



SOUTH CAROLINA
Telehealth
ALLIANCE



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Dear Fellow South Carolinians,

With the continued support of the South Carolina Legislature, the South Carolina Telehealth Alliance (SCTA) has continued to experience the growth of new services and connected sites. Whether providing school-based telehealth to a child in Williamsburg or a telehealth visit with a grandparent sitting in their home in Florence, the SCTA is focused on connecting patients with the care they need. As the SCTA, and our institutional collaborations, continues to mature, our ability to collectively identify and focus our efforts on statewide telehealth opportunities has strengthened.

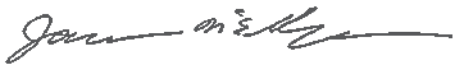
As a telehealth pioneer for our state, the South Carolina Department of Mental Health (SCDMH) has leveraged telehealth to solve statewide psychiatric provider shortages and has provided more than 68,000 psychiatric services via telehealth in its telepsychiatry programs. SCDMH has developed one of the most robust telepsychiatry networks in the country, providing services in hospitals and clinics throughout the state. The SCDMH Telepsychiatry Programs have demonstrated significant cost-savings and increased access to care.

We invite you to learn more information about the SCDMH Telepsychiatry Programs and all of the SCTA programs within this 2017 mid-year report.

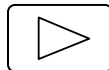
Sincerely,



Kathy Schwarting, MHA, Co-Chair



James T. McElligott, M.D., MSCR, Co-Chair





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 healthcare 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.

Updates to SCTA Strategies

Strategy 1: The SCTA IT Workgroup implemented a help desk system for statewide telehealth support, and the Credentialing Workgroup has developed a novel proposal to streamline statewide telehealth credentialing.

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

Strategy 3: The SCTA has continued to experience rapid growth in telestroke, telepsych, tele-ICU, and school-based health services. In addition, all of the SCTA regional hubs are now delivering telehealth services into patients' homes.

Strategy 2: Palmetto Care Connections has worked to connect more rural SC providers with telehealth capabilities, leveraging FCC funding to improve the affordability of broadband access.

2
Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural.

3
Invest in expanding needed specialty and subspecialty capabilities through telehealth.

4
Conduct statewide education, training and promotion to providers and the public to accelerate and spread adoption of telehealth.

5
Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of healthcare, education and research.

Strategy 5: The SCTA Advisory Council's processes continue to mature as an operations manual was finalized and implemented.

Strategy 4: The SC medical schools are collaborating to begin integrating telehealth educational content within their current curriculum.

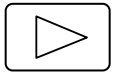
6
Demonstrate to legislators, payers, providers and the public, the impact of telehealth in improving access, quality and affordability.

Strategy 6: The SCTA Content Advisory Team, led by SC ETV, has worked to improved telehealth awareness throughout the state.

Telehealth Events

Telehealth awareness week

South Carolina's first Telehealth Awareness Week was held March 20 – 24 to raise awareness of the work the South Carolina Telehealth Alliance is doing to expand telehealth services across the state. The week was highlighted by an official proclamation from Governor Henry McMaster.



Providers and patients gathered at the State House for a press conference led by State Mental Health Director and SCTA Advisory Council member John Magill from the South Carolina Department of Mental Health.

Representatives from the Greenville Health System, McLeod Health, MUSC Health, Palmetto Health/USC Medical Group and Palmetto Care Connections were also in attendance.

Telehealth Awareness Week will be held each October in the future. The week is designed to bring attention to telehealth activities at the community level across the state.

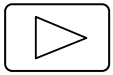


Telehealth Awareness Week proclamation by Governor McMaster



Kelli Garber, MSN, APRN, PPCNP-BC, Lead Nurse Practitioner, Center for Telehealth, Medical University of South Carolina with student Tristen Stuckey, who appeared in a MyTehealth program.

Telehealth Summit



Palmetto Care Connections hosted the 5th Annual Telehealth Summit of SC that was held March 28-30, 2017 at the Columbia Metropolitan Center in Columbia, SC. The Summit, titled “Virtual Reality: Transforming Healthcare Practices in South Carolina,” included state and national telehealth leaders discussing topics such as successful telehealth services, sustainable business models, emerging technologies, and evolving telehealth policies.

