

---

# SCTA Quarterly Report

## CY19 Quarter 4

Progress achieved on the 2019 SCTA Strategic Plan  
October - December 2019

---

# Executive Summary

In the fourth quarter of 2019 (CY19Q4), the South Carolina Telehealth Alliance (SCTA) not only executed the remaining tactics within its 2019 Strategic Plan, but also underwent an extensive strategic planning process to finalize the goals for the year ahead. At least 15 different stakeholder groups involving over 100 individuals convened over the course of CY19Q4 to develop and align on the tactics and milestones outlined in the **2020 SCTA Strategic Plan**. In addition to Strategic Planning, SCTA partners continued to advance their telehealth programs across the state, and telehealth infrastructure, education, and advocacy continued to strengthen thanks to the efforts of **MUSC Health, Palmetto Care Connections, SC AHEC, and SCETV**. These efforts culminated last quarter in another successful Telehealth Awareness Week, which included both in-person events and a robust social media campaign.

This report provides further details on these accomplishments from CY19Q4 and notes other progress made to meet the milestones outlined in the *2019 SCTA Strategic Plan*.

---

## 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.

# Driving Strategy 1

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

As indicated in the table below, the SCTA accomplished its key 2019 deliverables outlined for Strategy 1. The **Credentialing pilot program** outlined some positive, incremental steps to streamlining the credentialing process such as more institutions adopting credentialing by-proxy. It was ultimately decided by the group to not continue the centralized credentialing pilot, though the experience provided some important lessons learned and will ultimately inform how institutions credential moving forward. (1.3)

### 2020 Strategic Planning:

Looking forward to 2020, the **SCTA IT Workgroup** plans to continue to convene in the format of a user group. This will provide a space for telehealth technology champions to share challenges and successes implementing telehealth technology at and through their respective institutions. An additional SCTA goal was identified to implement a standard approach to optimizing cost efficiency with regards to SCTA equipment, and a core group of SCTA and IT leaders will convene to discuss how to approach equipment requests and maintenance in a standard, fiscally responsible manner.

A full outline of Strategy 1 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 1 - Milestones

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

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 1.1:</b> Effectively utilize the shared IT support request mechanism to ensure timely IT support for telehealth-related activities across the state.				
Assess sites for adequacy of telehealth-related IT support	March	IT Workgroup	Complete	
Designate SCTA member support for sites with gaps in telehealth-related IT support	June	IT Workgroup	Complete	
Establish training criteria for telehealth-related IT support	September	IT Workgroup	Transition	This deliverable will become a discussion item for the IT User Group set to convene throughout 2020
<b>Tactic 1.2:</b> Ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet the needs of SCTA partner organizations.				
Engage telehealth vendors to enable video endpoints to be accessible by open-access compatible video clients	March	IT Workgroup	Complete	
Provide interoperability report to Advisory Council	June	IT Workgroup	Complete	
Establish guidelines intended for IT personnel on best practices to be shared with SCTA leadership.	September	IT Workgroup	Complete	
<b>Tactic 1.3:</b> Evaluate long-term viability and utility of the pilot centralized credentialing program.				
Assess baseline satisfaction and utilization with spoke hospitals on current credentialing procedures. Complete data imports from MUSC into centralized ECHO database.	March	PCC	Complete	
Assess satisfaction and utilization of spokes utilizing centralized database. Provide interim report on utilization and satisfaction.	June	PCC	Complete	
Report on overall success of pilot and determine feasibility for expansion of program.	September	PCC	Complete	

# Driving Strategy 2

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

**Palmetto Care Connections (PCC)** continued to lead the SCTA's efforts to expand broadband access in rural communities, a foundational piece of telehealth expansion. With broadband access a high priority issue both state and nationwide, PCC, the **South Carolina Hospital Association (SCHA)**, and **SC Office of Rural Health (SCORH)** have continued to keep a finger on the pulse of latest policy developments. They have broadened their partnerships beyond healthcare, connecting with the **SC Department of Commerce, SC Department of Agriculture, SC Department of Education** and more to build an aligned effort for broadband expansion, as connectivity and broadband access becomes viewed as a social determinant of success, not limited solely to healthcare. **(2.1)**

## 2020 Strategic Planning

Strategy 2 of the *SCTA 2020 Strategic Plan* outlines the continued growth and support of these broadband initiatives. While in past years PCC has focused more on increasing connectivity for rural health care providers—something that will remain a key part of PCC's operations—additional attention moving forward will be centered on expanding access to citizens' homes. This will be an important step as Direct-to-Consumer telehealth programs continue to grow. In addition to its efforts with broadband access, PCC plans to expand upon its existing relationship with South Carolina's Federally Qualified Health Centers (FQHCs) and supporting the telehealth services they provide. The unique nature of billing and reimbursement of FQHCs can complicate the implementation and sustainability of telehealth programs, so PCC will partner with the **SC Primary Health Care Association (SCPHCA)** to convene FQHC telehealth champions on a regular basis to form a collaborative network of support in the development and growth of telehealth programs.

A full outline of Strategy 2 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 2 - Milestones

### Strategy 2: Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 2.1:</b> Grow the number of rural health care sites connected to the broadband required to participate in telehealth services.				
Identify opportunities to promote the value(s) of enhanced broadband in rural areas.	March	PCC	Ongoing	
In coordination with the SCTA Content Advisory Team, establish a promotional plan to increase awareness of the benefits of broadband for rural sites.	June	PCC	Ongoing	
Broadband promotional plan underway.	September	PCC	Ongoing	
<b>Tactic 2.2:</b> Support providers in rural & underserved areas with the technology & training needed to provide telehealth services. * See Tactics 1.1 (IT Workgroup) and 5.2 (Education Workgroup)				
<b>Tactic 2.3:</b> Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines.				
Facilitate a discussion through collaborative community engagement in the Bamberg, Barnwell, Hampton and Allendale region regarding the need and feasibility for regional telehealth access centers	March	PCC	Ongoing	
Identify the ideal locations for proposed regional telehealth access centers and clinical service partners.	June	PCC	Ongoing	
Establish a proposed plan for a regional access center implementation in the target area and report on feasibility of plan.	September	PCC	Ongoing – PCC continues to explore feasibility of a regional access center and this tactic has been incorporated into PCC's operations	

# Driving Strategy 3

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

Led by the three SCTA regional hub health systems and other SCTA partners across the state, all the deliverables outlined in the 2019 Strategic Plan were successfully achieved. Highlights from this service development can be found in past quarterly reports.

### 2020 Strategic Planning

For 2020, the tactics and sub-tactics for Strategy 3 are structured similarly to last year, with four key focus areas for building and scaling adult and pediatric telehealth services:

1. Supporting community hospitals with specialty and subspecialty services
2. Supporting primary and ambulatory care providers with efficient access to specialty care
3. Extending care to population-based settings (e.g. schools, correctional facilities, long-term care facilities)
4. Implementing and evaluating direct-to-consumer services

Much of the work in 2020 under Strategy 3 will build on that of the previous years, with SCTA partners working to launch, stabilize, and expand their respective telehealth programming in the four focus areas. Some milestones have been shifted slightly toward each partner reporting program progress quarterly, instead of focusing on defined shared milestones. The process of quarterly programmatic updates will also help the SCTA to facilitate connections between programs for best-practice sharing and troubleshooting of challenges as programs expand and grow.

A full outline of Strategy 3 can be found in the attached *SCTA 2020 Strategic Plan* (**Appendix A**).

