
SCTA Quarterly Report

CY20 Quarter 2

*Special Report on Telehealth Utilization
and Growth during the COVID-19 Pandemic*

Reporting on SCTA Partner Activities and Telehealth Growth and Utilization during COVID-19

As South Carolina Telehealth Alliance (SCTA) partners continued to work tirelessly to support telehealth growth and infrastructure in South Carolina (SC) during the ongoing COVID-19 crisis, leveraging existing telehealth infrastructure and expertise to expand programs and patient access across the state. As demand for telehealth education and training materials remained strong in this second quarter of 2020 (CY20Q2), **SC AHEC** focused its efforts on ensuring resources were available and updated, and also worked closely with SC DHEC in developing and deploying training for the South Carolina COVID-19 Contact Tracers. **Palmetto Care Connections (PCC)** also supported statewide education and awareness through hosting nine webinar specials highlighting the use of telehealth in hospitals, skilled nursing facilities, and mental and behavioral health during the COVID-19 crisis. PCC also continued its vital broadband advocacy work at both the state and federal levels and assisted rural healthcare providers in accessing broadband subsidies. **SCETV** continued to produce high quality video and podcast stories for the **MyTelehealth** campaign, completing six stories during CY20Q2 with four focused specifically on telehealth during the COVID-19 crisis. Telehealth policy and advocacy also remained at the forefront during CY20Q2, and the **SCTA Sustainability Workgroup** released a position paper outlining united statewide support for the permanent expansion of the numerous temporary telehealth policy and reimbursement changes enacted during the public health emergency (Appendix A).

In addition to these robust efforts in telehealth education, advocacy, and awareness in CY20Q2, telehealth clinical programs saw immense growth during the quarter, as SCTA partners across the state quickly expanded existing programs and/or incorporated telehealth programs into clinical operations for the first time. While much of the increase in volume can be attributed to our SCTA larger health systems which rapidly transitioned ambulatory services to telehealth to facilitate social distancing, smaller practices also contributed to this transformation and increase in volume. To assist such clinics, in March the SCTA extended its clinic-level instance of Doxy.me statewide at no cost and has since added nearly 1,000 users who've completed over 38,000 sessions.

To capture the growth and rapid, widespread adoption of telehealth across the state, the SCTA administered a survey to its major health system partners as well as recipients of the SCTA Doxy.me instance asking them to share information on their telehealth program expansion and utilization over the first half of the calendar year. All major hub health systems responded as did a number of FQHC systems and smaller clinics utilizing Doxy.me. While not inclusive of all the telehealth happening in the state, these responses certainly showcase the rapid expansion of telehealth to support patient access during the COVID-19 crisis. Highlights from these responses are included below.



Telehealth Utilization

Synchronous Audio and/or Video Visits (not including Virtual Urgent Care)

As to be expected, survey respondents indicated that telehealth visits (synchronous audio and/or video visits, not including virtual urgent care platforms) grew exponentially during the first half of the year, peaking in April during the height of the first wave of the COVID-19 pandemic and onset of social distancing guidelines in South Carolina. Additionally, many policy changes allowing for greater flexibility in telehealth billing and reimbursement were introduced in March and April. **From January 1 through June 30 of 2020, the survey respondents reported an aggregate total of 1,301,901 telehealth visits in the state.**

Synchronous Audio and/or Video Visits
(not including Virtual Urgent Care)



Virtual Urgent Care (VUC) Visits

VUC visits (asynchronous visits with option to escalate to real-time) across the state also increased, as SCTA partners such as **MUSC Health, McLeod Health, Prisma Health, and Roper St. Francis Healthcare** leveraged their respective VUC platforms to conduct COVID-19 screenings and referrals to testing. VUC visit volumes peaked in March, and began to rise again in June, corresponding with the second wave of COVID-19 in South Carolina. **Survey respondents reported an aggregate of 119,760 virtual urgent care visits from January 1 through June 30th in South Carolina.**

Virtual Urgent Care Visits Statewide



Organizations New to Telehealth

A few responding providers noted having limited or no telehealth services integrated into their clinical operations pre-COVID-19. By the end of June 2020, nearly all respondents estimated increases in the percentages of their clinical operations being supported by telehealth.

