

SCTA Quarterly Report

CY19 Quarter 2

Progress achieved on the 2019 SCTA Strategic Plan

April- June 2019

Executive Summary

In the second quarter of 2019 (CY19Q2), the SCTA continued to make progress achieving the goals outlined in its *2019 SCTA Strategic Plan*. The **IT Workgroup** reported its discussions and findings related to vendor interoperability and SCTA outpatient telehealth IT support (Appendix A). The **SCTA regional hubs** continued to build and scale their telehealth programs, with new pediatric and adult services going live this quarter. The SC Department of Mental Health continued to lead the statewide efforts to **broaden mental health care access** via telehealth. PCC hosted its largest **Annual Telehealth Summit** yet, and SC AHEC developed three **online telehealth education modules** to its learning management system. Notably, in recognition of its collaboration, the SCTA was awarded the **President's Award for Transformation of Healthcare Delivery** by the American Telemedicine Association (ATA) this past quarter. Finally, the SCTA continued to make progress evaluating its programs, using patient stories to promote telehealth's impact, and advancing telehealth's sustainability through engagement with payers.

This report provides further details on these accomplishments from CY19Q2 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.

In CY19Q2, the **IT Workgroup** continued the review of SCTA outpatient telehealth sites to identify any gaps in IT support coverage and to determine whether any coverage situations require role clarifications. Several specific situations were identified as areas of focus for improved coordination including: sites with multiple telehealth programs, smaller health systems that may not have capacity to support telehealth internally, sites where both Palmetto Care Connections and the SCTA are providing support, and sites where one SCTA organization is providing the telehealth service but another is providing the IT support. As a first step in addressing these identified coordination risks, the IT workgroup proposed two supports roles: (a) Technical Consultant and (b) Technical Support. The Technical Consultant provides a telehealth originating site with information and advice regarding site preparedness and ongoing telehealth clinical activity. The Technical Support role provides the duties of the Technical Consultant, as well as direct operational support to the site. These roles were preliminarily applied to outpatient sites based on current state, and distributions of assignments were shared with the workgroup in a report (**Appendix A**). (1.1)

As an effort to continue **advancing an open-access network**, the SCTA and PCC had two major telehealth vendors with a significant presence in SC present at the Annual Summit in April on their interoperability roadmaps. In addition to this presentation, the IT Workgroup also received a direct presentation from another vendor during one of their workgroup meetings. Using these presentations, as well as the collective experience of the group, IT leaders arrived at a consensus to guide future decisions on technology choices made by SCTA members. These conclusions are included in **Appendix A** and were shared with the SCTA Advisory Council at its May meeting. (1.2)

Progress continued on the **centralized credentialing pilot**, led by Palmetto Care Connections. The pilot has faced some challenges, particularly with regards to the work required of a hub provider to upload their provider information. PCC, MUSC, and SCDMH have been meeting to discuss these challenges, and the group has developed surveys and other feedback mechanisms that will help PCC and the SCTA assess the long-term feasibility and value of the centralized credentialing pilot. (1.3)

2019 SCTA Strategy 1 - Milestones

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

Milestones	Timeline	Champion	Status	Notes
Tactic 1.1: 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	Pending	Due Q3
Tactic 1.2: 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	
Tactic 1.3: 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	In Progress	
Report on overall success of pilot and determine feasibility for expansion of program.	September	PCC	In Progress	Due Q3

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) continues to lead the SCTA's efforts to expand broadband access in rural communities. PCC led a number of broadband promotional initiatives during CY19Q2: PCC hosted a webinar on broadband as part of its Wednesday Webinar series; provided education on broadband at the Annual Telehealth Summit (see Strategy 5); partnered with SCETV to showcase the transformative work of enhanced broadband and telehealth in Bamberg County; and is currently in the process of rebranding and updating its website, which will include more resources around broadband connectivity. In addition to these efforts, PCC has been participating in monthly SC Promise Zone meetings, focusing on increasing broadband within the six SC Promise Zone counties (Allendale, Bamberg, Barnwell, Hampton, Jasper, and Colleton). PCC also has been advocating on the federal level for enhanced broadband, having had meetings with the SC Federal Reserve Bank, Representative James Clyburn's office, and representatives at the White House. Finally, SCHA, SCORH, and PCC have formed a partnership to further promote and fund broadband in SC, and these initiatives will be delineated in the 2020 strategic plan. (2.1)