## 2019 SCTA Strategy 3 - Milestones

### Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 3.1:</b> Support community hospitals with the availability of specialty and subspecialty services.				
<b>Subtactic 3.1.A:</b> Optimize the use of telehealth services by hospitals (2019 focus – telestroke)				
Identify service improvement needs and metrics for statewide acute stroke care.	March	MUSC Health	Transitioned	Addressing service improvement needs and coordinating collection of statewide metrics is an ongoing discussion within the Telestroke Workgroup which meets quarterly
Formulate a plan to address service improvement needs and collection of statewide metrics.	June	MUSC Health		
Communicate plan to SCHA members.	September	MUSC Health		
<b>Subtactic 3.1.B:</b> Grow and optimize pediatric telehealth services.				
Each SC children's hospital will identify and prioritize pediatric telehealth services to develop or grow. All current service lines reporting quarterly utilization.	March	Children's Telehealth Collaborative	Transitioned	While some programs began implementation this quarter, others will be implemented throughout 2020 and will be captured in next year's quarterly reports.
Clinical and operational workflows drafted.	June	Children's Telehealth Collaborative		
Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).	September	Children's Telehealth Collaborative		
<b>Subtactic 3.1.C:</b> Increase adult inpatient telehealth services that meet the needs of the respective region.				
Report out baseline utilization metrics for all inpatient telehealth services by site on quarterly basis.	March	Prisma Health, McLeod Health, MUSC Health	Ongoing	
Use data to inform further program growth and optimization.	June	Prisma Health, McLeod Health, MUSC Health		

# Driving Strategy 3

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

## 2019 SCTA Strategy 3 - Milestones

### Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.

Milestones	Timeline	Champion	Status	Notes
<b>Subtactic 3.1.D:</b> Expand access to critical care intensivists and explore possibilities for a statewide critical care network, complemented by tele-ICU.				
Identify key critical care quality metrics and service needs for South Carolina hospitals.	March	MUSC Health	Complete	Leveraging telehealth to address SC's critical care needs is ongoing.
Formulate a plan to further address the state's critical care quality needs, complemented by tele-ICU.	June	MUSC Health		
Communicate that plan to SCHA members and other key stakeholders.	September	MUSC Health		
<b>Tactic 3.2:</b> Support primary and ambulatory care providers with efficient access to specialty care.				
<b>Subtactic 3.2.A:</b> Optimize telehealth services to better support primary care providers and improve efficiency of the referral process.				
Assess what telehealth modalities and programs have the greatest potential to improve primary care service provision and best practices for implementation.	June	MUSC Health	Ongoing	
Report out findings of assessment and begin development of telehealth value toolkit for primary care practices.	September	MUSC Health	Complete	
<b>Subtactic 3.2.B:</b> With diabetic RPM as use case, identify best practices and pathway towards sustainable service for a primary care clinic partnered with a telehealth hub service provider				
Review current processes and finances for service.	March	MUSC Health	Complete	
Under optimized model, propose financial structure for a service delivery partnership.	June	MUSC Health	Transitioned	MUSC is piloting the use of the new CMS codes in one of its primary care programs.
Establish guidelines for dissemination on best service and business practices for RPM in a partnership model	September	MUSC Health		Developing a sustainable model for RPM remains a priority and will be a goal for 2020
<b>Subtactic 3.2.C:</b> Expand and grow regional telehealth access points for the equitable delivery of specialty care.				
Begin reporting quarterly utilization of services at regional telehealth access clinics and identify any barriers toward continued growth.	March	MUSC Health	Complete	
Work with SCTA partners to identify potential regions in which to develop additional regional telehealth access points and assess feasibility	June	MUSC Health	Complete	
Report findings and begin implementation process for additional clinics where appropriate.	September	MUSC Health	Complete	
<b>Subtactic 3.2.D:</b> Through enhanced collaboration, optimize the telementoring and Project ECHO models in the state that enable primary care and other practice settings to co-manage complex medical cases with the assistance of a multidisciplinary specialist team.				
Implement coordinated marketing efforts for state telementoring programs. Workgroup to begin meeting on a quarterly basis.	March	Telementoring Workgroup	Complete	
Identify common outcome metrics across programs. Begin reporting metrics on quarterly basis.	June	Telementoring Workgroup	Complete	
Research and report out potential payment opportunities for telementoring / ECHO programs.	September	Telementoring Workgroup	Ongoing	The Telementoring Workgroup has discussed various payment models. Continued conversations will take place in 2020

# Driving Strategy 3

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

## 2019 SCTA Strategy 3 - Milestones

### Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.

**Tactic 3.3:** Extend care to population-based settings to improve access to convenient, cost-effective health care.

**Subtactic 3.3.A:** Increase access to medically-underserved children by increasing the utilization of school-based telehealth.

Begin reporting utilization by school on quarterly basis.	March	MUSC Health, Prisma Health	Complete
Formulate plan to increase utilization across school districts.	June	MUSC Health, Prisma Health	Complete
Implement plan in upcoming school year.	September	MUSC Health, Prisma Health	Complete

**Subtactic 3.3.B:** Implement telehealth services to correctional, post-acute, and long-term care facilities to decrease the costs of avoidable readmissions and transfers.

Begin reporting utilization by site.	March	MUSC Health, Prisma Health	Transitioned	These programs are still in the implementation phase, not yet ready for reporting; this has been incorporated in 2020 planning
Use data to inform growth and further optimization.	June	MUSC Health, Prisma Health		

**Subtactic 3.3.C:** Expand access to child abuse pediatric care within the network of Children's Advocacy Centers (CACs).

Identify region(s) to pilot a telehealth child abuse pediatric (TeleCAP) program.	March	Children's Telehealth Collaborative	Complete	
Establish clinical and operational workflows. Identify and acquire appropriate telehealth technology for program.	June	Children's Telehealth Collaborative	Complete	
Implement pilot TeleCAP program.	September	Children's Telehealth Collaborative	Transitioned	Program will launch in Q1 2020 and has been incorporated into 2020 planning

**Tactic 3.4:** Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).

**Subtactic 3.4.A:** Increase the adoption and utilization of direct-to-patient urgent and primary care services.

Report CY2018 data from identified access, experience, and quality key performance indicators. Identify data and other information needed to build educational content that effectively addresses the largest barriers to DTC adoption among (a) patients, (b) providers/health system, (c) legislature, and (d) payers.	March	Prisma Health	Complete
Consolidate data and information, and work closely with the Content Advisory Team to develop key messaging and communication plan for each targeted stakeholder group.	June	Prisma Health	Complete
Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.	September	Prisma Health	Complete

**Subtactic 3.4.B:** Develop an approach to expand access to care for medically complex children.

Each children's hospital will identify a telehealth service to support medically complex children in the home or other convenient location.	March	Children's Telehealth Collaborative	Complete	
Clinical and operational champions identified and workflows drafted.	June	Children's Telehealth Collaborative	Complete	
Implement the pilot service for medically complex children.	September	Children's Telehealth Collaborative	Transitioned	Programs will be piloted in 2020 and will be reflected in the 2020 plan

# Driving Strategy 4

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

In CY19Q4 the **SC Department of Mental Health (SCDMH)** and collaborating partners successfully met their outlined objectives for 2019. Specifically of note, SCDMH's Telemental Health Programs, which include telepsychiatry and telemental health interventions, have provided a combined total of more than 130,000 services since the programs' inception, and now provide almost 3,000 telemental health services per month. Additionally, in FY2019 both the SCDMH Emergency Department Telepsychiatry Program and the Community Telepsychiatry Program experienced significant increases in service utilization from the year prior, 26% and 15%, respectively. **(4.1.A, 4.1.B)**

In addition to continued program growth in 2019, SCDMH also focused on recruitment and growth of its Telemental Health workforce. SCDMH reports that its ED Telepsychiatry program is now fully staffed and seeing a significant decrease in patient wait times. Within its Community Telepsychiatry program, recruitment efforts have also been very successful, with a 22% increase in telepsychiatrists since CY2018. **(4.3)**

### 2020 Strategic Planning

Throughout CY19Q4, SCDMH and collaborating partners providing telemental health services reviewed and closed out their 2019 milestones and looked ahead to focus areas for 2020. This effort included convening various stakeholders from **SCDMH, DAODAS, PH-USC, MUSC Health, and PCC** to align on a streamlined format for deliverable reporting, similar to what was described in Strategy 3. Looking forward to CY2020, SCDMH and collaborating partners will continue to provide and strengthen essential telemental services throughout South Carolina across multiple care settings such as hospitals, primary care, schools, correctional facilities, county alcohol and drug abuse authorities, and more.