- One respondent from a non-profit organization serving sexual assault and child abuse survivors noted they had been exploring telehealth solutions, though had not taken any steps toward implementation. The organization acted quickly through SCTA Doxy.me accounts to begin providing critical services via telehealth, estimating that as of June 30, 79.2% of advocacy and therapy operations were supported by telehealth.
- A domestic abuse and trauma counseling center utilizing the SCTA Doxy.me instance also reported going from no telehealth visits prior to COVID-19 to 100% of its clinical operations being supported by telehealth as of June 2020.

"Previous to COVID, we provided no telehealth services. Early on services were continued via phone where it was appropriate. Appropriate telehealth platforms were explored and a telehealth structure was implemented using Doxy.me through the SC Telehealth Alliance. Currently all clinical services are provided via Telehealth and thus far we have been able to serve all clients in need of counseling services. We have developed a back up plan to assist clients in engaging in telehealth services should they be lacking the appropriate technology to utilize telehealth services on their own."

- Advocacy Organization respondent

"We have moved from a system where no tele-health was used to using mostly tele-health to provide services to our clients. We have worked our therapy and advocacy services so that these services can be provided via tele-health."

- Advocacy Organization respondent

Importance of Temporary Policy Changes

Respondents also noted the importance of temporary telehealth policy changes in their ability to provide continuity of care and maintain patient access during the COVID-19 crisis.

“The expansion of 135 additional allowable services, by CMS and other payors, greatly improved our ability to deliver care in many settings. All ambulatory practices, PT/OT/ST and social work began seeing their patients by video, when appropriate. The expansion of the use of video use in SNF's and behavioral care increased dramatically. To preserve PPE and reduce the risk of exposure for our clinicians in the Emergency Department, [we] screened patients for COVID using video technology. Home as a place of service has improved the lives of some of our most vulnerable patients, including the aged, immunocompromised and medically complex children. In addition, home based technologies that advance diagnostic capabilities will help to emulate as close to an in-person exam as possible. Further allowing us to deliver safe, reliable and effective care to our patients. The impact of this expansion has been immeasurable in many ways given the far reaching implications beyond any revenue generated. It is in our best interest to keep the current policies in place and collaborate on where enhancements can be made.”

- Large health system respondent

“Allowing the patient's home and the provider's home to be the originating and distance site was huge for us. This policy change allowed us to provide both covid and non-covid related care in a safe environment. CMS and South Carolina Medicaid changes allowing for reimbursement of telehealth services has also been instrumental in allowing us to continue to provide these services.”

- FQHC respondent

Telehealth Post-COVID-19

All respondents reported that they intend to continue to incorporate telehealth into their operations post-COVID, so long as reimbursement and policy support operational sustainability of telehealth programs.

“As an organization, we would like to retain telehealth services as a branch of Clinical services to better meet client needs, allowing clients to choose if they would prefer in-person or telehealth sessions.”

- Advocacy Organization respondent

“If RHC’s are allowed to continue telehealth post COVID19 we will plan to continue to use this to expand our services. It will allow us to offer extended hours for working patients, increased access to care for patients with transportation issues and parents with small children”

- Community hospital respondent

“Telehealth services are now considered part of our delivery of care. We intend to continue to leverage all platforms so that our patients have options of how they may interact with their providers. We plan to expand our program to include remote patient monitoring beyond our current remote diabetic monitoring program and continue to develop a model of telehealth to support other services such as our dental program.”

- FQHC respondent

The strong telehealth infrastructure in the state paired with the temporary telehealth policy and reimbursement changes have allowed health care providers in South Carolina continue to meet the needs of their patients during the COVID-19 pandemic. To ensure continued access to care for SC citizens—both during the ongoing COVID-19 crisis and throughout the transition to a post-COVID new normal—it is critical that temporary reimbursement and policy changes be made permanent and that work continue to be done in the area of broadband accessibility. These are vital steps as the healthcare landscape has been permanently changed and telehealth has been introduced more prominently into regular health care operations. The SCTA continues to be impressed by the resiliency of SC healthcare providers and is proud to support the continued improvement of health of all South Carolinians through telehealth.



Appendix A

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Telehealth Policy and COVID-19 Recovery Position Statement
May 29, 2020

SCTA: The South Carolina Telehealth Alliance (SCTA) is a collaboration of health systems, primary and specialty care providers, state agencies, and other shared-mission support organizations that work together to improve the lives of all South Carolinians through telehealth. In recognition of this collaboration, the American Telemedicine Association awarded the SCTA its President's Award for Transformation in Healthcare Delivery in 2019. The SCTA includes more than 450 connected care sites throughout the state and is administratively headquartered at the MUSC Center for Telehealth, one of only two Telehealth Centers of Excellence in the nation.