In CY19Q2, PCC continued to engage community leaders and organizations about the possibility of developing a regional telehealth access center in the Allendale, Bamberg, Barnwell, and Hampton region. Potential sites that have been a part of the discussion include a private pharmacy in Bamberg County, a pediatric practice in Jasper County, the new freestanding ED in Denmark, and PCC's headquarters. In the quarters to follow, PCC will be assessing the costs and feasibility of these various opportunities and reporting these to the SCTA to determine whether to incorporate into next year's plans. (2.3)

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
Tactic 2.1: 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	
Tactic 2.2: 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)				
Tactic 2.3: 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	Pending	Due Q3

Driving Strategy 3

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

Supporting Community Hospitals

In CY19Q2, the SCTA advanced its conversations with the SC Hospital Association (SCHA), the SC Telestroke Coordinators Group, and MUSC's Teleneurosciences and Tele-ICU teams to explore metrics that might be used to identify stroke and critical care needs in the state. The telestroke and ICU teams have identified additional questions that might be added to future hospital surveys administered by the hospital association, and the Telestroke workgroup has agreed to begin reporting utilization data at the hospital level to help identify opportunities for growth and quality improvement. (3.1.A, 3.1.D)

With the support of the **SC Children's Telehealth Collaborative (CTC)**, the four **SC children's hospitals** have continued to advance **pediatric critical care telehealth programs** within their organizations, with Prisma Health and MUSC Health both live with their programs and focused on increasing volumes. This quarter, MUSC Health transitioned its pediatric critical care telehealth program to a new technology platform to make the program consistent with MUSC's other inpatient telehealth services. This transition afforded opportunities to re-educate MUSC's PICU providers and partner sites both on workflows and on early identification of pediatric compromise that might warrant telehealth consultation. These efforts have already led to an uptick in utilization of this program. In addition to these efforts, **Prisma Health-Midlands** is in the process of expanding its PICU/NICU telehealth program to a new site, Prisma Health Baptist Hospital, this fall. **McLeod Health** continues to work toward implementing their own pediatric critical care program. (3.1.B)

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			
Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services.							
Subtactic 3.1.A: 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	Complete			
Formulate a plan to address service improvement needs and collection of statewide metrics.	June	MUSC Health		Addressing service improvement needs and coordinating collection of statewide metrics is an ongoing discussion within the Telestroke Workgroup which meets quarterly.			
Communicate plan to SCHA members.	September	MUSC Health					
Subtactic 3.1.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	Complete				
Clinical and operational workflows drafted.	June	Children's Telehealth Collaborative	Complete				
Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).	September	Children's Telehealth Collaborative	In Progress				
Subtactic 3.1.C: 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	Complete	Sites have begun to report utilization by service line and site on a biannual basis. This process will continue to be honed in the year to come.			
Use data to inform further program growth and optimization.	June	Prisma Health, McLeod Health, MUSC Health		Ongoing			
Subtactic 3.1.D: 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				
Formulate a plan to further address the state's critical care quality needs, complemented by tele-ICU.	June	MUSC Health	Transitioned	Metrics have been identified and will be incorporated into future surveys administered by the SCHA.			
Communicate that plan to SCHA members and other key stakeholders.	September	MUSC Health		Leveraging telehealth to address SC's critical care needs is ongoing.			

Driving Strategy 3

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

Supporting Community Hospitals (continued)

To support these and other pediatric telehealth efforts, in CY9Q2 the **CTC** conducted site visits to McLeod Children's Hospital, Prisma Health Children's Hospital-Midlands, and Prisma Health Children's Hospital-Upstate. Discussions included active pediatric critical care programs (PICU, NICU, transport), programs currently in development, current barriers to implementation, and possible strategies for moving forward. In CY19Q2, the CTC also hosted a webinar for its member sites with Dr. John Chou, Associate Professor of Neonatology at Children's Hospital of Philadelphia. Dr. Chou discussed the development of telehealth program metrics and outcomes. (3.1.B)

