SCTA Quarterly Report CY20 Quarter 4

Progress achieved on the 2020 SCTA Strategic Plan
October - December 2020

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

South Carolina Telehealth Alliance (SCTA) partners remained busy through the fourth quarter of calendar year 2020 (CY20Q4), leveraging telehealth services in response to the COVID-19 pandemic, continuing advocacy efforts to sustain coverage and reimbursement changes, and sharing important and impactful patient and provider telehealth stories during a trying year. In addition to continuing diligent work in telehealth clinical and support services, SCTA partners also adopted a new SCTA Statewide Strategy format structured around clinical services, with plans to begin implementing in the new year. This report provides further details on these and other accomplishments from CY20Q4 and previews future efforts as described in the newly structured SCTA Statewide Strategy.

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.

Hospital Services

In CY20Q4, **SCTA Regional Hub partners** continued leveraging telehealth solutions in response to the enduring COVID-19 crisis. **McLeod Health** and **Prisma Health** equipped hospitals across their respective systems to support increased inpatient specialty consultations across sites, including tele-intensivist and pulmonary critical care. **MUSC Health's** health care worker exposure reduction program, which uses telehealth equipment to remotely monitor COVID-positive patients in the ER and inpatient settings, reduced the number of times care team members needed to enter into patient rooms, thus avoiding exposure to illness and generating PPE cost-savings. SCTA partners also continued programs to connect patients in the hospital with family and friends, helping to promote connection as visitation restrictions remained in place in hospitals through Q4.

Ambulatory Telehealth

As reported previously, telehealth conversion of ambulatory care across SCTA clinical partners was a massive effort through the first half of 2020. Although many outpatient clinics have resumed some in-person care, telehealth visit volumes remain elevated as an alternative to in-person care when appropriate. **MUSC Health** continues to stabilize and standardize ambulatory video visit workflows, including developing best practices and creating patient education materials to assist in a seamless telehealth experience. **Prisma Health** reported that all ambulatory providers have now incorporated video visits as part of their practice in response to suspending in-person encounters, and positive patient and provider feedback indicate a higher likelihood of sustainability beyond COVID-19. Throughout the COVID-19 crisis **SC Department of Mental Health (SCDMH)** has maintained and increased access to vital mental health care services by pivoting existing Community Mental Health telehealth programs to reach directly into patients' homes. The agency's prior experience and expertise in delivering telehealth services enabled it to quickly pivot to new and expanded uses of the technology in order to continue providing quality services to patients during an unprecedented time. SC Providers continued to leverage the free premium **SCTA doxy.me** offering to deliver care virtually during CY20Q4, with over 32,000 sessions taking place during the last quarter.

Education & Awareness

SCTA support partners also continued their diligent work in broadband and telehealth advocacy, awareness, and education throughout CY20Q4. In October, **Palmetto Care Connections (PCC)** held the virtual 8th Annual Telehealth Summit. The virtual format, free registration, and impressive local and national speakers brought in over 500 registrants from numerous states. In December, **SC AHEC** launched a module specifically focused on telehealth implementation best practices and reported continued uptick in completion of new and existing telehealth modules during the COVID-19 pandemic. **SCETV's** My Telehealth project produced six new stories during CY20Q4, including an especially impactful story on how telehealth can combat racial inequity in healthcare during the COVID-19 pandemic and beyond.

Telehealth Research

The **MUSC HRSA-funded Telehealth Center of Excellence** continued to generate research outcomes and had a strong presence at the *SEARCH 2020 National Telehealth Research Symposium* in October. Presentations included:

- Patient Satisfaction of Telemedicine Remote Patient Monitoring (RPM) Services: A Systematic Review – Parker Rhoden and Jillian Harvey
- Does Telehealth in Emergency Departments (EDs) Lower ED Cost? – Dunc Williams
- Telehealth Outcomes Research: Show Me the Data – Jillian Harvey and Jimmy McElligott
- Development of the Continuous Virtual Monitoring (CVM) Program at the Medical University of South Carolina (MUSC) – Parker Rhoden and Rebecca Beeks
- Interprofessional Telehealth Education: Operationalizing Results from a Five-Year Study – Ragan Dubose-Morris
- Virtual Urgent Care: From Hurricanes to Pandemics – Jillian Harvey and Parnaz Rafatjou

