. To the right of the text is a stylized orange line graph with three peaks and two troughs, resembling a heartbeat or a data trend line.

The Content Advisory Team administered a survey to South Carolinians led by SC ETV to measure the baseline telehealth knowledge level of residents. The results of this survey informed the telehealth educational and promotional campaign in the state. At the conclusion of the campaign, SCETV will administer a final survey to determine the SCTA's educational efforts in the same population.

The Team meets regularly 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. You can view developed stories and materials by visiting the below website:

SC ETV My Telehealth Webpage:

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

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.

Deliverables met for 2016:

March

1. Task force formed

June

1. Marketing material development and dissemination plan finalized

September

1. SCTA plan to address SC BOME priority concerns regarding telehealth is formulated
2. Health plans considering SCTA recommendations for reimbursement contracts and policies



In response to provisions of S. 1035, SC Telemedicine Act of 2016, SCTA provided guidance to the SC Board of Medical Examiners on prescribing practices for treatment of child ADHD patients in the school-based telehealth setting.

These recommendations were accepted by the SC Board of Medical Examiners and will be disseminated accordingly to all strategic partners and those program personnel impacted. Additional guidance will be provided to the Board upon request. A copy of the letter can be found in **Appendix C**.

SCTA will reconvene the Provider-Payer Reimbursement meetings on February 28, 2017 at the SC Hospital Association. SCTA's **Telehealth Insurance Coverage Policy Recommendations**, which was the resulting product of the Payer Retreat held in May 2016 and were open to public comment from all consumer groups, payers, healthcare organizational leadership, and providers across the state, will be the foundation of discussion at the meeting in February on which to advance telehealth policy. More details about this meeting will be shared soon. Proposed Provider-Payer Reimbursement meeting agenda can be found in **Appendix D**.

New Telehealth Sites (October-December 2016)

Site	Program	County
Manchester Elementary	School-based Telehealth	Sumter
F.J. Delaine Elementary	School-based Telehealth	Sumter
Burns Elementary	School-based Telehealth	Charleston
Chicora Elementary	School-based Telehealth	Charleston
Hunley Park	School-based Telehealth	Charleston
Goodwin Elementary	School-based Telehealth	Charleston
Mitchell Elementary	School-based Telehealth	Charleston
Affinity Health Center (5 practice locations)	Outpatient Telehealth	York County
Emmanuel Family Clinic	Outpatient Telehealth	Saluda
Inlet Pediatrics	Outpatient Telehealth	Georgetown
Volunteers in Medicine Clinic	Outpatient Telehealth	Beaufort
TriCounty Pediatrics	Outpatient Telehealth	York County
Roper Hospital	Telestroke	Charleston
Bon Secours St. Francis	Telestroke	Charleston
Roper St. Francis Mt. Pleasant	Telestroke	Charleston
Roper Hospital – Berkeley	Telestroke	Berkeley
Roper Hospital – Northwoods	Telestroke	Charleston

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

10 ED Psychiatrists actively consulting (6.2 FTE) and 1 conducting Peer Review

Statewide EHR developed and implemented for Telepsychiatry Consultation Program

25 Hospitals under contract with 25 currently participating, (Dec./2016)

1 additional Hospitals reviewing contracts for potential participation

Over 31,700 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 follow up care (38 Vs. 13%)

5- Telepsychiatry Patients were more likely to receive 90 day follow up 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

Letter to SCTA Advisory Council: Prescribing for ADHD via telemedicine

December 16, 2016

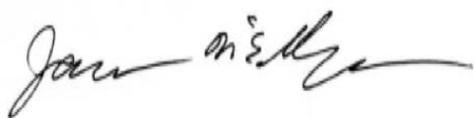
Dear SC Telehealth Alliance Partners,

After thorough review and in alignment with S. 1035, SC Telemedicine Act of 2016, The SC Board of Medical Examiners recently approved the prescribing of controlled substances via telemedicine in the school setting for the treatment of attention deficit hyperactivity disorder (ADHD). The clinical setting, in which the approval was granted, includes a video-based clinical assessment by an appropriately licensed practitioner for such prescribing aided by a trained telepresenter or school nurse who has specifically been trained in the use of telehealth equipment. The parent or guardian provides written consent prior to the evaluation and is to be present for all management visits or be reached by audio connection at a minimum.

Only medications approved by the US Food and Drug Administration to include stimulant medications such as methylphenidate based and amphetamine based medications (ie Ritalin, Concerta, Focalin, Adderall, Vyvanse) as well as non-stimulants such as Guanfacine, Clonidine and Atomoxetine are approved in this context. The approval for the prescription of narcotics or benzodiazepines via telemedicine was not requested in this context.

For additional information or inquiries please contact Kevin Wiley, Telehealth Alliance and Outreach Coordinator at wileykk@musc.edu or 843-792-2669.

Sincerely,



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

Telehealth Payer-Provider Forum Agenda
Tuesday, February 28, 2017
10:00 am – 1:00 pm
South Carolina Hospital Association

- Welcome/Purpose

Shawn Valenta, RRT, MHA
Director of Telehealth
MUSC Center for Telehealth

- State of telemedicine and telehealth reimbursements in SC

Kellie Mendoza, MHA, CHC, CPC
Corporate Compliance and Privacy Manager
MUSC Health

- Initial payer [recommendations](#)

Jimmy McElligott, MD, MSCR
Medical Director of Telehealth
MUSC Center for Telehealth
Co-chair, SC Telehealth Alliance

- Hear from the payers
 - a. Best practices for additional reimbursement opportunities
 - i. CPT codes/services
 - ii. Covered places of services (schools, homes, etc.)
 - iii. Covered provider types (registered dietitians, clinical psychologists, etc.)
- Continued engagement, next steps
 - a. Frequency
 - b. Mode

The Center for Telehealth began operations in November 2013. Below is an illustration of the allocation of funds as of December 31, 2016.

Figure 1. Allocation of Funds

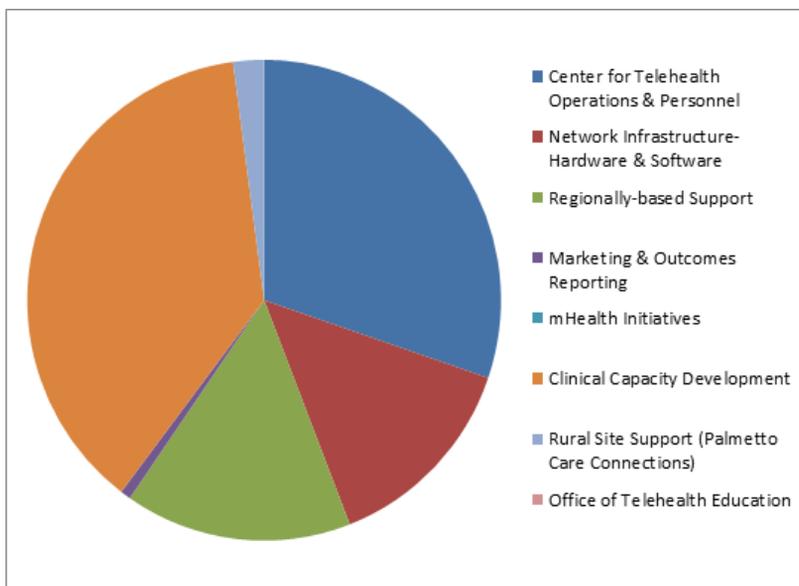


Figure 2. Actual Expenditures and Projected Budget