In addition to these specific pediatric initiatives, SCTA partners continued to grow other hospital-based telehealth service lines in CY19Q2. **Prisma Health - Upstate** expanded its infectious disease teleconsultations to Oconee Memorial Hospital in May. **McLeod Health** went live with its vascular teleconsultation program to McLeod Clarendon Hospital, with plans to extend that program to McLeod Dillon and Clarendon as well next quarter. Additionally, McLeod will be expanding its pulmonary teleconsultation program to Clarendon Hospital next quarter. **MUSC Health** continued its focus on growing its infectious disease, palliative care, infection control, antibiotic stewardship, and inpatient telepsychiatry services. In CY19Q2, MUSC Health went live with infectious disease consults at Tidelands Waccamaw and Georgetown campuses. As each of the major hub health systems grow their services, they have begun to report utilization by service line as well as by site for particular services. (3.1.C)

Supporting Primary and Ambulatory Care

As part of its focus on primary care, the MUSC HRSA-funded Telehealth **Center of Excellence (COE)** has begun to evaluate the role and impact virtual urgent care has on primary care engagement. Having identified data and research questions, the team hopes its research will help inform a model for virtual urgent care that is "primary care friendly." As research progresses, the COE will make sure to disseminate findings within the SCTA in addition to its national audiences. (3.2.A)

2019 SCTA Strategy 3 - Milestones

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.				
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	Pending	Due Q3
Subtactic 3.2.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 incorporated in to 2020 planning.
Subtactic 3.2.C: 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	Pending	Due Q3
Subtactic 3.2.D: 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	Pending	Due Q3

Driving Strategy 3

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

Supporting Primary and Ambulatory Care (continued)

Growing **remote patient monitoring (RPM)** programs and developing sustainable models for their deployment continue to be a focus among the health systems participating in the SCTA. Prisma Health - Upstate continued to deploy **Babyscripts**, an RPM program that supports pregnant mothers, throughout its OB/GYN sites. Prisma Health - Midlands and MUSC Health maintained their RPM programs focused on **congestive heart failure** patients. MUSC Health continued to grow its RPM program for **diabetes** and is now actively monitoring nearly 700 patients across South Carolina at different MUSC, FQHC, and free clinic sites (~100 more patients were being monitored In CY19Q2 than in CY19Q1). With CMS having released new billing codes for RPM, MUSC Health continues to work toward piloting their use within its primary care-based RPM program focused on patients at risk of diabetes and heart disease. (3.2.B)

In CY19Q2, MUSC Health's **regional access clinic** at Tidelands Health continued to have high volumes, with plans to add new services to the clinic in the upcoming quarter. These include: pre/post-aneurism procedure consultations, heart failure clinic, and ENT teleconsultations. In addition to the discussions PCC is having in the Allendale, Bamberg, Barnwell and Hampton counties (see tactic 2.3), MUSC Health is exploring 2-3 additional sites to develop new regional access clinics, replicating the success they have had at Tidelands. These plans will be incorporated into 2020 planning. (3.2.C)

Supporting other Population-based Settings

In CY19Q2, school-based health continued to expand. **MUSC Health** completed its implementation of a new software platform in over 60 schools. As previously reported, this platform allows for a smoother scheduling process and also supports tiered call pools, allowing multiple provider groups to receive appointment requests in an organized fashion. The program has already seen increased utilization and heightened collaboration as a result of this implementation. Additionally, **Prisma Health** expanded its school-based telehealth program into two new schools in the Upstate last quarter; **McLeod Health** finalized the agreements with Florence 1 Schools and The King's Academy to provide school-based telehealth services, with plans to go live in five schools next quarter; and **Spartanburg Regional Health System** continued to grow its school-based telehealth program, with plans to go live in three new schools next quarter. Finally, in CY19Q2, FQHCs continued to work toward developing their own school-based telehealth programs, joining the larger health system partners in helping extend care to SC's children. (3.3.A)

2019 SCTA Strategy 3 - Milestones

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	Pending	Due Q3
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 will be addressed 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	In Progress	
Implement pilot TeleCAP program.	September	Children's Telehealth Collaborative	Pending	Due Q3

Driving Strategy 3

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

Supporting other Population-based Settings (continued)

A new SCTA initiative in 2019 championed by the Children's Telehealth Collaborative (CTC) is to support the state's Child Advocacy Centers (CACs) by developing a **telehealth child abuse pediatric (TeleCAP) program**. While there have been a number of challenges getting this program off the ground, the CTC has been working closely with Dr. Olga Rosa to advance this initiative and has identified Prisma Midlands Orangeburg Clinic as a potential pilot site. This clinic serves as medical support to a number of CACs in that area. The team has identified the equipment needed for this service and begun to define the clinical workflow. Additionally, the CTC has been assisting with provider recruitment for this program, a challenge given there are only 22 providers statewide with this specialized child abuse pediatric training. **(3.3.C)**