Additionally, MUSC—in partnership with PCC—received exciting news that it was awarded a grant from the Agency for Healthcare Research and Quality to describe and evaluate MUSC's telehealth response to COVID-19, with particular focus on unintended consequences and potential differential effect on rural and high-risk populations. T**he USC Center for Rural and Primary Healthcare** made significant progress on its research focused on barriers and facilitators of telehealth adoption among smaller rural and primary health care practices, with plans to rollout a broad survey in the beginning of 2021.

Sustainability & Reimbursement

Telehealth sustainability and reimbursement policies remained top of mind through CY20Q4, as uncertainty remains around the future of telehealth coverage beyond the Public Health Emergency (PHE) declaration. The **SCTA Sustainability Workgroup** convened during the quarter to continue efforts to build an aligned statewide approach to advocating for continued expansion of telehealth flexibilities. Looking forward, the Sustainability Workgroup plans to convene throughout CY21Q1 to plan SCTA advocacy efforts to maintain reimbursement coverage, including both direct discussions with payers as well as exploring options for legislative action.

Additionally, during CY20Q4 planning began around the 2020 SCTA Annual Report, which will include a full report on SCTA partner activities and the telehealth response to COVID-19 in South Carolina.

SCTA Statewide Strategy

SCTA partners were introduced to a new **SCTA Statewide Strategy** format during CY20Q4, focused on telehealth clinical services and the value they bring to the state. The SCTA Statewide Strategy includes seven service-oriented domains and is meant to be a multi-year, guiding strategy document accompanied by a tactical workplan with quarterly and annual progress reporting. Telehealth support tactics in the areas of education, advocacy/awareness, technology, and outcomes will be driven by the needs outlined by telehealth service domains.

As the strategy document is a significant pivot from previous years, near-term planning tactics were drafted during CY20Q4 to allow partners to better orient to the changes during the first part of 2021. **SCTA Regional Hubs** and **SCDMH** have been asked to complete a planning exercise assessing where their respective telehealth programs fit within the new strategy, and thoughtfully plan future growth and optimization efforts in alignment with collaborative statewide goals. A virtual retreat is scheduled for March 2021, in which telehealth service champions will reconvene to discuss and draft a tactical workplan, outlining needs from telehealth support partners to align their efforts. It is important to note that SCTA clinical and support partners will continue existing telehealth services and initiatives as the tactical workplan is drafted and the new strategy is operationalized, and partners will continue to report activities quarterly which will be shared with the SC legislature.

A full version of the SCTA Statewide Strategy and supporting short term tactics are included in **Appendix A.**

Appendix A:
SCTA Statewide Strategy

SOUTH CAROLINA Telehealth ALLIANCE

2021 Statewide Strategic Plan

Mission

Improve the Health of all South Carolinians through Telehealth

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.

2021 Statewide Strategic Plan

The Statewide Strategic Plan has been optimized to focus on service-oriented strategy domains with cross-cutting support tactics in the areas of telehealth education, advocacy/awareness, technology, and outcomes. This enhanced format centers around our clinical services and allows us to rethink how our tactical support efforts can improve our telehealth program infrastructure and maximize value. The strategic plan is meant as a more enduring document, outlining strategies and goals for the next 2-5 years. Given the new structure of the strategy and its implications for reporting and workgroups, this 2021 document also includes short-term tactics focused on orienting partners to the new plan and working with them to develop a more comprehensive 1-2 operational workplan that will extend through 2022.

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Service Extension

All citizens of South Carolina will have equitable access to ambulatory care

This strategy represents the use of core telehealth modalities in the ambulatory setting in order to extend the reach services that would otherwise be limited by travel and related barriers to care. These modalities are designed for broad use across multiple specialties and strive to provide high levels of efficiency and quality in order to support a range of providers and specialties.