A full outline of Strategy 4 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 4 - Milestones

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

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 4.1:</b> Support rural hospitals with the availability of mental health and related clinical services and programs.				
<b>Subtactic 4.1.A:</b> Increase the number of rural hospitals with access to mental health and related clinical services and programs				
Establish priority list and IT readiness evaluation of rural hospitals for implementation of clinical services and programs.	March	SCDMH	Ongoing	This implementation process is ongoing as opposed to focused milestones due to ongoing demand.
Secure required equipment and associated infrastructure in order to implement selected clinical services and programs	June	SCDMH		
Activate select cohort of rural hospitals from established priority list and IT readiness evaluation.	September	SCDMH		
<b>Subtactic 4.1.B:</b> Extend organizational partnerships that support crisis intervention.				
Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services.	March	SCDMH	Transitioned	While SCDMH has a strategic focus on crisis prevention, intervention, and stabilization, these initiatives are not directly supported by SCTA funds.  Subsequently, SCTA quarterly reports will include updates on the EMS Telehealth Pilot Project, not the statewide crisis intervention efforts.
Establish regional crisis intervention services across 50% of the State.	June	SCDMH		
Establish statewide coverage of crisis intervention services. Establish evaluation metrics to determine impact of crisis intervention services.	September	SCDMH		
<b>Tactic 4.2:</b> Support primary care and related care providers with integrated or aligned access to mental health and related clinical services and programs.				
<b>Subtactic 4.2.A:</b> Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs.				
Establish priority list and IT readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.	March	SCDMH	Ongoing	This implementation process is ongoing as opposed to focused milestones due to ongoing demand.
Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.	June	SCDMH		
Activate select cohort of primary care and related-care providers from established priority list and IT readiness evaluation.	September	SCDMH		

# Driving Strategy 4

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

## 2019 SCTA Strategy 4 - Milestones

Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to care				
Milestones	Timeline	Champion	Status	Notes
<b>Tactic 4.3:</b> Establish telepsychiatry as recruitment tool for providers.				
Continue marketing initiative to use telepsychiatry as recruitment tool for telehealth clinical service providers.	March	SCDMH	Ongoing	
Demonstrate initial evidence of a stratified roster of telehealth clinical service providers.	June	SCDMH		
Demonstrate evidence of a change in the service delivery structure to reflect efficient use of telehealth clinical service provider types.	September	SCDMH		
<b>Tactic 4.4:</b> Develop a best practice for medical information sharing across disparate medical service delivery organizations.				
Select a software solution to mitigate the challenge of medical information sharing.	March	SCDMH	Complete	
Configure a software solution to effect real-time information sharing across business-associated healthcare entities.	June	SCDMH	Complete	
Implement a software solution to effect real-time information sharing across business-associated healthcare entities.	September	SCDMH	Complete	
<b>Tactic 4.5:</b> Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.				
<b>Tactic 4.5.A:</b> Identify the various statewide telehealth programs that address mental health and related clinical services and programs and determine potential opportunities for alignment.				
Work with complimentary healthcare service providers to develop a comprehensive telehealth program that coordinates mental health and primary health care to be deployed to appropriate recipient organizations.	March	SCDMH	Complete	
Demonstrate initial outcomes of mental health and primary health comprehensive program development in at least one extended service site.	June	SCDMH	Complete	
Demonstrate outcomes of mental health and primary health comprehensive program development in at least one extended service site and expand service availability as appropriate.	September	SCDMH	Complete	
<b>Subtactic 4.5.B:</b> Explore the implementation of mental health and related clinical services and programs in extended service areas.				
Identify additional opportunities for implementation of mental health and related clinical services via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).	March	SCDMH	Complete	
Demonstrate outcomes of implementation of mental health and related clinical services via telehealth in a specific extended service area; specifically, as a component of the SCDMH School Mental Health Program.	September	SCDMH	Transitioned	Further discussions and evaluation pending to determine feasibility and strategic emphasis
<b>Tactic 4.6:</b> Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medication assisted treatment (MAT).				
<b>Subtactic 4.6.A:</b> Coordinate efforts to expand MAT access throughout South Carolina via telehealth.				
Establish committee structure that facilitates regular communication and coordination of tele-MAT expansion efforts. Establish clearly defined roles for stakeholders involved in expansion efforts.	March	DAODAS, County Authorities, MUSC Health	Complete	
Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).	June	DAODAS, County Authorities, MUSC Health	Complete	
Work collaboratively with other workgroups (i.e. Education, Content Advisory Team, or Sustainability Workgroup) to address the key issues identified.	September	DAODAS, County Authorities, MUSC Health	Ongoing	
<b>Subtactic 4.6.B:</b> Evaluate current MAT telehealth expansion efforts.				
Identify an approach to evaluate the different models for tele-MAT active in SC. Work with Education Workgroup to assess tele-MAT implementation barriers within the County Authorities.	March	MUSC Health (SC MAT ACCESS)	Complete	
Begin data collection and evaluation efforts of different tele-MAT provider models. Receive a report from Education Workgroup on identified barriers and educational needs within the County Authorities.	June	MUSC Health (SC MAT ACCESS)	Complete	
Develop a report based on evaluation of tele-MAT models.	September	MUSC Health (SC MAT ACCESS)	Complete	
<b>Subtactic 4.6.C:</b> Identify other telehealth opportunities to increase efficiency and enhance continuity of care for South Carolinians with substance use disorders.				
Identify providers, service line, and location for piloting a new telehealth service (e.g. telehealth within Morris Village).	March	SCDMH, DAODAS	Transitioned	This has been incorporated into 2020 planning
Establish clinical and operational workflows and training.	June	SCDMH, DAODAS		
Implement pilot of telehealth service(s).	September	SCDMH, DAODAS		

# Driving Strategy 5

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

The **Education workgroup** was successful in completing its 2019 deliverables outlined in Strategy 5. **SC AHEC** created and launched four Telehealth Modules in 2019 that were promoted by SCTA partners across the state. Additionally, PCC held six **Webinar Wednesdays** during the year on topics including but not limited to telehealth billing and reimbursement, federal telehealth policy, and successful telehealth implementation guidelines. During the **2019 Telehealth Awareness Week (TAW)**, PCC hosted its annual **Regional Telehealth Symposium** in Florence, SC, which drew a total of 67 attendees from the Pee Dee region as well as across the state.

## 2020 Strategic Planning

Led by PCC and SC AHEC, the Education workgroup also underwent a strategic planning process to align on milestones for the coming year. Looking forward to 2020, a focus will be to review the existing library of telehealth educational material to ensure content is organized intuitively, remains up to date with current policy and practice, and is suitable for a statewide audience. The group will also continue to promote and disseminate telehealth educational resources developed for both health professionals and health profession students, as well as develop new training and education based on identified needs.