Supporting Direct-to-Consumer Telehealth

The **Direct-to-Consumer Workgroup**—comprised of representatives from Beaufort Memorial, BCBSSC, McLeod Health, MUSC Health, Prisma Health-Midlands, and Prisma Health-Upstate—continued to share metrics and data with one another, and this past quarter invited members from SCETV to join their meeting to explore possible promotional content that could best address direct-to-consumer adoption. **(3.4.A)**

As part of their participation in the CTC, each of the SC children's hospitals have identified opportunities to address the needs of medically complex children in the home or at another convenient location, and in CY19Q2 all sites had made considerable progress in developing their service line. **McLeod Children's Hospital** worked with its Rehab Services Department to develop a pediatric telehealth program addressing the physical, occupational, and speech therapy needs of their pediatric population, and they plan to go live with their program next quarter. **Prisma Health-Midlands Children's Hospital** made progress on integrating pediatric asthma and diabetes management into its preexisting school-based telehealth program, and they also went live with pediatric cardiology consults to two of their clinic sites. **Prisma Health-Upstate** focused on developing a telehealth solution to support vent-trach dependent patients and other medically complex children seen at its Ferlauto Clinic, with plans to go live with teleconsultations next quarter. **MUSC Health** also focused on a telehealth program for chronic vent-trach patients, building on their already existing pediatric cardiology intrastage monitoring program. The CTC supported the development of all these programs, working closely with physician and operational leadership to develop the appropriate workflows. **(3.4.B)**

2019 SCTA Strategy 3 - Milestones

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	
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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	
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Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.	September	Prisma Health	Pending	Due Q3
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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	
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Clinical and operational champions identified and workflows drafted.	June	Children's Telehealth Collaborative	Complete	
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Implement the pilot service for medically complex children.	September	Children's Telehealth Collaborative	Pending	Due Q3
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Driving Strategy 4

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

Partnering with other health systems and organizations, the **SC Department of Mental Health (SCDMH)** continues to lead Strategy 4 focused on increasing mental health care access via telehealth.

As of the close of CY19Q2, SCDMH had identified and was in discussions with 16 potentially new sites to include in its **Emergency Department Telepsychiatry Program**. Of these, one new emergency department will join the program next quarter. To date, SCDMH has provided over 50,000 comprehensive evaluations within the ED Telepsychiatry Program since the program's inception. The trend-line in the monthly number of comprehensive evaluations continues to rise. (**4.1.A**)

The **EMS Telehealth Project** at the Charleston-Dorchester Community Mental Health Center continued to grow in CY19Q2. Through this program, mental health clinicians are able to support emergency responders responding to individuals in psychiatric crisis, helping to de-escalate the crisis and provide linkage to ongoing treatment and other resources. This program continues to decrease the time needed to complete an intervention and allows ambulances to more quickly return to service through avoiding transport to the emergency department. The EMS Telehealth Project has provided 1,402 assessments through June 2019, and the CY19Q2 activity represented an 8.4% increase over the previous quarter. (**4.1.B**)

Building on its longstanding success in providing telepsychiatry to its own network of community mental health centers, SCDMH has partnered with an outpatient clinic in Charleston to provide telepsychiatric services to its patients. Aside from the community hospitals in the ED Telespsychiatry program, this will be one of the first of SCDMH's external partners to deploy SCDMH's in-house, cloud-based information sharing platform that enables telepsychiatry. SCDMH continues to explore opportunities to partner with additional primary care and related-care providers. The success of these partnerships depends on the readiness of the primary care partner to utilize telehealth services, the availability of staff from the community mental health center to provide the services, and access to sufficient bandwidth connectivity to facilitate the audio and video interaction. (**4.2.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				
Tactic 4.1: Support rural hospitals with the availability of mental health and related clinical services and programs.								
Subtactic 4.1.A: 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						
Subtactic 4.1.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.				
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						
Tactic 4.2: Support primary care and related care providers with integrated or aligned 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.								
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.