The keynote speaker was FCC Commissioner and South Carolina native, Mignon Clyburn, who shared her vision for a more connected country and pledged her ongoing support of telehealth stating that “technology, broadband and other advanced services, can empower and enable us to directly address and tailor-make health care delivery models and services” for all South Carolinians.

The Summit concluded with a panel of South Carolina healthcare leaders that shared outcomes from the annual collaborative strategic initiatives of the South Carolina Telehealth Alliance and discussed the successes and challenges of advancing statewide telehealth.



Telehealth Summit discussion panel, with spotlight on James McElligott, M.D., co-chair of the South Carolina Telehealth Alliance

5th Annual Telehealth Summit of SC Award Winners!

› National Telehealth Champion:

Mignon Clyburn, Federal Communications Commission

› State Telehealth Champions:

SC Representative Murrell Smith, Jr.
SC Senator Thomas Alexander

› Program of Excellence Award:

Tidelands Health Telehealth Program

› Telehealth Community Innovator Award:

Meera Narasimhan, MD, DFAPA

Poster Awards:

› Programmatic Award Winner:

Accelerating Mental Health Recovery After Traumatic Injury Through Telehealth

Danna L. Cook, MA, Jennifer R. Winkelmann, MA, Brywn McMahan, Brian E. Bunnell, Ph.D., Tatiana M. Davidson, Ph.D., Kenneth J. Ruggiero, Ph.D.

› Scientific Award Winner:

Improve Access to Dental Care for Rural and Underserved Populations Using Telehealth Technology

Amy B. Martin, DrPH, Joni D. Nelson, Ph.D., Grishma P. Bhavsar, Ph.D., James McElligott, M.D., David Garr, M.D., Renata S. Leite, DDS

› Viewer’s Choice Award Winner:

Telepsychiatry for Underserved Patients: Development of a Collaborative Treatment Network

M. Frampton Gwynette, M.D., Samir M. Fakhry, M.D., Laura Langston

American Telemedicine Association

2017 International Conference & Tradeshow

Orlando, Florida April 23-25, 2017

The ATA 2017 Conference is considered a premiere event in the telehealth industry that brings together leading healthcare providers, hospitals, physicians, associations, regulators, fast-growing startups, technology companies and industry thought leaders to discuss where and how telehealth is being best leveraged to transform and to re-invent healthcare. Recognized as a national telehealth leader, South Carolina was highly represented in sessions throughout the conference.

› Applying the Triple Aim Methodology to Telemedicine Value

Moderator: James McElligott, M.D., MSCR – MUSC Health

› Electronic Visits for Common Acute Conditions: Evaluation of a New Program

Marty Player, M.D., MSCR; Jessica Bright, Vanessa Diaz, M.D., MSCR – MUSC Health

› Human Factors Considerations in the Design of Home-based Video Telemedicine Systems for Older Adults

Kapil Chalil Madathil, Ph.D.; Sruthy Agnisarman; Shraddha Narasimha – Clemson University
James McElligott, M.D., MSCR; Brandon Welch, Ph.D. – MUSC Health

› Streamlining Telehealth Credentialing

Kathy Schwarting, MHA – Palmetto Care Connections
Alexis Frehse; Annalise Baker-Whitcomb – MUSC Health

› The Telehealth Resilience and Recovery Program: Accelerating Mental Health Recovery After Traumatic Injury

Brian Bunnell, Ph.D.; Jennifer Winkelmann, MS; Danna Cook, MA; Kenneth Ruggiero, Ph.D.; Tatiana Davidson, Ph.D. – MUSC Health

› Use of a Research Collaborative Model to Study Outcomes and Utilization of Pediatric Telehealth

S. David McSwain, M.D., MPH – MUSC Health

› Utilization of Outpatient Telehealth Services in Parity and Non-Parity States

Jillian Harvey, MPH, Ph.D.; Mark Lyles, M.D., MBA; Kit Simpson, MPH, DrPH; James McElligott, M.D., MSCR; Shawn Valenta, RRT, MHA – MUSC Health

› Utilizing Telehealth Simulation Technologies to Educate Students and Improve Clinical Effectiveness

