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# SCTA Quarterly Report

## CY20 Quarter 1

Special Report on SCTA Partner  
Telehealth Responses to COVID-19 Crisis

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## South Carolina Telehealth Alliance (SCTA)

### CY2020 Q1 Report

#### SCTA Partners Activities Leveraging and Promoting Telehealth During the COVID-19 Crisis

When faced with a highly contagious pandemic such as COVID-19, South Carolina is fortunate to have an extensive telehealth network in place that can be deployed to provide efficient care without compromising public health. As COVID-19 arrived in South Carolina, SCTA partners across the state quickly identified opportunities to leverage telehealth to meet the needs of providers and patients, while remaining compliant with social distancing recommendations. In many cases, SCTA partners pivoted and/or accelerated previously established telehealth strategic objectives to quickly respond to patient and provider needs. This SCTA CY20 Q1 report will focus on the impressive work of SCTA partners to leverage telehealth services during the COVID-19 crisis, keeping South Carolina citizens healthy and safe.

SCTA partners are utilizing telehealth to slow the spread of the virus; monitor and provide high-quality care to those infected with the disease; and protect vulnerable patients and access to other types of critical healthcare services. South Carolina was the first state in the nation to stand up free virtual care screenings paired with remote specimen collection sites. SCTA member health systems **MUSC Health**, **McLeod Health**, and **Prisma Health** have conducted over 100,000 virtual COVID-19 screenings across the state and have launched telehealth-based efforts to expand free COVID-19 testing services in target rural and at-risk communities.

Many SCTA partners have also transitioned ambulatory care, mental health, and outpatient specialty operations to telehealth during the COVID-19 crisis. This effort has been a substantial undertaking, but very positively accepted by providers and patients. The **SC Department of Mental Health**, for example, expanded operations of its community telepsychiatry program by enhancing services directly into patients' homes in order to provide continuity of care during the COVID-19 crisis. To further support the use of telehealth during the COVID-19 crisis especially among outpatient settings, the **SCTA** has extended a free premium instance of doxy.me across the state, which has been very positively received, especially by smaller, rural healthcare practices.

Demand for telehealth training and education has increased as providers across South Carolina quickly stand up telehealth services. In CY20 Q1, **SC AHEC** updated its telehealth training modules to include COVID-19 information and noted an increase in registrations and completions. To promote telehealth awareness, **SCETV** created eight telehealth stories related to the COVID-19 pandemic, which are powerful representations of the impact telehealth can have on provider and patient lives. One especially compelling video included physicians, nurses, and other healthcare provider across the state creating a common voice of resilience during the COVID-19 crisis.

Additionally, public and private payers have enacted numerous policy changes, temporarily shifting the telehealth reimbursement landscape. To unpack this dizzying policy environment, **Palmetto Care**

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

**Connections (PCC)** has hosted bimonthly webinars to help providers and practices dissect policies and understand their operational impact. The issues of broadband and connectivity in the state have become ever more magnified by the COVID-19 crisis, as citizens are asked to study, work, and receive health care remotely from their homes. In CY20 Q1 **PCC** continued its work with the SC Office of Rural Health and SC Hospital Association to expand access to broadband and connectivity in South Carolina.

SCTA partners have worked tirelessly to build upon the strong existing telehealth infrastructure to prepare the state's health care organizations and support patients' healthcare needs during an unprecedented time. This special CY20 Q1 report includes submissions from SCTA partners highlighting their work in telehealth advancement during the COVID-19 pandemic.

## South Carolina Telehealth Alliance

### CY2020 Q1 Report – Telehealth Activities during the COVID-19 Crisis

South Carolina Telehealth Alliance (SCTA) operations began as normal in 2020, with SCTA partners and workgroups focused on Q1 deliverables as outlined in the 2020 Strategic Plan, the publication of the 2019 SCTA Annual Report, and a successful Q1 Advisory Council meeting. However, as COVID-19 began arriving in the United States and subsequently in South Carolina, SCTA partners immediately pivoted toward planning and strategizing creative ways to leverage the existing telehealth infrastructure to support health care organizations and patient care in a time of crisis.