In CY19Q2, SCDMH continued its **provider recruitment efforts**. SCDMH onboarded 15 new providers last quarter, expanding its roster to include 22 psychiatrists in its ED Telepsychiatry Program and over 50 psychiatrists in its Community Telepsychiatry Program. Additionally, SCDMH has been successful in recruiting APRNs for telepsychiatry, and to date SCDMH has deployed 4 APRNs to provide services in SCDMH's programs. SCDMH also continued to work toward adding physician assistants to its pool of physician extenders, which would further expand the provider capacity of its programs. (4.3)

The SCDMH Office of Network Information Technology opted to develop an in-house, cloud-based **information sharing platform** to be deployed by the ED Telepsychiatry Program. The program was developed throughout the first two quarters of this calendar year, and testing and training will begin in the quarters to follow. (4.4)

SCDMH's Pee Dee Community Mental Health Center continued to partner with MUSC, the SCTA, Darlington One School District, and local private providers to provide a comprehensive array of physical and mental health services to students within the **Darlington One School District**. The program went live this year, with SCDMH having deployed an APRN to provide mental health care to multiple Darlington school site locations. Additional SCDMH Community Mental Health Centers are capitalizing on this early experience to deploy telepsychiatry in their own school districts. (4.5.A)

In collaboration with its Community Mental Health Centers, SCDMH began to extend telepsychiatry services to other innovative service settings in CY19Q2:

- SCDMH began implementing telepsychiatry into **3 drop-in centers** in the Santee-Wateree catchment areas about its services;
- SCDMH began working with a local **county detention center** to extend telepsychiatry services into that facility; and
- Within its broader model of providing psychiatric services to **law enforcement, EMS, and firefighters**, SCDMH has begun to explore ways telehealth can be leveraged to increase access.

In addition to the above, SCDMH plans to coordinate its assessment services within its skilled nursing facilities via telehealth. In CY19Q2, SCDMH conducted initial testing of the protocol, which they plan to roll out once their new information sharing platform is in place. (4.5.B)

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			
Tactic 4.3: 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					
Tactic 4.4: 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	Pending	Due Q3			

Driving Strategy 4

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

To better coordinate state efforts to extend access to **medication assisted treatment (MAT)** through telehealth, the Tele-MAT workgroup continued to meet and provide updates on expansion and utilization of services. Participants include representatives from **DAODAS, the 301s/Behavioral Health Services Association, MUSC Health, PCC, Ohio Valley Physicians (OVP), and SC AHEC**. At its CY19Q2 meeting, the group identified the importance of collecting utilization data across organizations, noting considerable challenges to achieve this. The workgroup agreed to explore potential solutions, including exploring how the 301 electronic medical record might be leveraged. The workgroup discussed prescribing laws as a major barrier in need of advocacy and also identified areas in the MAT space that require ongoing education. (**4.6.A, 4.6.B**)

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			
Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.							
Tactic 4.5.A: 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	Pending	Due Q3			
Subtactic 4.5.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	Pending	Due Q3			
Tactic 4.6: Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medication assisted treatment (MAT).							
Subtactic 4.6.A: 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, 301s, MUSC Health	Complete				
Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).	June	DAODAS, 301s, 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, 301s, MUSC Health	Pending	Due Q3			
Subtactic 4.6.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 301s.	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 301s.	June	MUSC Health (SC MAT ACCESS)	In Progress				
Develop a report based on evaluation of tele-MAT models.	September	MUSC Health (SC MAT ACCESS)	Pending	Due Q3			
Subtactic 4.6.C: 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	DAODAS, SCDMH	Transitioned	PCC has begun to engage Morris Village about potential opportunities to leverage telehealth to support continuity of care. This work will be incorporated into 2020 planning.			
Establish clinical and operational workflows and training.	June	DAODAS, SCDMH					
Implement pilot of telehealth service(s).	September	DAODAS, SCDMH					

Driving Strategy 5

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

PCC and SC AHEC continue to lead the efforts on telehealth education in the state. In CY19Q2, SC AHEC began meeting regularly with SCETV to discuss current and future telehealth initiatives and ways to collaborate and coordinate on to telehealth education and promotion. As part of these efforts, SC AHEC developed an annotated bibliography of the SCETV My Telehealth campaign videos to assist educational partners in accessing and utilizing videos for curricular integration. In collaboration with PCC and the SCTA, SC AHEC also developed 3 **online telehealth learning modules**, which were posted for on-demand use in the SC AHEC learning management system. These include: (a) Telehealth Foundations, (b) Tele-presenting, and (c) Telehealth Billing and Reimbursement. Between these modules and PCC's ongoing Webinar Wednesday series, SCTA partners provided multiple avenues for convenient, online telehealth education. (5.1, 5.2)