Progress Metrics
Growth in percent of ambulatory care delivered virtually
Reduction in geographic and population disparities in access to ambulatory care

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish ability to track virtual visit volumes with stratification by geography and demographics	Expand access to ambulatory video visit platforms and provide support for efficient use Introduce e-consult capabilities available in underserved areas	Establish core educational materials to assist dissemination of ambulatory video visit best practices	Advocate for permanent removal of rurality restrictions, originating site restrictions, new patient limitations and allowable code limitations Advocate for reimbursement of e-consults as interprofessional internet consultation allowable codes by all payers

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2021 Service Extension Tactics

Planning Tactic: Engage SCTA lead *Service Extension* partners to draft operational workplans with milestones for service and support strategies through 2022.

    Milestones:

- **March 2021:** Convene clinical providers to orient to *Service Extension* strategy and obtain feedback on prioritized activities to advance strategy. Draft tactical workplan to outline subtactics/milestones.
  Partners: Prisma Health, McLeod Health, MUSC, SCDMH, SRHS, PCC, SCHA, FQHC representatives
- **June 2021:** Convene non-clinical support entities to review and provide feedback on drafted *Service Extension* workplan. Finalize tactical service and non-clinical support plans through CY 2022 and obtain approval from SCTA Advisory Council.
  Partners: PCC, SCAHEC, USC, MUSC COE, SCETV, various SCTA workgroups (education, CAT, sustainability), clinical partners listed above
- **September 2021:** Institute new governance and workgroup structure to ensure successful execution of updated tactical plan. Publish operational workplan and produce quarterly reports on progress.

Service Tactic: Maintain current champion *Service Extension* clinical programs, and report utilization and growth occurring within this clinical strategy area.

    Milestones:

- **March 2021:** Collect utilization data for champion *Service Extension* programs listed below for 2020 to be included in SCTA Annual Report. Collect progress updates from all partners on any activities advancing the *Service Extension* strategy and include in SCTA Q1 Quarterly Report.
- **June 2021:** Collect progress updates from all partners on any activities advancing the *Service Extension* strategy and include in SCTA Q2 Quarterly Report. Establish measurement and metric definitions.
- **September 2021:** Develop and implement updated, streamlined quarterly reporting plan structured around new strategy and tactical workplans
  Partners: Prisma Health, McLeod, MUSC, SCDMH, SRHS, PCC, FQHC representatives

Service Extension Example Services
- Ambulatory Video Visits
- Regional Telehealth Clinics
- Outpatient Telepsychiatry
- E-consults

Support Hospitals

Every community hospital in our state will have access to telehealth partnerships that enhance its services and its finances

These services represent partnerships that extend care between hospitals using telehealth with a focus of connecting resources from larger urban hospitals to community hospitals throughout the state. The services should have sustainable business models and a strong case for the benefit to the referring community hospital.

Progress Metrics
Growth in the average number of service partnerships per hospital

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish outcomes assessing needs of community hospitals, ability to track utilization of hospital-based telehealth, and financial impact on hospitals.	As a mature infrastructure, optimize integrations and platform consolidation opportunities Improve in-hospital connectivity for referring sites	Establish core educational materials to assist hospital-based service training	Advocate for permanent removal of rurality restrictions, consult frequency limitations, and allowable code limitations

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2021 Hospital Services Tactics

Planning Tactic: Engage SCTA lead *Hospital Services* partners to draft operational workplans with milestones for service and support strategies through 2022.

    Milestones:

- **March 2021:** Convene clinical providers to orient to *Hospital Services* strategy and obtain feedback on prioritized activities to advance strategy. Draft tactical workplan to outline subtactics/milestones.
  Partners: Prisma Health, McLeod Health, MUSC, SCDMH, SRHS, PCC, SCHA
- **June 2021:** Convene non-clinical support entities to review and provide feedback on drafted *Hospital Services* workplan. Finalize tactical plans through CY 2022 and obtain approval from SCTA Advisory Council.
  Partners: PCC, SCAHEC, USC, MUSC COE, SCETV, various SCTA workgroups (education, CAT, sustainability), clinical partners listed above
- **September 2021:** Institute new governance and workgroup structure to ensure successful execution of updated tactical plan. Publish operational workplan and produce quarterly reports on progress.

Service Tactic: Maintain current champion *Hospital Services* clinical programs, and report utilization and growth occurring within this clinical strategy area.