The SCTA team aimed to continue to foster collaboration and open communication among statewide partners amidst the COVID-19 crisis. The SCTA Advisory Council co-chairs quickly called an impromptu Advisory Council check-in for participating health systems, state agencies, and shared-mission support organizations to share their respective responses, best practices, and pain points, and to discuss ongoing telehealth policy changes and future implications. The Content Advisory Team, Education, and Sustainability workgroups also met virtually to discuss respective efforts during the COVID-19 crisis as well as outlined some short-term deliverables to meet immediate promotional, education, and advocacy needs. The team also quickly created a reference page on the SCTA website with links to national and state telehealth policy updates, as well as distributed two newsletters with specific telehealth-related COVID-19 information to help partners stay abreast of ongoing changes and up-to-date resources.

Almost immediately the SCTA team began receiving numerous requests for information and tools to quickly stand up telehealth programs as providers hoped to continue providing care to their patients while adhering to social distancing recommendations. The demand was especially strong from smaller and more rural providers. To answer this call, the SCTA worked with doxy.me, a HIPAA-compliant cloud-based telehealth platform, to create an SCTA clinic-level membership and extend free access statewide for the duration of the COVID-19 crisis. Although there is a free version of the software, a clinic-level membership includes greater functionality such as group calls, screen sharing, and file transferring. In the first month of offering this service, the SCTA team has created almost 600 user accounts. The statewide response has been so positive that the SCTA team is now in discussions with doxy.me to hopefully continue to offer the service beyond 2020.

Through the statewide collaboration of health systems, primary and specialty providers, state agencies, and numerous other partner organizations, the SCTA continues to strengthen statewide telehealth infrastructure during the COVID-19 pandemic. The SCTA team is profoundly impressed by the innovation and resiliency from partners, who continue to improve the lives of all South Carolinians through telehealth.

# McLeod Health

## The Choice for Medical Excellence

May 1, 2020

In response to the current public health crisis resulting from the Coronavirus pandemic, McLeod Health has increased its efforts in deploying telehealth technologies to better support the communities we serve and to lessen the added strain on available healthcare resources. These efforts include free telehealth consults to help diagnose and treat patients, drive-thru testing, a COVID-19 call center, and a provider call back service to inform and guide patients who have tested positive for the disease.

To increase resources for our direct-to-consumer platform, McLeod Health hosted 11 training sessions and onboarded over 100 providers. McLeod physicians, advanced practice providers, and family medicine residents were added to strengthen the existing McLeod Telehealth Convenient Care platform. COVID-19 screenings, education, pathways to call centers and COVID-19 testing are being provided. McLeod Health conducted over 4,900 telehealth consults on the McLeod Telehealth Convenient Care App through the month of March.

McLeod Health also launched Virtual Care Visits to help patients and families stay connected during the pandemic. Patients are given access to technology and training on how to video chat with their loved ones. Drive up Virtual Care Visits were facilitated for family members who did not have access to broadband technology. McLeod Physicians Associates (MPA) developed workflows, created instruction manuals, provided video demonstrations, and hosted training sessions to aid in launching TeleVisits natively through the practice's EMR. MPA has implemented TeleVisits in 55 practices and has conducted over 3,600 TeleVisits with 159 providers.

In preparation for the anticipated surge of COVID-19 patients at McLeod Health campuses, we have we have increased our technology infrastructure and established a centralized process to provide Pulmonology/Intensivist, Neurology, Infectious Disease, Cardiology, and Nephrology telehealth consults. This process will be used for both inter-facility and in-house telehealth consults as needed.

McLeod remains committed to the health and well-being of the communities we serve. We will continue to leverage and deploy telehealth technologies to support our patients and ensure they receive safe, convenient and quality healthcare.

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## South Carolina Telehealth Alliance CY20 Q1 Report

Telehealth has played an integral role in MUSC Health’s response to COVID-19. Telehealth is being utilized to slow the spread of the virus; monitor and provide high-quality care to those infected with the disease; and protect vulnerable patients and access to other types of critical healthcare services. In particular, MUSC Health has implemented five specific COVID-related telehealth initiatives:

- Virtual COVID-19 Screenings
- Telehealth Conversion of Ambulatory Care
- COVID-19 Remote Patient Monitoring
- Reducing Health Care Worker Exposure to COVID-19
- Telehealth Patient-Family Connection

### **Virtual COVID-19 Screenings**

As COVID-19 began to arrive in South Carolina, MUSC Health quickly built a COVID-19 screening tool within its existing Virtual Urgent Care platform for virtual screening and subsequent referral to one of MUSC Health’s drive-thru COVID-19 specimen collection sites when testing criteria were met. At a press conference with the Governor on March 7, MUSC Health announced that it would provide this virtual screening at no cost to all South Carolinians. MUSC Health was the first in the nation to stand up free virtual care screenings paired with remote specimen collection sites. Between that initial March 7 press conference and April 22, MUSC Health conducted over 65,000 virtual urgent care visits, which resulted in close to 15,000 referrals to testing. These virtual COVID-19 screenings paired with testing have provided a safe and streamlined process to identify and provide clinical recommendations for COVID-19 in South Carolina, thus slowing the spread of the virus.