A full outline of Strategy 5 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 5 - Milestones

### Strategy 5: Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth.

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 5.1:</b> Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.				
Establish lines of communication/collaborative partnership with the Content Advisory Team & SCETV in order to produce educational videos that address Telehealth Core Competencies	March	AHEC	Complete	
Develop additional educational resources/videos for integration of telehealth in health professions curricula based on Telehealth Core Competencies (including Tele-presenter training for health profession students)	June	AHEC	Complete	
Publish/promote catalog of telehealth educational resources available categorized by core competency	September	AHEC	Complete	
<b>Tactic 5.2:</b> Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state.				
Launch reimbursement billing online training program for healthcare workers. Continue to distribute survey among other provider settings (e.g. small and rural hospitals working with the SCHA or the 301 behavioral health centers).	March	PCC	Complete	
Develop training modules and resources such as Tele-Presenter online certification, telehealth coordinator, and broadband access based on needs assessment from practices serving rural/underserved patients	June	PCC	Ongoing	4 modules live, additional modules and resources to be created based on need and identified future topics
Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019	September	PCC	Complete	

# Driving Strategy 6

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

The SCTA continues to build and improve upon its organizational structure to facilitate an inclusive and collaborative culture in the midst of continuous growth in telehealth programming. A prime example of the organizational structure and statewide collaboration of the SCTA is embodied in the annual Strategic Planning process. Throughout CY19Q4 at least 15 different groups, both SCTA workgroups and other tactic champions, convened to discuss and outline the tactics and deliverables for the 2020 Strategic Plan. The process culminated in a year-end retreat with the SCTA Advisory Council to review and endorse the plans for the upcoming year. **(6.1)**

## 2020 Strategic Planning

Looking forward to 2020, SCTA leadership will continue to build a foundation that encourages and facilitates statewide collaboration in the expansion of telehealth services and infrastructure. In order to gauge perception of inclusivity and obtain feedback, the SCTA Advisory Council Co-Chairs plan to develop a survey that will be distributed to SCTA partners and stakeholders. Findings from the survey will be used to understand SCTA partner perceptions and needs, and to identify opportunities for increased engagement. Additionally, a key component of the organizational structure of the SCTA is its capacity to organize and maintain a comprehensive catalog of telehealth programs and services in the state. In 2020, the SCTA plans to optimize the Salesforce tool to become an inclusive catalog of services and endpoints in South Carolina. This optimization will help facilitate data collection and provide a more precise and accurate view of the breadth of telehealth across the state for both SCTA leadership and partner organizations, as telehealth services grow and new partnerships emerge.

A full outline of Strategy 6 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 6 - Milestones

**Strategy 6: Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research.**

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 6.1:</b> Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.				
Optimize stakeholder webinars and meetings	March	SCTA Advisory Council Co-Chairs	Ongoing	
Organize work-group structure for maximum SCTA participant benefit	June	SCTA Advisory Council Co-Chairs		
Maximize inclusion in annual strategy planning	September	SCTA Advisory Council Co-Chairs		
<b>Tactic 6.2:</b> Establish unified opinions and priorities on policies and/or regulations and pursue these priorities when possible and appropriate.				
Identify potential priorities or issues to address.	March	SCTA Advisory Council Co-Chairs	Ongoing	
Develop SCTA priority or issue statements as needed.	June	SCTA Advisory Council Co-Chairs		
Meet with appropriate stakeholders and decision-makers to advance SCTA objectives on identified issues.	September	SCTA Advisory Council Co-Chairs		

# Driving Strategy 7

Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

Led by the **MUSC Center of Excellence (COE)** and **USC Outcomes Team**, this strategy focuses on **developing more robust outcome measurement and analysis** across the various SCTA service lines. In 2019, USC analyzed the hub direct-to-consumer virtual urgent care programs and the MUSC COE published multiple peer reviewed articles on telestroke, school-based telehealth, tele-MAT, and telehealth education. **(7.1)**

## 2020 Strategic Planning

Focus for 2020 will continue to be on rigorous telehealth outcomes research, with an emphasis on peer review publication. Additionally, 2019 was the first year the SC Clinical and Translational Research Institute (SCTR) administered the **SCTA Research Pilot Grants**. Building on the successes of 2019, in 2020 the SCTA will again partner with SCTR for the administration of these pilots and will also report on the progress of the 2019 grantees.

A full outline of Strategy 7 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 7 - Milestones

### Strategy 7: Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 7.1: Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions</b>				
USC and COE each to begin collecting data for at least one in-depth analysis on a telehealth service line (e.g. asynchronous DTC virtual care, telestroke cost-effectiveness).	March	USC School of Medicine; MUSC Center of Excellence	Complete	
Conduct analysis and report out findings to advisory council. Identify additional service lines for outcomes analysis.	June	USC School of Medicine; MUSC Center of Excellence	Complete	
Begin collecting data for additional program analyses.	September	USC School of Medicine; MUSC Center of Excellence	Complete	
<b>Tactic 7.2: Foster telehealth research across the state through telehealth-oriented research support and pilot funding.</b>				
Begin transitioning the SCTA telehealth pilot grants over to SCTR for ongoing administration. Ensure SCTA participation in the advertising and review process.	March	MUSC Health	Complete	
Work closely with SCTR leadership to develop a coordinated method for responding to telehealth-related research requests	June	MUSC Health	Complete	
Assess SCTA collaboration with SCTR to determine if any changes are needed for the ongoing partnership.	September	MUSC Health	Complete	

# Driving Strategy 8

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

This past quarter, organizations from across the SCTA participated in the third annual **Telehealth Awareness Week (TAW)**, which was held October 21 - 25. This annual observance showcases the telehealth programs and services available throughout South Carolina communities in an effort to educate the public on the benefits of telehealth. In addition to an extensive social media campaign, **Palmetto Care Connections (PCC)** hosted its annual **Telehealth Regional Symposium** in Florence, SC and **MUSC Health** held an in-person event at its **Tidelands Health** regional telehealth clinic to highlight how telehealth services are extending specialty care to the region. Additionally, **SCETV** conducted a public awareness survey across its social media and newsletter distribution channels. Those surveyed indicated impressively high telehealth awareness. Although these results are likely biased toward the attitudes of those already engaged with telehealth given the survey methods, they indicate that those engaged with SCTA promotional efforts are well educated and informed. Continued work will occur in upcoming years to ensure promotional efforts continue to expand to the broader SC population. **(8.1)**

In CY19Q4, the **Sustainability Workgroup** convened to close out *2019 Strategic Plan* deliverables, and also established the group's focus for the coming year, as outlined in the *SCTA 2020 Strategic Plan*. Looking forward the group will create an engagement strategy that SCTA partners can leverage in their respective organizations for an aligned SCTA telehealth advocacy approach. **(8.2)**

A full outline of Strategy 8 can be found in the attached *SCTA 2020 Strategic Plan (Appendix A)*.

## 2019 SCTA Strategy 8 - Milestones

### Strategy 8: Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability

Milestones	Timeline	Champion	Status	Notes
<b>Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.</b>				
Update the SCTA marketing plan to include cross 'partner' promotional planning, as well as TAW planning	March	SCETV	Complete	
Implementation of cross-promotional marketing in place and documented in the SCTA marketing plan	June	SCETV	Complete	
Complete online TAW marketing toolkit	September	SCETV	Complete	
Complete annual public awareness survey and report 2018 and 2019 data to advisory council	December	SCETV	Complete	
<b>Tactic 8.2: Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.</b>				
Develop 2019 payer priorities, aligned with SCHA goals, and an on-going payer progress report from the 2018 payer scorecard. Publish online and create a presentation for any SCTA provider partner to use.	March	MUSC Health	Complete	
Equipped with the above 'tools,' encourage SCTA partners to host their own meetings with payers to identify telehealth services that match SCTA priorities, and provide solutions to high cost drivers for payers.	June	MUSC Health	Ongoing	
Work with the education workgroup to publish coverage changes (new codes, etc.) guidelines online and promote this content to telehealth providers and billing and contracting staff. Example: Additional RPM codes	September	MUSC Health	Ongoing	
Publish State of Telehealth in South Carolina that highlights benefits of our unique provider/payer collaborations and any coverage progress made due to these collaborations.	December	MUSC Health	Transitioned - This deliverable will become the 2020 Engagement Strategy and will be shared with the SCTA partners to engage leadership and stakeholders at their respective institutions	

Appendix A:  
*2020 SCTA Strategic Plan*

**South Carolina Telehealth Alliance (SCTA)  
2020 Strategic Plan**

**For inquiries contact:**

Sonya Frankowski

South Carolina Telehealth Alliance Coordinator

Email: [sonya@sctelehealth.org](mailto:sonya@sctelehealth.org)

Telephone: (843) 792-7607

### **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.

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

**5-Year Ideal Status for Strategy:** In 5 years, the SCTA telehealth network will consist of hundreds of endpoints supported regionally, with 24/7 backup support. For programs in which it's appropriate, all endpoints will be discoverable for dialing through with a neighborhood or single call registry and directory service. Technologies will allow a common approach to workflows, facilitating ease of use on the clinical team at all endpoints.