A hallmark telehealth event for South Carolina, PCC hosted the **7th Annual Telehealth Summit**, which took place on April 2-3. Close to 300 people participated in the Summit, and over 60 speakers participated across the diverse plenary, breakout, and poster sessions. In addition to a wide array of both local and national telehealth leaders, the Summit included an address from **Governor Henry McMaster**, who praised the state for its leadership in the telehealth space. This Summit had the largest number of attendees yet as compared to past summits, and post-conference evaluations were overwhelmingly positive. (5.1, 5.2)

In addition to the Summit, PCC hosted a **regional telehealth symposium** in Greenville in collaboration with Upstate AHEC, Anderson University, and the SCTA. Session topics included broadband, smart exams (DTC), telemental health, telehealth educational resources, an overview to the SCTA, and legal considerations for providers offering telehealth services. Over 60 people attended this in-person, daylong training event. (5.1, 5.2)

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
Tactic 5.1: 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	Pending	Due Q3
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.				
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 Online training program posted in CY19Q2; survey to be incorporated into 2002 planning. Ongoing	
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	Telepresenter module posted in Cy19Q2. Other module development to be incorporated into 2020 planning.	
Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019	September	PCC	In progress First regional meeting occurred in CY19Q2; the 2nd is in planning stages.	

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.

Continued communication and ongoing stakeholder engagement remain a priority for the SCTA. In CY19Q2, the SCTA continued to support its various workgroups across its structure to ensure progress on strategic plan deliverables. SCTA leadership played an active role in PCC's Telehealth Summit and Regional Symposium, using these opportunities to connect with telehealth stakeholders in attendance and introduce new South Carolinians to the SCTA's goals and structure. In CY19Q3, the SCTA and PCC will host a joint telehealth stakeholder meeting, highlighting new telehealth providers and allowing constituents an opportunity to share feedback with the SCTA as it heads into fall strategic planning. (6.1)

Of particular note, the SCTA was awarded the **President's Award for Transformation of Healthcare Delivery** by the American Telemedicine Association (ATA) this past quarter. Only given to one organization in the country each year, this award *"recognizes the leadership of an organization that incorporates virtual healthcare services as part of an initiative resulting in improved quality and better value healthcare for a large population of patients."* Further positioning South Carolina's telehealth expertise on the national stage, this award affirms the hard work that has gone into building the SCTA's collaborative organizational structure. Representatives from PCC, McLeod Health, MUSC Health, Prisma Health, SC AHEC, and SCDMH attended the awards ceremony at the annual ATA conference in May. (6.1)

In terms of establishing unified opinions, the SCTA Advisory Council and Sustainability Workgroup discussed how they might inform the recent SC legislative proviso language related to increasing payer coverage (see Tactic 8.2). SCTA leadership will be meeting with key SCHA, DHHS, and PEBA stakeholders in the quarters to follow to advance these discussions. (6.2)

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
Tactic 6.1: 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		
Organize work-group structure for maximum SCTA participant benefit	June	SCTA Advisory Council Co-Chairs	Ongoing	
Maximize inclusion in annual strategy planning	September	SCTA Advisory Council Co-Chairs		
Tactic 6.2: 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		
Develop SCTA priority or issue statements as needed.	June	SCTA Advisory Council Co-Chairs	Ongoing	
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.

Significant strides have been made to establish the value case for telehealth through robust assessment and analysis of telehealth outcomes. Under the leadership of Dr. Meera Narasimhan, **USC School of Medicine** partnered with Prisma Health and McLeod Health to evaluate their **direct-to-consumer virtual care solutions**. In CY19Q2, Dr. Narasimhan presented a report of preliminary findings to the SCTA Advisory Council, highlighting outcomes that point to increased access, value, and quality as a result of these services. The USC team is currently in the process of developing a manuscript for peer-review publication outlining these findings. (7.1)

As previously reported, MUSC's HRSA-funded **Telehealth Center of Excellence (COE)** has been working closely with MUSC's telestroke and school-based telehealth programs to demonstrate the population health impact of these programs. Of note, in CY19Q2, the COE's analysis demonstrating a population health impact of MUSC's school-based telehealth program on the pediatric asthmatic population in Williamsburg County was submitted and accepted for publication in **JAMA Pediatrics**, the country's preeminent pediatric academic journal. (7.1)