### **Telehealth Conversion of Ambulatory Care**

In an effort to sustain ambulatory care operations while adhering to social distancing recommendations, MUSC Health took on the substantial effort to transition its entire ambulatory operations to telehealth for the duration of the COVID-19 crisis. Like many organizations, this was an accelerated effort but has been generally well received by both practitioners and patients. Ambulatory visits have returned to 73% percent of pre-COVID operations thanks to this effort, with some specialties operating over 100% of pre-COVID visit volumes. In addition to providing continuity of care for patients, these efforts have been critical to maintain MUSC Health’s financial viability. This conversion would not have been possible were it not for key changes in state and federal telehealth policies.

### **COVID-19 Remote Patient Monitoring**

For patients who tested positive for COVID-19 but do not necessitate hospitalization, MUSC Health leveraged its expertise with existing mobile health programs to build a COVID-19-specific remote patient monitoring program. The program checks in regularly with confirmed COVID-19 patients to assess symptoms, help with symptom management, and escalate to a physician visit or to the Emergency Department if needed. Since the program’s

launch on March 30<sup>th</sup>, 201 patients have enrolled and received a total of 1,381 home monitoring encounters with a registered nurse.

#### **Reducing Health Care Worker Exposure to COVID-19**

MUSC Health has also implemented telehealth solutions to minimize healthcare worker exposure to patients in inpatient and emergency department settings that are confirmed or have the potential to be COVID-19 positive. Two-way audio-visual connection has been used to facilitate communication between these patients and staff, decreasing the number of instances a provider enters a patient's room. Since the initiative's inception, there have been 6,633 calls, and an estimated \$65,000 savings in the use of Personal Protective Equipment (PPE).

#### **Telehealth Patient-Family Connection**

MUSC Health has also used telehealth technology to assist patients in communicating with their families or other sources of support. Each hospital unit is equipped with a tablet with video conferencing capabilities so that patients without their own personal device can connect face-to-face with their loved ones while in isolation. This program has been well-received by patients and their families while visitor policies at MUSC Health remain restricted due to COVID-19.

While the COVID-19 crisis is a challenge across South Carolina and the nation, the MUSC Center for Telehealth continues to innovate new ways to deploy telehealth technology and services to answer the call. Through telehealth, MUSC Health is flattening the curve of COVID-19 cases and meeting healthcare needs across South Carolina.

## **SCTA CY20 Q1 Report**

### **Prisma Health's Response to COVID-19**

Prisma Health continues to implement and expand telehealth models that support the evaluation, triaging, treatment, and monitoring of COVID-19 patients and the communities we serve.

As a result of the COVID-19 crisis, our contact center, physician practices, hospitals, and ancillary sites have experienced an over 500 percent increase in call volume. To address this dramatic increase in public need, we have implemented automated chat, available from a smartphone or computer, that allows patients to receive answers to their specific questions about COVID-19. The chat also assesses symptoms and precisely triages patients to the most appropriate and timely telemedicine services. As a result, we can better address the needs of patients, reduce wait times for patients needing medical services, and improve utilization of scarce medical personnel through automation.

To support the evaluation and testing of patients with COVID-19 symptoms, we have enhanced our direct-to-consumer asynchronous solution to include COVID-19 screening, assessment and testing protocols. Providers can precisely evaluate and remotely treat or triage patients to the most convenient drive-through testing sites. Patients with COVID-19 symptoms can use a free visit coupon code to remove all financial barriers for patients. Volumes increased over 800% in March 2020.

Video visits have also been deployed across all ambulatory providers in response to suspending in-person encounters. From home, patients connect directly with their primary care and/or specialty providers. While the rapid deployment of technologies to several thousand providers brings challenges and growing pains, there's been significant adoption and good feedback from both providers/patients indicating a higher likelihood of sustainability beyond COVID-19. Some specialties have even reported video visit volumes at 140% as compared to before COVID-19, such as psychiatry.