**Collaborative Outcome(s):**

	Short Term	Medium Term	Long Term
A widely disseminated and robustly supported open-access technical telehealth network	# of sites with designated IT support	Open access network use (multiple institutions connected through endpoints)	Technical support and network reliability satisfaction measures

**Tactic 1.1:** Convene IT workgroup on a regular basis with standing agenda for ongoing updates, best practice sharing, shared problem solving and identification of any future opportunities for continuous improvement.

- **Champion:** Michael Haschker & Matt Hiatt
- **Planning Members:** IT Workgroup
- **Quarterly Milestones:**
  - **March 2020:** Create standard agenda, determine meeting frequency, and begin holding meetings.
  - **June 2020:** Meeting are being held, assess efficacy and adjust format, agenda, attendees if necessary.
  - **September 2020:** Identify any topics or issues to be addressed in the next year's strategic plan.

**Tactic 1.2:** Develop and implement a standard approach to optimizing cost efficiency for SCTA equipment.

- **Champion:** MUSC Health
- **Planning Members:** PCC
- **Quarterly Milestones:**
  - **March 2020:** Review and analyze equipment maintenance costs for SCTA-supported sites.
  - **June 2020:** Create standard approach to equipment maintenance costs at SCTA supported sites.
  - **September 2020:** Communicate and implement maintenance cost coverage policy.

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

<b>IT Workgroup Roster</b>	<b>Champion:</b> Michael Haschker (MUSC), Matt Hiatt (PCC) <b>Members:</b> Rick Byers (Prisma), Michael Chapin (Prisma), Marvin Reece (Prisma), Jon Lohr (Beaufort Memorial), Christal Jones (DMH), Webb McCall (McLeod), Cole Naus (Tidelands), Kapil Madathil (Clemson), Gary Herrington (CareSouth), David McSwain (CTC/MUSC), Daniel Leonard (Prisma)
----------------------------	--

<b>Strategy 2:</b>	<b>Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.</b>
--------------------	---

**5-Year Ideal Status for Strategy:** Sites of service located in rural and underserved areas have the technology, training, and wrap-around services to implement, promote, and advance the telehealth components that would most benefit their local communities. The SCTA has developed an effective model for using telehealth to support disease management across the care continuum in rural communities, which can be replicated in other communities.

**Collaborative Outcome(s):**

Tactic	Short Term	Medium Term	Long Term
Grow the number of rural health care sites and households connected to the adequate connectivity required to participate in telehealth services	Number of rural sites with subsidized broadband  Percentage of state covered with residential connectivity	Total broadband increased for rural sites (before and after subsidized line installed)	TBD
Increase telehealth services per capita in rural areas	Number of rural practices/sites that are utilizing telehealth services	Number of health care encounters in rural areas that are delivered virtually	Evidence of telehealth providing clinical & financial benefits to rural areas

**Tactic 2.1:** Establish a mechanism for assessing and addressing community connectivity needs for receiving home-based telehealth services.

- **Champion:** PCC
- **Planning Members:** SCORH, SCHA
- **Quarterly Milestones:**
  - **March 2020:** Conduct assessment and mapping of connectivity needs and share maps and findings with SCTA partners.
  - **June 2020:** Identify necessary connectivity speeds for key service lines (e.g. electronic consent at home for school-based health; diabetic RPM; video visits to the home) and assess community-level connectivity gaps for these key services.
  - **September 2020:** Identify potential interventions to address outlined needs and report to council.

**Tactic 2.2:** Engage Federally Qualified Health Centers (FQHCs) to optimize telehealth activities.

- **Champion:** SCPHCA, PCC
- **Planning Members:** FQHCs (Little River, CareSouth Carolina, BJH Comp), SCTA

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

- **Quarterly Milestones:**
  - **March 2020:** PCC, SCPHCA and SCTA begin planning process to define attendees, scope, and goals of user group.
  - **June 2020:** Convene FQHC user group for best practice sharing and collaborative problem solving to address issues and barriers to telehealth service deployment and optimization.
  - **September 2020:** Identify any topics or issues to be brought forward for next year's strategic plan.

**Tactic 2.3:** Work in concert with SCTA partners and healthcare providers (Strategy 3, Strategy 4) to ensure a rural focus in developing and deploying new telehealth services.

- Champion: PCC
- Planning Members: SCTA Partners
- Specific Strategies: 3.2.C, 3.3.A, 4.1.A, 4.2.A, 4.3, 4.4, 4.5.A, 4.5.B

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

**Strategy 3:** Build and scale telehealth clinical services and programs that expand access to care.

**5-Year Ideal Status for Strategy:** In 5 years, multiple SC institutions will be delivering coordinated telehealth services over compatible technology. Regardless of geographical location, South Carolinians will have equitable access to quality health care. SC providers will collaborate together to elevate the quality, efficiency, and effectiveness of the SC healthcare delivery system.

**Collaborative Outcomes for Strategy:**

Tactic	Short Term	Medium Term	Long Term
Support community hospitals with the availability of specialty and subspecialty services	Total # of telehealth interactions by service line and by connected hospital	Demonstrated evidence that telehealth services are improving quality metrics  All state hospitals are at least “stroke ready”	Demonstrated evidence that telehealth services are improving financial metrics
Support primary and ambulatory care providers with efficient access to specialty care	Total # of telehealth interactions by site	Percentage of SC counties with primary care or ambulatory offices accessing specialty care via tele	Proportion of care delivered by specialty guided best practices in underserved regions
Extend care to population-based settings to improve access to convenient, cost-effective healthcare	Total # of telehealth interactions for SNFs, schools, and correctional facilities.	Percentage of SC counties with a population-based setting (schools, SNFs, correctional facilities) having access to specialty care via tele	Health impacts demonstrated in the populations within these settings
Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient)	Total # of telehealth interactions	Total # of interactions for chronic disease conditions  Total # of interactions to Medicaid and	Health impact on high risk chronic disease conditions  Demonstrate reduction in disparities in access to care in underserved populations

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

		underserved populations	
--	--	----------------------------	--

**Tactic 3.1:** Support community hospitals with the availability of specialty and subspecialty services.

- **Subtactic 3.1.A:** Optimize stroke care in South Carolina via telehealth.
- **Champion:** MUSC Health
- **Planning Members:** SCHA, Prisma Health, McLeod Health
- **Quarterly Milestones:**
  - **March 2020:** Convene Telestroke workgroup, create standing agenda, and launch Telestroke Newsletter.
  - **June 2020:** Launch educational webinar in coordination with SC AHEC. Identify opportunities to engage connecting sites in stroke strategy.
  - **September 2020:** Identify any opportunities for continuous improvement and bring forward for 2021 strategic planning.

**Subtactic 3.1.B:** Grow and optimize pediatric telehealth services.

- **Collaborating Partners:** Children’s Telehealth Collaborative (CTC), Prisma Health, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **MUSC Health:** PICU Program.
  - **Prisma Health:** Pediatric multispecialty inpatient and emergency consultation services.