    Milestones:

- **March 2021:** Collect utilization data for champion *Hospital Services* programs listed below for 2020 to be included in SCTA Annual Report. Collect progress updates from all partners on any activities advancing the *Hospital Services* strategy and include in SCTA Q1 Quarterly Report.
- **June 2021:** Collect progress updates from all partners on any activities advancing the *Hospital Services* strategy and include in SCTA Q2 Quarterly Report. Establish measurement and metric definitions.
- **September 2021:** Develop and implement updated, streamlined quarterly reporting plan structured around new strategy and tactical workplans
  Partners: Prisma Health, McLeod Health, MUSC, SCDMH, SRHS, PCC

Hospital Services Example Services
- Neurosciences
- Tele-ICU
- Infectious Disease
- IP Psychiatry
- Palliative Care
- Hospitalist
- Cardiology
- Pulmonology

- IP Nutrition

Convenient Care

All citizens in South Carolina will have affordable and immediately available patient-initiated virtual urgent and other health system-entry level care from an in-state provider

Convenient Care services are designed to engage individual patients through their own available devices in order to optimize utilization and maximize healthcare engagement. The services should both meet an immediate need of the patients and be enabled to achieve patient engagement to enhance population health and preventive care.

Progress Metrics
Increase in percent of population with affordable access to rapid virtual urgent care

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish ability to track virtual visit volumes with stratification by geography and demographics	Expand use of virtual urgent platforms with optimized capabilities for ease of use and health system integrations to maintain continuity of care	Establish core educational materials to assist dissemination of rapid virtual care best practices	Advocate for inclusion of direct-to-patient services in payer contracts, including SC Medicaid providers

2021 Convenient Care Tactics

Planning Tactic: Engage SCTA lead *Convenient Care* partners to draft operational workplans with milestones for service and support strategies through 2022.

> **Milestones:**
> - **March 2021:** Convene clinical providers to orient to *Convenient Care* strategy and obtain feedback on prioritized activities to advance strategy. Draft tactical workplan to outline subtactics/milestones.
>   *Partners: Prisma Health, McLeod Health, MUSC, AnMed, RSFH, SRHS*
> - **June 2021:** Convene non-clinical support entities to review and provide feedback on drafted *Convenient Care* workplan. Finalize tactical plans through CY 2022 and obtain approval from SCTA Advisory Council.
>   *Partners: PCC, SCAHEC, USC, MUSC COE, SCETV, various SCTA workgroups (education, CAT, sustainability), clinical partners listed above*
> - **September 2021:** Institute new governance and workgroup structure to ensure successful execution of updated tactical plan. Publish operational workplan and produce quarterly reports on progress.

Service Tactic: Maintain current champion *Convenient Care* clinical programs, and report utilization and growth occurring within this clinical strategy area.

> **Milestones:**
> - **March 2021:** Collect utilization data for champion *Convenient Care* programs listed below for 2020 to be included in SCTA Annual Report. Collect progress updates from all partners on any activities advancing the *Convenient Care* strategy and include in SCTA Q1 Quarterly Report.
> - **June 2021:** Collect progress updates from all partners on any activities advancing the *Convenient Care* strategy and include in SCTA Q2 Quarterly Report. Establish measurement and metric definitions.
> - **September 2021:** Develop and implement updated, streamlined quarterly reporting plan structured around new strategy and tactical workplans
> *Partners: Prisma Health, McLeod Health, MUSC, AnMed, RSFH, SRHS*

Convenient Care Champion Services
- Virtual Urgent Care

Support Primary Care

All primary care clinics in the state, with emphasis on Health Professional Shortage Areas (HPSAs), will have access to integrated services through telehealth partnerships

These services are designed to be integrated into the primary care setting. The services are intended to support the mission of the primary care clinic as a medical home, emphasizing the importance of local health care infrastructure while mitigating gaps in access to supporting resources. Value will be demonstrated through an increased ability for local primary care to serve their populations. Services that leverage state appropriations should preferentially target primary care shortage areas.

Progress Metrics
Increase in number of primary care practices accessing a telehealth partnership.
Increase in multi-disciplinary and specialty-advised care occurring through primary care.