We are also expanding our digital footprint across our geographically dispersed hospital facilities in response to COVID-19. We've deployed iPads/stands and software solutions to support patient-to-family and patient-family-caregiver connections in response to visitation policy changes. We've also expanded provider-to-provider consults with telemedicine carts for inpatient services like infectious disease and critical care. Prisma Health is also providing new virtual services like inpatient lactation consulting. All these efforts get our patients the care they need while also helping to save PPE and reduce the risk of exposure.

#### **Connectivity**

We have also increased bandwidth and will continue to do so as required for reliable connectivity between providers and patients across our rural and urban areas in South Carolina. We are purchasing mifi devices (personal hotspots) for patients who do not have access to the internet and/or patients in rural areas needing better connectivity. Patients in need of a device to facilitate audio/visual visit will be provided with a tablet or other suitable device. In cooperation with the Greenville County public school system, we will be able to repurpose chromebooks that were issued to students and use them to meet health care communication/telehealth needs as necessary. These investments reflect the significant growth of virtual visits in the home, ambulatory and hospital environments and support timely and reliable connections. Connectivity is essential for our providers as well to ensure that they can access and document information in the electronic health record.



# State of South Carolina Department of Mental Health

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**Kenneth M. Rogers, MD**  
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April 29, 2020

## South Carolina Department of Mental Health Calendar Year 2020 Quarter 1 Report South Carolina Telehealth Alliance

*Innovation* is the keyword at the South Carolina Department of Mental Health (SCDMH). Beginning in 1996, SCDMH became one of the earliest adopters of video technology, using telehealth to meet the needs of patients in its Deaf Services Program who wanted direct communication with their doctor or counselor. Twenty-four years later, SCDMH is both the largest provider of telepsychiatry services and one of the largest providers of telehealth services in South Carolina. From January 2020 to March 2020, SCDMH has averaged 3,257 telehealth services per month, a 27.3% increase over the same period in 2019. In April 2020, SCDMH will have surpassed 150,000 telehealth services since the inception of its various telehealth programs, including the Emergency Department Telepsychiatry Program, the Community Telepsychiatry Program, the EMS Telehealth Pilot Project, the Inpatient Services Telepsychiatry Program, the Nursing Home Program, School Mental Health Program, and After-ED Discharge Clinic Contract. Telehealth is an integral component of service delivery across SCDMH.

As SCDMH began preparations to address COVID-19, telehealth became a focus for ensuring the safety and well-being of its patients, residents, and staff. While most of SCDMH's telehealth programs continued to deliver services without significant modifications, SCDMH's Community Telepsychiatry Program rapidly enhanced its community-based and school mental health services with a new telehealth component to ensure continuity of care for patients: direct-to-patient (DTP). All of SCDMH's Community Mental Health Centers (CMHC) remain open, but each is complemented with any array of DTP telehealth services; each CMHC has equipped the majority of its clinical staff to work from home – more than 850 are using a telehealth platform to do so. The majority of centers' existing patients – adults, as well as children and families – are now receiving services using DTP as the primary medium. With the advent of SCDMH's DTP presence, it has established a robust supervision and peer consultation regimen to ensure the highest standards of care for patients and their families. Feedback on DTP services has been positive, with patients and their families enjoying the convenience of DTP care.

The South Carolina Department of Mental Health's highest priority continues to be the safety and wellbeing of its patients, residents, and staff. SCDMH has made good progress adapting to the extremely unusual situation that all in South Carolina and the nation now face. In the tradition of its past, SCDMH has continued its focus on innovation and adaptation and remains the leader in the field of psychiatric services and a pioneer in the field of telehealth.

### MISSION STATEMENT

To support the recovery of people with mental illnesses.





In response to the COVID-19 pandemic, Palmetto Care Connections (PCC) has partnered with many healthcare leaders and organizations across the state of South Carolina to increase telehealth awareness, education, implementation, and efficacy.

### **Awareness & Education**

To meet the needs of existing and new telehealth providers, PCC has increased its virtual educational opportunities to bi-monthly webinar specials and daily social media posts. The webinar specials highlight recent telehealth policy changes, such as the CARES Act, and how health care providers have implemented these changes to their daily workflow. In Quarter 1, the webinar specials have reached 237 participants in 17 states (including South Carolina). Also, PCC has added a health care provider and patient resource page on its website dedicated to COVID-19. The 8<sup>th</sup> Annual Telehealth Summit originally planned for April 2020 has been postponed until September 8-10, 2020.