**Subtactic 3.1.C:** Increase adult inpatient telehealth services that meet the needs of the respective region.

- **Collaborating Partners:** Prisma Health, McLeod Health, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Infectious disease, palliative, inpatient psychiatry, hospitalists, cardiology (focusing on Hampton Regional and MUSC Regional Hospitals).
  - **Prisma:** Infectious disease, inpatient psychiatry, neurology.
  - **McLeod:** Inpatient psychiatry, inpatient neurology, vascular, pulmonary.
  - **Spartanburg:** Cardiology and pulmonology consults at Union Medical Center.

**Subtactic 3.1.D:** Expand access to critical care intensivists via telehealth and disseminate evidence-based best practices through multidisciplinary education and quality improvement.

- **Collaborating Partners:** MUSC Health (Operations Center), AnMed Health, KershawHealth, Self Regional Healthcare, Prisma Health Tuomey Hospital, Carolina Pines Regional Medical

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

Center, MUSC Lancaster, RMC Orangeburg, Roper St. Francis Berkeley Hospital, Roper St. Francis Mt. Pleasant Hospital, Bon Secours St. Francis Hospital

- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Critical Care Network:** Onboarding new hospitals to tele-ICU. Explore opportunities for increased collaboration.

**Tactic 3.2:** Support primary and ambulatory care providers with efficient access to specialty care.

**Subtactic 3.2.A:** Optimize telehealth services to better support primary care providers and improve efficiency of the referral process.

- **Champion:** MUSC Health
- **Planning Members:** Rural health care providers (TBD)
- **Quarterly Milestones:**
  - **March 2020:** Identify rural health care providers to pilot new e-consult program and improve referral management process.
  - **June 2020:** Implement e-consult and referral management pilot program.
  - **September 2020:** Report out early utilization and initial findings of pilot program.

**Subtactic 3.2.B:** Expand and grow regional telehealth access points for the equitable delivery of specialty care.

- **Collaborating Partners:** MUSC, Prisma Health, McLeod, PCC, Clemson
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Regional clinics throughout South Carolina (e.g. Tidelands, Bluffton).
  - **Prisma Health:** Sumter and Orangeburg pediatric satellite clinics.
  - **PCC:** Focus on rural access points.
  - **McLeod:** Pulmonary sleep study follow up nutrition services.
  - **Clemson:** Joseph F. Sullivan Clinic (and associated mobile health clinic vans) & the Clemson-MUSC Healthy Me- Healthy SC Rural Health Initiative.

**Subtactic 3.2.C:** Through enhanced collaboration, optimize the telementoring and Project ECHO models in the state that enable primary care and other practice settings to co-manage complex medical cases with the assistance of a multidisciplinary specialist team.

- **Champion:** Telementoring Workgroup
- **Planning Members:** MUSC, PH-USC Medical Group, Prisma Health
- **Quarterly Milestones:**
  - **March 2020:** Continue to identify and implement opportunities for coordinated marketing and cross-promotion of state telementoring programs.
  - **June 2020:** Begin to explore feasibility for centralized SCTA telementoring model.
  - **September 2020:** Report findings from feasibility study to SCTA Advisory Council.

**Tactic 3.3:** Extend care to population-based settings to improve access to convenient, cost-effective healthcare.

**Subtactic 3.3.A:** Increase access to medically-underserved children by increasing the utilization of school-based telehealth.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod Health, Spartanburg Regional Health System, Little River, BJH Comp, CareSouth Carolina, PCC, CTC
- **Quarterly Milestones:**
  - **March 2020:** Identify current practices of enrollment in school-based telehealth programs and outline industry best practices.
  - **June 2020:** Assess current school-district infrastructure to support school-based telehealth programs.
  - **September 2020:** Report out/provide recommendations to state agencies based on collective experience to optimize integration of school-based telehealth programming into school-district infrastructure.

**Subtactic 3.3.B:** Implement telehealth services to correctional, post-acute, and long-term care facilities to decrease the costs of avoidable readmissions and transfers.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod, SCDMH
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Continuous Virtual Monitoring and specialty care in post-acute and long-term care facilities. Extending specialty care to correctional facilities.
  - **Prisma Health:** Post-Acute/Skilled Nursing Facility (SNF) Psych services, SC correctional facilities.
  - **McLeod:** Rural SNF primary/urgent care pilot.

**Subtactic 3.3.C:** Expand access to child abuse pediatric care within the network of Children’s Advocacy Centers (CACs).

- **Collaborating Partners:** Children’s Telehealth Collaborative, Dr. Olga Rosa (USC Med)
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **PH-USC Medical Group, Dr. Olga Rosa:** Tele-CAP (Child Abuse Program).

**Tactic 3.4:** Increase the adoption and utilization of direct-to-patient telehealth modalities.

**Subtactic 3.4.A:** Increase the adoption and utilization of health system-based direct-to-patient services.

- **Collaborating Partners:** MUSC Health, Prisma Health, McLeod
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Primary care/urgent care, mental health, post-op, specialty consults.
  - **Prisma Health:** Episodic/urgent and preventative healthcare.

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

- **McLeod Health:** Episodic/urgent care, post-op.
- **Spartanburg:** Home health & diabetes care telemonitoring and video visits, congestive heart failure rehabilitation, video lactation consultants.
- **Beaufort Memorial:** Urgent care, mental health, nutrition & dietetics, primary care.

**Subtactic 3.4.B:** Develop an approach to expand access to care for medically complex children.

- **Collaborating Partners:** Children’s Telehealth Collaborative (CTC), MUSC Health, Prisma Health, McLeod Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **Children’s Telehealth Collaborative:** Education, development, optimization, and evaluation support services across all programs.
  - **MUSC Health:** Pediatric direct-to-patient specialty services.
  - **Prisma Health:** Ferlauto clinic outreach for medically complex children, respiratory therapy.
  - **McLeod Health:** Speech pathology home telehealth services.

**Subtactic 3.4.C:** Increase adoption and utilization of Remote Patient Monitoring (RPM) technologies.

- **Collaborative Partners:** MUSC Health, Prisma Health, clinic partners
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **MUSC Health:** Diabetes, CHF, hypertension, Trauma Resilience & Recovery Program (TRRP).
  - **Prisma Health:** (acute and chronic) Diabetes, CHF, hypertension, Babyscripts, TRRP.

<b>Strategy 3 Workgroups</b>	<p><b>Regional Hub Working Group:</b> Amelia Bischoff (Prisma), Shawn Valenta (MUSC), Ashley Springs (McLeod), Jeff Miles (McLeod), Ryan Kruis (SCTA), Sonya Frankowski (SCTA)</p> <p><b>School-based Telehealth Workgroup:</b> Chris Moseley (McLeod), Ashley Springs (McLeod), Katie King (MUSC), Gaye Douglas (Pee Dee Mental Health), Jeri Andrews (CareSouth Carolina), Susie Woodward (SRHS), Allison Jackson (BJH Comp Health), Loretta Crowley (Prisma), Kimberly South (Prisma), Katie Schill (Prisma), Candace Chamberlain (Prisma), Kelly Hawsey (Prisma), Karen Driggers (Prisma), Carol Foil (SRHS), Valeria Williams, Sonya Frankowski (SCTA)</p> <p><b>Telementoring/Project ECHO Workgroup:</b> Divya Ahuja (Prisma), Kelly Barth (MUSC), Suzanne Lane (MUSC), Karen Hartwell (MUSC), Adrena Harrison (Prisma), Rachel Grater (MUSC), Donna Johnson (MUSC), Kelly Hawsey (Prisma), Karen Driggers (Prisma), Sonya Frankowski (SCTA)</p> <p><b>Children’s Telehealth Collaborative:</b> Carly Howard Draddy (Prisma), Robin LaCriox</p>
----------------------------------	--

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

	(Prisma), George Haddad (Prisma), Caughman Taylor (Prisma), Karen Driggers (Prisma), Bryan Gamble (Prisma), Kelly Hawsey (Prisma), Jeff Faust (Prisma), Ashley Springs (McLeod), Webb McCall (McLeod), Jeff Miles (McLeod), Hart Smith (McLeod), Carl Chelan (McLeod), Chris Moseley (McLeod), Brooke Yeager McSwain (CTC), David McSwain (MUSC), Maggie Cash (CTC), Andrew Atz (MUSC), Mark Scheuerer (MUSC), Ryan Kruis (SCTA), Sonya Frankowski (SCTA), Emily Sederstrom (MUSC)
--	--

**Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to quality care.**

**5 Year Ideal Status for Strategy:** In five years, the SCTA –under the leadership of SCDMH—will extensively increase access to mental health and related clinical services and programs via telehealth across South Carolina. Building on existing services and programs, the SCTA will identify and bridge service gaps and diversify the types of mental health and related clinical services and programs available to South Carolinians. Through its unified efforts, the SCTA will integrate and align the state’s efforts on telepsychiatry and mental health, emphasizing both (a) the continuum of care for mental health and related clinical services and programs and (b) care across the lifespan of a patient.