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish ability to track virtual visit volumes delivered in partnership to practices with stratification for Health Professional Shortage Areas Establish method to track quality metrics for integrated care	Coordinate cross platform use to include in-clinic consultation, direct-to-patient video and remote monitoring capabilities as integrated with primary care	Establish core educational materials to support primary clinic's ability to engage with support services	Advocate for permanent removal of provider type and originating site restrictions Expand remote patient monitoring reimbursement to include use of a distant monitoring team

2021 Primary Care Support Tactics

Planning Tactic: Engage SCTA lead *Primary Care Support* partners to draft operational workplans with milestones for service and support strategies through 2022.

> **Milestones:**
> - **March 2021:** Convene clinical providers to orient to *Primary Care Support* strategy and obtain feedback on prioritized activities to advance strategy. Draft tactical workplan to outline subtactics/milestones.
>   *Partners: Prisma Health, McLeod Health, MUSC, SCPHCA, USC, PCC, FQHC representatives*
> - **June 2021:** Convene non-clinical support entities to review and provide feedback on drafted *Primary Care Support* workplan. Establish measurement and metric definitions. Finalize tactical plans through CY 2022 and obtain approval from SCTA Advisory Council.
>   *Partners: PCC, SCAHEC, USC, MUSC COE, SCETV, various SCTA workgroups (education, CAT, sustainability, telementoring), clinical partners listed above*
> - **September 2021:** Institute new governance and workgroup structure to ensure successful execution of updated tactical plan. Publish operational workplan and produce quarterly reports on progress.

Service Tactic: Maintain current champion *Primary Care Support* clinical programs, and report utilization and growth occurring within this clinical strategy area.

> **Milestones:**
> - **March 2021:** Collect utilization data for champion *Primary Care Support* programs listed below for 2020 to be included in SCTA Annual Report. Collect progress updates from all partners on any activities advancing the *Primary Care Support* strategy and include in SCTA Q1 Quarterly Report.
> - **June 2021:** Collect progress updates from all partners on any activities advancing the *Primary Care Support* strategy and include in SCTA Q2 Quarterly Report. Establish measurement and metric definitions.
> - **September 2021:** Develop and implement updated, streamlined quarterly reporting plan structured around new strategy and tactical workplans
>
> *Partners: Prisma Health, McLeod Health, MUSC, SCPHCA, USC, PCC, FQHC representatives*

Primary Care Support Example Services
• Project ECHO/Telementoring
• Nutrition Counseling
• Diabetes Remote Patient Monitoring
• Diabetic Retinopathy Screening

Health Equity

Targeted, novel initiatives will close the gap in access to health care services for high priority health disparities

These are services whose primary intent is to reduce a health disparity and make progress toward achievement of health equity across the state. The value metric should be a measure of health disparity or related process measure. The service should plan for sustainability, though a diversity of funding sources is often required to achieve this goal.

Progress Metrics
Decrease in access to care inequities for target populations

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish program-based metrics that account for the scope of specific health care disparities and the progress towards mitigation	Optimize technologies that balance maximum utilization of underserved patients and cost effectiveness	Establish program-based educational materials that incorporate community engagement	Advocate for permanent removal of originating site, provider type and code limitations that are barriers to access Optimize a diversity of funding opportunities to advance the reach champion services Advocate for exclusion of TeleMAT from Ryan Haight Act

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2021 Health Equity Tactics

Planning Tactic: Engage SCTA lead *Health Equity* partners to draft operational workplans with milestones for service and support strategies through 2022.

> **Milestones:**
> - **March 2021:** Convene clinical providers to orient to *Health Equity* strategy and obtain feedback on prioritized activities to advance strategy. Draft tactical workplan to outline subtactics/milestones.
>   *Partners: Prisma Health, McLeod Health, MUSC, SRHS, FQHC representatives, SC DAODAS, SCDMH, SC Free Clinic Association, Clemson, SC DHEC, PCC*
> - **June 2021:** Convene non-clinical support entities to review and provide feedback on drafted *Health Equity* workplan. Finalize tactical plans through CY 2022 and obtain approval from SCTA Advisory Council.
>   *Partners: PCC, SCAHEC, USC, MUSC COE, SCETV, various SCTA workgroups (education, CAT, sustainability, school-based telehealth), clinical partners listed above*
> - **September 2021:** Institute new governance and workgroup structure to ensure successful execution of updated tactical plan. Publish operational workplan and produce quarterly reports on progress.