### **Implementation**

With recent federal and state telehealth policy changes and funding opportunities available, many health care providers have implemented telehealth. Palmetto Care Connections assisted with the establishment of over 558 Vidyo accounts since March 3, 2020 for the purpose of using it to provide services virtually. PCC has also assisted many providers with establishing virtual care services using Doxy.me. Overall, PCC has directly assisted more than 50 health care providers in setting up telehealth services during COVID 19.

Nursing homes have developed a need for telehealth equipment for their residents. Since South Carolina public schools are closed, PCC reached out to three school districts and obtained permission to repurpose the telehealth equipment located in nine schools (within these school districts). The telehealth equipment is being installed in 7 rural nursing homes during COVID 19 but will be returned to the schools when classes are back in session. PCC has also assisted two additional skilled nursing facilities in implementing Doxy.me so that the Medical Director can see his patients remotely.

### **Efficacy**

To promote the success of new and existing telehealth services, Palmetto Care Connections has provided network and infrastructure support to rural and underserved areas in South Carolina. Broadband is essential to establish a “telehealth-ready” connection. In partnership with the South Carolina Office of Rural Health and South Carolina Hospital Association, PCC released maps at the beginning of April that indicate areas with low broadband access. A letter was also sent to the members of the South Carolina General Assembly with the link to the maps. The maps have had 1,196 hits since its debut. The maps can be accessed on PCC’s website at [www.palmettocareconnections.org](http://www.palmettocareconnections.org). To combat the low connectivity in rural South Carolina, as displayed on the maps, PCC has assisted more than 10 health care providers along with the SC Department of Corrections submit for the Federal Communications Commission’s COVID-19 Telehealth Program funding application.

May 11, 2020

## SCTA Report

Since March, the SCETV team has produced 8 Telehealth stories related to the COVID-19 pandemic. In a March 23<sup>rd</sup> post, ETV, with the help of the SCTA, coordinated an effort for a cohesive message to be delivered to the public. The 36-second video aired on SCETV, was posted to YouTube, and delivered via social media. The video on Facebook received 6.9K views.

[Doctors around the state are urging everyone to stay home.](#) Healthcare providers all over South Carolina are working to keep YOU safe. It's important to do your part and stay home. Virtual visits can bring healthcare to you wherever you are. Visit [sctelehealth.org](http://sctelehealth.org) for details. We'll get through this together, South Carolina!

Other digital stories include:

- [Insurance companies' telehealth policies during COVID-19](#)
- [How to access free telehealth services during COVID-19](#)
- [Doctors Urge Common Sense, Caution in Response to Coronavirus](#)
- [MUSC providing free telehealth screenings amid Coronavirus concerns](#)

For South Carolina Public Radio, the team produced two radio stories. Each story aired statewide, three times per week.

[Doctors Urge Common Sense, Caution in Response to Coronavirus](#) As COVID-19 continues to spread around the world, doctors at the Medical University of South Carolina have spent much of the past few weeks reminding people to use common sense, and not to panic.

[Researchers Discuss Telehealth's Role in Coronavirus Response](#) As the co-founder and lead investigator on [SPROUT \(Supporting Pediatric Research on Outcomes and Utilization of Telehealth\)](#), Dr. McSwain is bringing the group together to discuss how each hospital system is using telehealth to address the coronavirus pandemic.

In continuing the coverage, the SCETV is currently working on 3 more COVID related topics, as well as, maintaining and populating the Alliance's social media channels with content, meeting and serving the needs of the public.

Tabitha Safdi  
Director, Digital Strategies  
South Carolina Educational Television



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May 11, 2020

The SC Area Health Education Consortium has focused on ensuring telehealth education resources are available and up-to-date with recent changes to telehealth policies during the COVID-19 public health emergency. There are currently five online courses available for free for all health professionals and students in South Carolina via the [SC AHEC online learning portal](#).

In March, we launched an updated Telehealth Billing & Reimbursement Bootcamp course which provides continuing medical education credit for physicians and continuing professional development credit for other health professionals. The Billing course is and will continue to be maintained and updated as needed during this pandemic. We also launched a new telehealth course to introduce High School and College students to telehealth.