Ragan DuBose-Morris, Ph.D. – MUSC Health

› VTC-Virtual Teleconsultation Services: A Roadmap from Pilot Project to Established State-Wide Service

Aaron Leshner, M.D., MSCR; Brittany Pinckney; Samir Fakhry, M.D., FACS; Laura Langston – MUSC Health

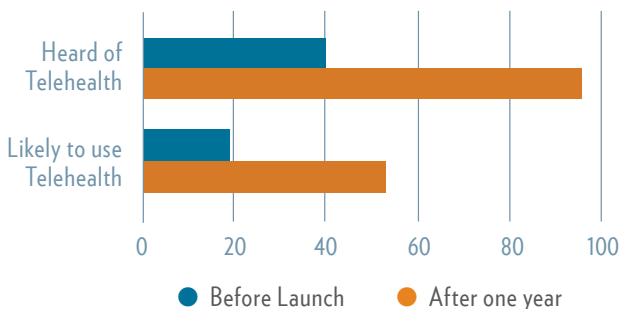
My Telehealth

My Telehealth campaign



The SCTA's collaboration with SC Educational Television (SC ETV) works to promote the work of the SCTA as a whole and the programs within it. The overall marketing plan includes multiple distribution channels such as a monthly e-newsletter, social media, and the My Telehealth campaign which consists of promotional videos, podcasts, and interviews. SC ETV's My Telehealth campaign is geared towards increasing the awareness of what telehealth is and the understanding of the success stories and opportunities it provides within the South Carolina healthcare delivery system.

Percent of respondents before and after launch of My Telehealth



The radio stories with the My Telehealth campaign aired state-wide **51** times.

South Carolina Public Radio's audience weekly reach is **352,100** listeners.

The video stories with the My Telehealth campaign aired state-wide on Palmetto Scene **14** times.

South Carolina ETV's audience weekly reach is **534,762** viewers.