**Collaborative Outcomes for Strategy:**

Tactic	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Support community hospitals with the availability of mental health and related clinical services and programs	Total # of telehealth interactions by service line and by connected hospital	Demonstrated evidence that telehealth services are improving quality metrics	Demonstrated evidence that telehealth services are improving mental health continuum of care
Support primary care and related-care providers with efficient access to mental health and related clinical services and programs	Total # of telehealth interactions by service line and by primary care and related care entity	Demonstrated evidence that telehealth services are improving access to care at the point nearest to the patient	Demonstrated evidence that telehealth services are improving access to care beyond SCDMH-specific locations
Support additional SCDMH locations with the availability of telemental health services and programs	Total # of telehealth interactions by service line and by service delivery location	Demonstrated evidence that telehealth services are improving quality metrics	Demonstrated evidence that telehealth services are improving mental health continuum of care

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

Extend care to population-based and other non-traditional settings to improve access to mental health and related clinical services and programs	Total # of telehealth interactions by service line and by service delivery location	Demonstrated evidence that telehealth services are improving access to care at the point nearest to the patient	Demonstrated evidence that telehealth services are improving access to care beyond SCDMH-specific locations
--	---	---	---

**Tactic 4.1:** Support community hospitals with the availability of mental health and related clinical services and programs.

**Subtactic 4.1.A:** Increase the number of community hospitals with access to mental health and related clinical services and programs.

- **Collaborating Partners:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Emergency Department Telepsychiatry Program (EDTP).

**Subtactic 4.1.B:** Extend organizational partnerships that support crisis intervention.

- **Collaborating Partners:** SCDMH, SCHA, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Emergency Medical Services (EMS), law enforcement, first responders, and other community-ready crisis intervention service lines.

**Tactic 4.2:** Support primary care and related-care providers with efficient access to mental health and related clinical services and programs.

**Subtactic 4.2.A:** Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs.

- **Collaborating Partners:** PCC, SCDMH, MUSC Health, PHUSC Medical Group
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Continue to support primary care and related-care providers that have implemented telemental health clinical services and programs in

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

partnership with SCDMH. Activate telemental health clinical services and programs with other primary care and related-care providers as requested.

- **PHUSC:** Continue to support FQHC and rural partners with telepsychiatry services.

**Tactic 4.3:** Support additional SCDMH locations with the availability of telemental health services and programs.

**Subtactic 4.3.A:** Increase the number of additional SCDMH locations with access to telemental health services and programs.

- **Collaborating Partners:** SCDMH, DAODAS, county alcohol and drug abuse authorities (county authorities), PCC
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Nursing homes, SCDMH psychiatric hospitals, Community Crisis Response and Intervention (CCRI), Office of Transition Services, Care Coordination, and Morris Village.
  - **DAODAS:** Care transitions between Morris Village and county authorities.

**Tactic 4.4:** Extend care to population-based and other non-traditional settings to improve access to mental health and related clinical services and programs.

**Subtactic 4.4.A:** Increase the number of population-based and other non-traditional settings with access to mental health and related clinical services and programs.

- **Collaborating Partners:** PCC, SCDMH, DAODAS, MUSC Health
- **Quarterly Progress:** Each partner to report progress on a quarterly basis on respective focus programs (e.g. implementation status updates, volumes, challenges, future plans).
  - **SCDMH:** Population-based and other non-traditional settings to include, but not be limited to, schools and law enforcement access points.
  - **DAODAS:** Care transitions between correctional facilities and county authorities.
  - **MUSC Health:** Mental health and substance use disorder services for pregnant and postpartum women.

<b>Strategy 4 Workgroup</b>	<b>Champion:</b> Robert Bank (SCDMH) <b>Members:</b> Kathy Schwarting (PCC), Katie King (MUSC), Jimmy McElligott (MUSC), Meera Narasimhan (USC SOM), Stewart Cooner (SCDMH), Sara Goldsby (DAODAS), Connie Guille (MUSC)
-----------------------------	---

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

**Strategy 5:** Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth.

**5-Year Ideal Status for Strategy:** In 5 years, a majority of health care professionals practicing in the state will have a high degree of comfort with telehealth practice to include knowledge of the South Carolina Telemedicine Act and how telehealth impacts their own profession. A significant proportion of health professionals will have a high level of knowledge of how telehealth technologies can enhance the work of an interdisciplinary health care team.

**Collaborative Outcomes for Strategy**

Tactic	Short Term	Medium Term	Long Term
Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners	# of health professional trainees who received exposure to telehealth education  # of trainees who received specific training on how to deliver and/or coordinate healthcare services via telehealth	% of graduating health professionals with high level of knowledge of telehealth (exit survey)	% of grad health professionals prepared to utilize distance technologies to collaborate in interprofessional teams (exit survey)
Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state	# of health providers who received exposure to telehealth education  # of telehealth-specific contact hours	% of providers with high level of knowledge of telehealth (survey)	% of providers prepared to utilize distance technologies to collaborate in interprofessional teams (survey)

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

**Tactic 5.1:** Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.

- **Champion:** AHEC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
  - **March 2020:** Promote and disseminate telehealth educational resources developed for health profession students (e.g. Webinar Wednesdays, online courses, and the Summit).
  - **June 2020:** Revise current online telehealth modules and develop additional training based on needs assessment from higher education.
  - **September 2020:** Review educational content developed by telehealth partner organizations and adapt for statewide distribution as appropriate.

**Tactic 5.2:** Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state.

- **Champion:** PCC
- **Planning Members:** Education and Communication Committee
- **Quarterly Milestones:**
  - **March 2020:** Promote and disseminate telehealth educational resources developed for health professionals (e.g. Webinar Wednesdays, online courses, and the Summit).
  - **June 2020:** Revise current online telehealth modules and develop additional training based on needs assessment from practices serving rural/underserved patients.
  - **September 2020:** Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2020.

<b>Education Committee</b>	<p><b>Champion(s):</b> Jennifer Bailey (SC AHEC), Davia Smith (PCC)</p> <p><b>Members:</b> Divya Ahuja (Prisma), Amelia Bischoff (Prisma), Katherine Chike-Harris (MUSC CON), Stewart Cooner (DMH), Gaye Douglas (DMH/Care South), Ragan DuBose-Morris (MUSC), William Gamble (Prisma), Jillian Harvey (MUSC CHP), Kelly Hawsey (Prisma), Samuel Head (SC DHHS), CeCe Heyward (SC AHEC), Bailey King (USC COSW), Dawn Leberknight (SC AHEC), Robert Morgan (Prisma), Lisa Taylor (Beaufort Memorial Hospital), Gail Weaver (Pee Dee AHEC/McLeod), Sonya Frankowski (SCTA)</p>
----------------------------	---

**Strategy 6:** Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research.

**5-Year Ideal Status for Strategy:** The organizational structure for the SCTA should be flexible but guiding. The aligned institutions should be representative of all care settings and should be responsive of the changing nature of processes and technology being used.