In CY19Q2, the SCTA successfully partnered with **SC Clinical and Translational Research Institute (SCTR)** to administer the now joint SCTA/SCTR **telehealth pilot grant program**. In response to the RFA released in CY19Q1, SCTR received 13 pre-applications from potential grantees and, of these, 9 individuals were invited to submit a full application. The SCTR Telehealth Scientific Review Committee—which includes representatives from the SCTA—will meet next quarter to make decisions regarding these pilot awards. (7.2)

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
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				
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	Pending	Due Q3
Tactic 7.2: Foster telehealth research across the state through telehealth-oriented research support and pilot funding.				
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	Pending	Due Q3

Driving Strategy 8

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

In CY19Q2, with the help of an external consultant, the **Content Advisory Team (CAT)** met to discuss cross-promotional opportunities within the SCTA. The CAT agreed to develop an online toolkit with images, infographics, flyers, and other collaterals to be used across partner sites. This initiative was incorporated into the SCTA marketing plan, and the online repository will be posted to the SCTA website in CY19Q3. (8.1)

In addition to the work of the CAT, **SCETV** continued to build the library of features as part of the ongoing **My Telehealth** campaign. In CY19Q2, the following videos were completed, a number of which were prominently featured during the Annual Telehealth Summit:

- *Telestroke Aids in Pastor's Miraculous Recovery*
- *Innovation in Pharmacy School Transforming Rural Care*
- *Rural Doctor Using Innovative Care to Connect Community*
- *Dave Garr: South Carolina Telehealth Pioneer Award*
- *John Magill: South Carolina Telehealth Champion Award*
- *South Carolina Earns National Honor for Healthcare Transformation*
- *Doctors Use Telehealth to Save Little Girl's Life*
- *Rural Communities Take Center Stage at Telehealth Summit*
- *Through a Hurricane: Pee Dee Hospital Provides Avenue for Care*

The above videos can be found at <https://www.scetv.org/telehealth>. SCTA partner organizations continue to report these videos as invaluable resources for educating and engaging their own stakeholders. (8.1)

Having updated the SCTA Payer Coverage Priorities in CY19Q1, the **Sustainability Workgroup** met in CY19Q2 to discuss ways individual contracting departments at partner organizations can engage payers around these priorities. The SCTA Advisory Council also discussed coordinating efforts to advocate for increased coverage, especially in light of the **recently released Medicare telehealth codes** (e.g. remote patient monitoring, virtual check-ins, behavioral health integration) and the **proviso language** from this past legislative session calling on DHHS and PEBA to report how they intend to broaden service-based coverage to improve the sustainability of telehealth services. In the quarter to follow, SCTA leadership will work closely with DHHS and PEBA as they draft these reports outlining future coverage plans. (8.2)

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	
Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.					
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	In Progress		
Complete annual public awareness survey and report 2018 and 2019 data to advisory council	December	SCETV	Pending	Due Q4	
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.					
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	In Progress		
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	Pending	Due Q4	

Appendix A:

2019 SCTA IT Workgroup Report

SOUTH CAROLINA
Telehealth
ALLIANCE

SCTA IT Workgroup
2019 Report

Section 1: Reviewing Interoperability Across Telehealth Platforms

The IT workgroup leveraged presentations at the SC Telehealth Summit, a presentation directly to the workgroup, and the collective experience engaging with telehealth vendors to review the current state of interoperability across the endpoints and software designed for telehealth. While not intended to be a comprehensive assessment, a consensus among the IT leaders was reached, which will help guide future decisions on technology choices made by SCTA members. The following conclusions were agreed upon by the workgroup:

- The open-access standards set forth by the SCTA remain relevant, though the increased use of telehealth software continues to create challenges for compliance with these standards.
- Web RTC, i.e. browser-based video technologies, are increasing in their use both with large vendors and with smaller, low-cost vendors. These are not yet incorporated into the SCTA standards.
- Both hardware codec-based video endpoints and software computer-based video endpoints continue to be in use throughout the state. These diverse endpoints can typically be made to communicate with each other, though additional infrastructure and/or IT support may be needed.
- Telehealth vendors utilizing proprietary software have a significant footprint in our state. Among these vendors there is stated commitment towards interoperability in their technology roadmaps. However, the roadmaps generally target using a diversity of endpoints for access rather than true communications between systems of competing vendors.
- At least one vendor has shifted their focus towards being a facilitator of interoperability between telehealth systems and diverse electronic medical records, indicating that this is an area of need in other markets as well as in our state.