Service Tactic: Maintain current champion *Health Equity* clinical programs, and report utilization and growth occurring within this clinical strategy area.

> **Milestones:**
> - **March 2021:** Collect utilization data for champion *Health Equity* programs listed below for 2020 to be included in SCTA Annual Report. Collect progress updates from all partners on any activities advancing the *Health Equity* strategy and include in SCTA Q1 Quarterly Report.
> - **June 2021:** Collect progress updates from all partners on any activities advancing the *Health Equity* strategy and include in SCTA Q2 Quarterly Report. Establish measurement and metric definitions.
> - **September 2021:** Develop and implement updated, streamlined quarterly reporting plan structured around new strategy and tactical workplans
> *Partners: Prisma Health, McLeod Health, MUSC, SRHS, CareSouth Carolina, SCDMH*

Health Equity **Example Services**
- School-Based Telehealth - Women's Reproductive Behavioral Health - Tele-MAT - Maternal Fetal Medicine - Health Care for the Homeless - Pediatric Intensive Care Telehealth - Telehealth Resilience and Recovery Program

Cost Avoidance

Telehealth services with proven cost reduction will be available to health systems throughout the state

These services are intended to reduce unnecessary health care costs through a reduction in inappropriate emergency room use, hospitalizations and readmissions, and other avoidable costs.

Progress Metrics
Total annualized cost savings directly related to the telehealth services

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish an understanding of best-practice impacts from national models leveraging telehealth to reduce costs	Establish an understanding of informatics and technology functionalities for successful cost reduction initiatives	Establish tailored training materials to support best-practices for cost reduction programs	Incorporate cost saving interventions into shared risk contracting

2021 Cost Avoidance Tactics

Planning Tactic: Create a forum to discuss strategies and best practices for cost-avoidance in telehealth program models.

Milestones

- **March 2021**: Identify SCTA cost-avoidance champions and convene to discuss approach and appropriate format for discussion.
- **June 2021**: Schedule and hold forum, engaging external speakers and educational resources as appropriate.
- **September 2021**: Create summary document of findings and educational resources discussed in forum, distribute to SCTA partners. Incorporate best practices for cost-avoidance into 2022 tactical plan.

Partners: *Prisma Health, McLeod Health, MUSC, SRHS, SCDMH*

Cost Avoidance **Example Services**
- Continuous Virtual Monitoring (CVM/TeleSitter)
- Mobile Crisis Response
- Post-discharge CHF home monitoring program

Business and Institutional Support

Businesses and Institutions in our state will have access to telehealth partnerships which enhance the health of their populations

These services are intended to support the provision of healthcare and wellness initiatives for defined populations through contracted arrangements. These populations are typically higher-education students, employees of a business, residents of a long-term care facility or residents of correctional facilities.

Progress Metrics
Increase in number of institutions with populations receiving health and wellness managed through a telehealth partnership

Supporting Tactical Goals

Outcomes	Technical Infrastructure	Education and Training	Advocacy and Awareness
Establish institution specific population health and access metrics	Optimize technologies towards high utilization in the target population	Establish tailored training materials to support champion programs	Advocate for removal of originating site restrictions and extending CMS innovations for remote monitoring and asynchronous care

2021 Institutional Support Tactics

Planning Tactic: Create a forum to discuss strategies and best practices for telehealth program models to support institutions

> **Milestones:**
> - **March 2021:** Identify SCTA partners and create a meeting cadence to discuss best practices and experiences in providing telehealth services to support institutions in SC.
> - **September 2021:** Summarize findings in best-practice document to be distributed to SCTA partners.
>
> _Partners:_ _Prisma Health, McLeod Health, MUSC_

Business and Institutional Support **Example Services**
• Student Tele-Mental Health Services • Correctional Specialty Consultations • Long-Term Care Facilities • Employee Health