Registrations and Course Completers  
 (Date range 1/1/2020-4/30/2020)

1. Telehealth for High School and College Students – **9 Completers**
2. Telepresenter Certification – 149 Registrations and **126 Completers**
3. Telemental Health – 23 Registrations and **38 Completers**
4. \*Billing & Reimbursement Bootcamp - 28 Registrations and **26 Completers**
5. Foundations of Telehealth – 20 Registrations and **56 Completers**

\*Revised to reflect 2020 Telehealth and COVID-19 Reimbursement Policies

**229 Total Certificates** Issued to Participants since Jan. 1.



## Children's Telehealth Collaborative: SCTA Quarter 1 Report

April 30, 2020

### Section I: Highlights: CTC Program Support Activities

1. **Tele-Child Abuse Pediatrics program:** This program has been delayed multiple months due to other telehealth services taking precedence by Prisma Health. In January, Prisma Health identified a potential security issue for some of the imaging equipment utilized in tele-child abuse services. Dr. Rosa, Medical Director, for the South Carolina Children's Advocacy Medical Response System, the statewide child abuse medical response program, was unable to get resolution of the concern with the Prisma Health team at this time. She reached out to CTC. Brooke McSwain and Dr. Dave McSwain researched other state tele-CAP programs, information security standards applicable to the project, and how those standards are applied in other tele-CAP programs operating around the country. They also reviewed on Dr. Rosa's behalf the privacy and security policies for the Mobile ODT equipment being scrutinized.
2. **Prisma Health CH – Upstate:** Dr. Carley Howard-Draddy reached out to CTC in January for assistance with billing questions pertaining to new programs based at Prisma Health facilities and hospital-based clinics. Brooke McSwain facilitated getting answers to those questions.
3. **COVID 19 Update: Prisma Health CH – Upstate Medically Complex Children's Program:** The program is a partnership with South Carolina Solutions, the managed care provider contracted by SC DHHS to administer the Medicaid medically fragile children waiver program. The waiver program requires periodic home visits by a SC Solutions nurse to each enrolled child. The program involved utilizing SC Solutions home visiting nurses to conduct clinic visits through their Ferlauto clinic. Due to concerns regarding COVID 19, however, SC Solutions has temporarily stopped doing home visits to these children. Telehealth is still being utilized for this patient population, but in a different way. The program will resume once the SC Solutions nurses are allowed to return to patient homes.
4. **COVID 19 Update:** Details regarding pediatric telehealth services ramped up in response to the pandemic will be shared with SCTA through the Hub reporting structure. All sites reported in the CTC workgroup meeting on April 29<sup>th</sup> that telehealth volumes have greatly increased. Furthermore, many families are indicating that they prefer a telehealth visit over having to drive to a medical campus, find parking, etc.

## Section II. Highlights - Outreach and Education Efforts

1. Brooke McSwain, representing the Children’s Telehealth Collaborative, co-authored an article in JAMIA, March 31, 2020, entitled “Balancing Health Privacy, Health Information Exchange, and Research in the Context of the COVID-19 Pandemic”. Abstract of the article is noted below:
 

*Abstract: “The novel coronavirus COVID-19 infection poses serious challenges to the healthcare system that are being addressed through the creation of new unique and advanced systems of care with disjointed care processes (telehealth screening, drive-through specimen collection, remote testing, telehealth management, etc.) However, our current regulations on the flows of information for clinical care and research are antiquated and often conflict at the state and federal level. This paper discusses proposed changes to privacy regulations such as the Health Insurance Portability and Accountability Act (HIPAA) designed to let health information seamlessly and frictionlessly flow between the health entities that need to collaborate on treatment of patients and, also, allow it to flow to researchers trying to understand how to limit its impacts.”*
2. Facilitation of SC ETV story on medically complex children’s program in Greenville (Ferlauto clinic, Prisma Health CH)
3. Trident Technical College presentation on February 12 about SC telehealth history, respiratory therapists and telehealth, telehealth opportunities across the state, and the Children’s Telehealth Collaborative program.
4. Multiple conversations regarding children’s telehealth program development and policy with stakeholders in New Mexico, Georgia, Mississippi, and Tennessee.

## Section III: Advocacy Win!

1. **SC Medicaid Advocacy Win:** SC has three developmental evaluation centers (DECs), with a DEC in Charleston, Columbia, and Greenville. Children are referred to a DEC for developmental evaluations, autism evaluations, and various behavioral health concerns. Given the high demand for services, there is generally a lengthy wait for services. Depending on the reason for the referral, evaluations can be completed quickly or require hours of neurodevelopmental or neuropsychological testing. With only three DECs in the state, families travel considerable distance for these services. Because the majority of patients referred to a DEC are covered by Medicaid, SCCHC (SC Children’s Hospital Collaborative) worked with SC DHHS many years ago to address reimbursement through a contract. SCCHC/CTC reached out to SC DHHS in April to see if they would allow us to provide some of the services on the contract via telehealth, and SC DHHS agreed to the request.