Section 2: Enhancing Coordination in IT support for SCTA sites

As an effort to enhance coordination of telehealth IT support in the state, the IT Workgroup conducted a review of the SCTA outpatient telehealth sites included in the 2018 annual reporting to identify any gaps in IT support coverage and determine whether any coverage situations require role clarification. Over 400 outpatient sites were included in this review, including schools, primary care practices, community and rural health centers, and community mental health and drug abuse centers. Findings suggest that of the sites examined, over 80% have clearly assigned entities providing telehealth IT support. Conversely, this review did identify that up to a fifth of sites may benefit from role clarification.

SOUTH CAROLINA
Telehealth
ALLIANCE

The following specific situations were identified as areas of focus for improved coordination:

- Sites that have multiple telehealth programs in place, sometimes with multiple health systems serving as provider (e.g. an FQHC receiving remote patient monitoring support from MUSC, receiving telepsychiatry from USC, and providing school-based telehealth to the local school district)
- Smaller health systems/networks where it is unclear whether they have the capacity to support telehealth internally with their own IT team or alternatively need that support from PCC or the SCTA (e.g. an FQHC with a strong IT team may not need external support for ongoing telehealth and may just want an occasional consultation from PCC or SCTA)
- Sites where both Palmetto Care Connections and the SCTA are providing support in one way or another and may need a clarification of roles (i.e. schools, FQHCs, locations in the Bamberg/Barnwell region, 301s receiving MUSC services).
- Sites where one SCTA organization is providing the telehealth service but another is providing the IT support (e.g. a school that receives school-based telehealth from an FQHC but receives telehealth IT support from the SCTA).

As a first step in addressing these identified coordination risks, a clarity of support roles is proposed by the IT workgroup as follows:

SCTA Telehealth Site Technical Consultant

Role: The Technical Consultant provides a telehealth originating site with information and advice regarding site preparedness and ongoing telehealth clinical activity. The Technical Consultant also serves to coordinate communications regarding needs and services that are facilitated to the site via members of the SCTA

Specific duties:

- Provide technical site assessments for telehealth readiness including equipment availability and broadband capacity
- Provide resources and information regarding telehealth hardware and software choices available to the site
- Provide information regarding available SCTA resources available to the site
- Be aware of clinical services provided to the site, and be knowledgeable of the equipment and software preferred by the service provider
- When multiple SCTA service providers are engaged with the site, serve to facilitate communications between the service providers as needed
- Assist service providers with dissemination of training materials and service workflows as needed and requested by SCTA service providers

Telehealth

SCTA Telehealth Site Technical Support

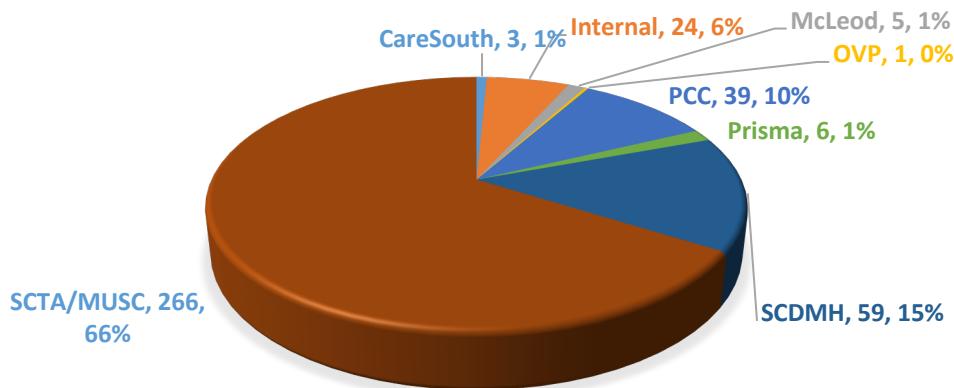
Role: The Technical Support duty provides the duties of the Technical Consultant, and additionally provides direct operational support to the site

Specific additional duties:

- Provide periodic training on the use of the technical hardware and software used by the site
- Assist with communications with telehealth vendors as needed
- Assist any service providers with ongoing technical support needed at the site related to their clinical activities

Preliminarily applying these roles to the sites in current state, the distributions of assignments are displayed in the following graphs:

SCTA IT SITE ASSIGNMENT- SITE SUPPORT



SCTA IT SITE ASSIGNMENT- SITE CONSULTANT