**Collaborative Outcomes for Strategy**

Tactic	Short Term	Medium Term	Long Term
Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council	# of stakeholders participating across workgroups and planning sessions  # of organizations represented among stakeholders	Satisfaction metrics among SCTA stakeholders	TBD

**Tactic 6.1:** Continue to create opportunities for increased engagement and communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.

- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Quarterly Milestones:**
  - **March 2020:** Develop SCTA Stakeholder engagement and feedback survey.
  - **June 2020:** Analyze SCTA Stakeholder survey data to gauge satisfaction with inclusivity and engagement and identify opportunities for improvement.**September 2020:** Report findings from survey to Advisory Council and use data for development of 2021 Strategic Plan.

**Tactic 6.2:** Establish unified opinions and priorities on policies and/or regulations and pursue these priorities when possible and appropriate.

- **Champion:** SCTA Advisory Council Co-Chairs
- **Planning Members:** Advisory Council
- **Ongoing Progress:** SCTA Advisory Council members to bring potential priorities or issues forward as they arise to establish a unified voice and advance SCTA objectives on identified issues.

**Tactic 6.3:** Optimize the Salesforce tool to be a comprehensive catalog of services and endpoints to ensure accuracy and ease of use.

- **Champion:** MUSC
- **Planning Members:** Prisma, DMH, PCC, McLeod
- **Quarterly Milestones:**

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

- **March 2020:** Partners trained on current state, feedback obtained, data reviewed for accuracy. All programs and sites should be inputted by March.
- **June 2020:** Using feedback, develop a stabilization and improvement plan to optimize infrastructure for users. Develop ongoing data integrity reviews.
- **September 2020:** Deploy/begin improvement plan.

**Strategy 7: Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.**

**5-Year Ideal Status for Strategy:** All telehealth projects in the state will be collecting and reporting outcome data to demonstrate access, quality, and value. The SCTA will have implemented a process and/or mechanism for coordinated, statewide reporting of outcomes, and will be using these data to inform strategic decision making.

**Collaborative Outcome(s):**

	Short Term	Medium Term	Long Term
Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions	# of programs that have received support from dedicated Strategy 7 team (either USC or MUSC COE)	# of programs that have received in-depth analysis from dedicated Strategy 7 team (either USC or MUSC COE)	Every telehealth project in the state will be measuring and reporting 1-2 outcome measures that address access, quality, and/or value  Consultation team to help report the overall impact for the state
Foster telehealth research across the state through telehealth-oriented research support and pilot funding	# of telehealth pilot projects funded by the SCTA  # of telehealth research consultations	% of pilot projects with at least one research publication  # of telehealth research publications by SC researchers	% of pilot projects that have had at least one extramural proposal funded following pilot project funding  % of pilot projects that have resulted in lasting programs beyond two years of initial funding

**Tactic 7.1:** Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions.

- **Champions:** Meera Narasimhan and Dee Ford
- **Planning Members:** USC School of Medicine (USC); MUSC Center of Excellence (COE)
- **Quarterly Milestones:**
  - **March 2020:** USC and COE each to identify new telehealth programs for evaluation and in-depth outcomes analysis (e.g. behavioral health and ID into primary care (USC); school-based telehealth & virtual urgent care (COE). Begin work on peer review publication of findings
  - **June 2020:** USC and COE to each submit 1-2 articles for peer review publication on telehealth initiatives in SC. Present findings to advisory council
  - **September 2020:** Begin collecting data for additional program analyses

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

**Tactic 7.2:** Foster telehealth research across the state through telehealth-oriented research support and pilot funding.

- **Champion:** MUSC Health
- **Planning Members:** USC, Clemson, SC Translational Research Institute (SCTR)
- **Quarterly Milestones:**
  - **March 2020:** Continue partnership with SCTR to administer SCTA telehealth research grants. Identify additional opportunities to foster telehealth research within SC (e.g. presentations at the Summit).
  - **June 2020:** Report initial progress on first round of SCTR telehealth research pilots awarded in 2019. Partner with SCTR on release of RFA for 2020 pilot awards.
  - **September 2020:** Ensure SCTA representation in the SCTR review and award process for 2020 pilot grantees. Report on 2020 pilot awardees to SCTA advisory council.

<b>Strategy 8:</b>	<b>Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability.</b>
--------------------	--

**5-Year Ideal Status for Strategy:** South Carolinians are knowledgeable about telehealth and confident that telehealth positively contributes to the health care of those in the state by increasing access to care. Among those in health care (payers, providers, legislators), telehealth should be a known tool for efficient, effective care that decreases unnecessary ER visits, increases early detection and screenings, and positively affects public health, especially for chronic conditions such as diabetes. Overall, South Carolina should be able to proudly share its story with the nation as an example of how collaboration can affect historical and systemic challenges.

**Collaborative Outcome(s):**

	Short Term	Medium Term	Long Term
Promote awareness of telehealth, the SCTA and SCTA resources	% of individuals that have a basic knowledge of telehealth	% of individuals confident that telehealth is an effective means to deliver healthcare	% of individuals confident that the healthcare of everyone in SC has improved because of telehealth
Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively	<i>*Progress indicated on yearly basis via payer score card.</i>		

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

- **Champion:** SCETV
- **Planning Members:** Content Advisory Team
- **Quarterly Milestones:**
  - **March 2020:** Review and fine tune the SCTA marketing plan to include cross-partner promotional planning, as well as Telehealth Awareness Week (TAW) planning.
  - **June 2020:** Implement SCTA marketing plan, begin TAW planning, including administration of telehealth awareness survey.
  - **September 2020:** Analyze telehealth awareness survey data and publish during TAW, report on marketing plan progress to Advisory Council.

<b>Content Advisory Team</b>	<b>Champion:</b> Don Godish (SCETV) & Adrian Grimes (SCTA/MUSC Health) <b>Members:</b> Amelia Bischoff (Prisma), Stewart Cooner (DMH), Tabitha Safdi (SCETV), Ryan Kruis (SCTA), Chris Moseley (McLeod Health), Rick Foster (SCHA), Maria
------------------------------	--

SOUTH CAROLINA  
**Telehealth**  
 ALLIANCE

	Williamson (SRHS), Susie Woodward (SRHS), Teresa Vickers (SRHS), Kelly Perritt (MUSC), John Lewis (SCETV), Davia Smith (PCC), Julia Shillinglaw (SCETV), Tracy Stanton (McLeod), Ali McMenamin (AHEC), Brooke McSwain (CTC), Chrissy Hutchison (SCORH)
--	--

**Tactic 8.2:** Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.

- **Champion:** MUSC Health
- **Planning Members:** Sustainability Workgroup
- **Quarterly Milestones:**
  - **March 2020:** Leverage clinical champions and stakeholders to engage and advocate for each payer priority, to include considerations for legislative action.
  - **June 2020:** Based on outcomes of engagement/advocacy, further develop action plans for each payer priority.
  - **September 2020:** Develop promotional materials, including videos, to support the action plan.

<b>Sustainability Workgroup</b>	<p><b>Champion:</b> Adrian Grimes (SCTA/MUSC Health)</p> <p><b>Members:</b> Amelia Bischoff (Prisma), Kelly Hawsey (Prisma), Maggie Cash (CTC), Samuel Head (SC DHHS), Elizabeth Harmon (SCHA), Will Harms (BCBS), Kathy Schwarting (PCC), Ashley Springs (McLeod), Wanda Taylor (Prisma), Shawn Valenta (MUSC), Stewart Cooner (DMH), Kellie Mendoza (MUSC), Kerri Bergeron (MUSC), Tracey Washington (SC BCBS), Jodi Fitzsimmons (McLeod), Lorri Gibbons (SCHA), Barney Osborne (SCHA)</p>
---------------------------------	--