COVID-19: When faced with a highly contagious pandemic such as COVID-19, South Carolina is fortunate to have an extensive telehealth network already in place that can be deployed to provide efficient care without compromising public health. Telehealth has been an essential component of COVID-19 preparedness and response, allowing providers across the country to reach more patients while managing increasing demands on the healthcare workforce. 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.

South Carolina was the first state in the nation to stand up free virtual care screenings paired with remote specimen collection sites. To date, SCTA member health systems have conducted over 100,000 virtual COVID screenings across the state. SCTA members have also launched telehealth-based efforts to expand free COVID-19 testing services in target rural and at-risk communities. This has been the result of unprecedented collaboration among South Carolina's hospital systems, primary care providers, rural health clinics, and local community leaders.

Telehealth has been instrumental in helping health systems and providers mitigate disruptions in care pathways and remain financially viable. Over the past several months, health systems have transitioned ambulatory, mental health, and other specialty services to telephonic and virtual care platforms. This has protected access to care for patients, while allowing patients who do not require hospitalization to stay home, alleviating overcrowding and cutting down on the risk of COVID-19 exposure for healthcare workers and vulnerable patients. Patient reported outcomes data have indicated high patient satisfaction and a desire to continue these services due to enhanced accessibility, flexibility, and privacy.

Policy: At the federal level, the Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) have enacted temporary policy changes that have facilitated these services by increasing flexibility and reimbursement for telehealth for the duration of the public health emergency (PHE) period. Within SC, the SC Department of Health and Human Services (SC DHHS) and private payers such as SC Blue Cross Blue Shield (SC BCBS) have followed suit.

Federal:

As we look toward the "recovery" phase of COVID-19, Congress and the Administration should extend the telehealth policy changes beyond the emergency declaration period. This includes the permanent removal of geographic, site, provider, and service type restrictions that have

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historically presented barriers to telehealth utilization. It also includes provisions allowing federally qualified health centers and rural health centers to serve as distant provider sites.

Congress and the Administration should implement policy that ensures virtual services are included across all health plans. Varying reimbursement rates and restrictions enforced by major payers represent a burden for patients and a barrier to delivering care in the safest possible settings. Inclusion across health plans allows for equitable access to all patients, can lower total health expenditures, improves convenience for patients, and improves presenteeism at places of employment.

State:

At the state level, SC DHHS should maintain its expanded telehealth coverage beyond the emergency period. This includes the permanent removal of restrictions that if reinstated, would prohibit Medicaid beneficiaries from receiving behavioral health, pediatric, and other types of specialty care via telehealth. It also includes both telephonic and video-based forms of telehealth.

Additionally, private payers—such as SC BCBS—should maintain reimbursement at levels equal to that of in-person care and not revert to reduced reimbursement levels. Reimbursing telehealth visits at rates considerably less than in-person care disincentivizes providers and health systems from utilizing telehealth.

Finally, the General Assembly should take legislative action to mandate telehealth coverage and payment parity. South Carolina is one of the last states in the country without a telehealth parity bill in place. Enacting strong parity legislation would build on the legislature’s long commitment to telehealth and ensure its sustainability into the future and beyond this crisis.

Federal, State, and Local:

Federal, state, and local governments should also consider policy that systematically addresses barriers preventing vulnerable populations from accessing telehealth services. Barriers include lack of internet connectivity for those in rural or low-income communities and costs associated with audio-visual devices and connected health monitoring equipment.

Conclusion: Long-term enactment of the changes recommended above will be critical to COVID-19 recovery, allowing patients and providers to continue to practice safe “social distancing” protocols in order to mitigate future waves of infection. It will protect access to high-value care for all patients, particularly those with transportation, occupational, or geographic challenges. It will also aid in economic recovery by allowing hospitals, community health centers, and other providers who have been negatively financially impacted by the COVID-19 crisis to receive reimbursement and thus maintain clinical service continuity with minimal financial loss. Telehealth has emerged as a crucial tool in flattening the curve on COVID-19 cases and meeting healthcare needs across South Carolina, especially in rural and underserved communities. These proposed policy changes will allow SC and other states to build upon, not stymie, the innovation that has resulted from the pandemic helping to transform the health care system toward more cost-efficient and convenient models of care.