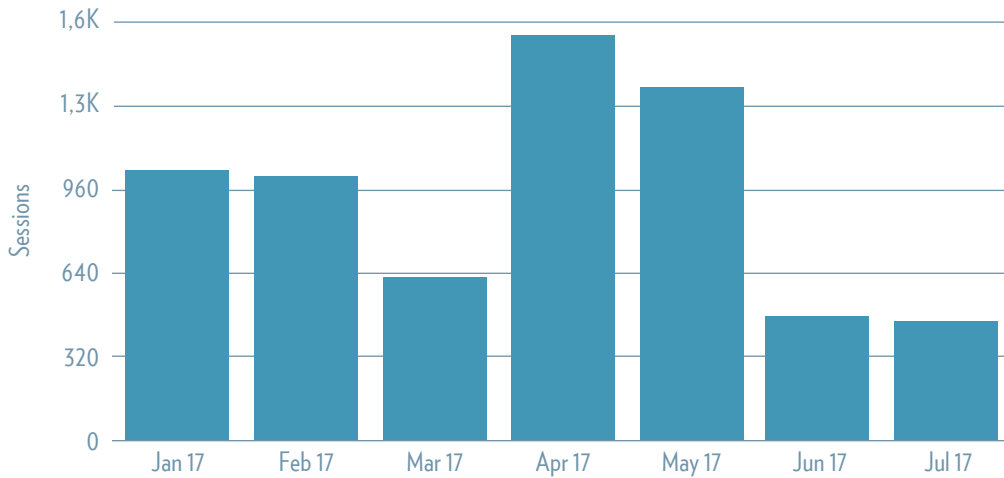
My Telehealth campaign

Sessions
6,487
A visit to our site

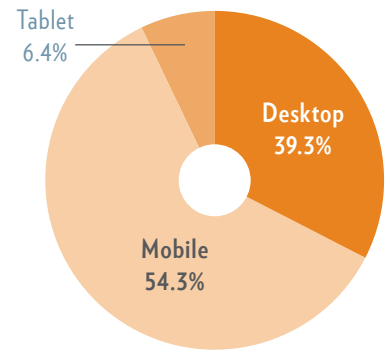
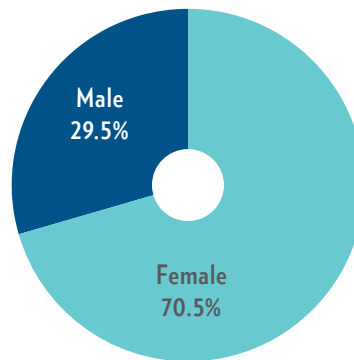
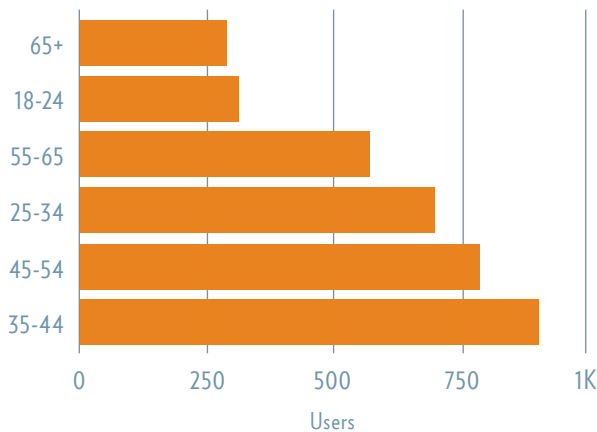
Users
5,259
Someone who visits our site

Bounce Rate
3.76%
Percentage of users who leave after one page

This means many people are staying on our site and finding what they are looking for



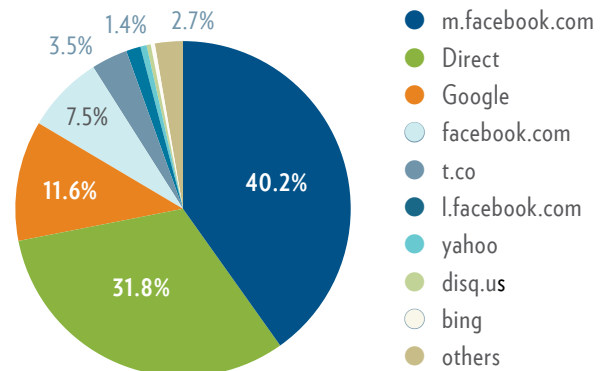
Who are our users?



Where are they coming from?

Top Five Blog Entries (in pageviews)

- Deaf Resident Strikes Right Note with Telemedicine – 1,258
- Country Doctor Finds ‘Prosperity’ in Telehealth – 927
- School Telehealth Growth Prompts New Role – 648
- Student Athlete Uses Telehealth to Meet Nutrition Goals – 533
- Virtual Care Delivers New Patient Experience – 417





Twitter

- > Lifetime total followers **282**
- > Lifetime total likes **399**
- > Total tweets **282**
- > **60%** Female **40%** Male
- > Most users are **25** to **44**



Facebook

- > Lifetime total likes **240**
- > Lifetime total followers **244**
- > Video posts reach 1,770 people on average
- 97** post clicks, **51** actions
- > **68%** Female **31%** Male
- > Most users are **25** to **34**

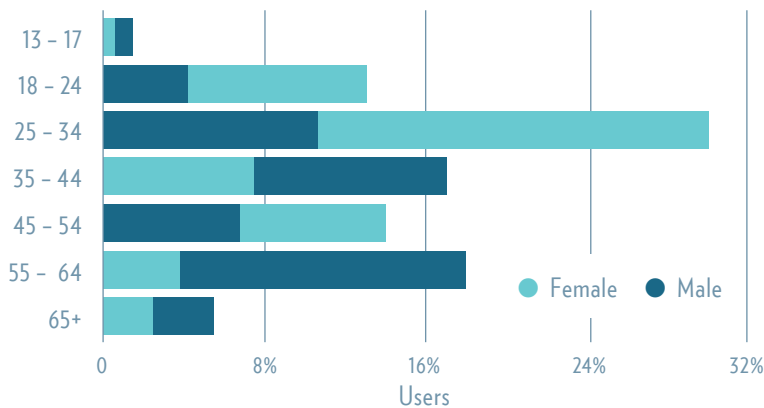
YouTube Analytics

Top Views

- After 5 Strokes, 7 year-old Boy “Out of the Woods” – **1,855**
- Telehealth Brings “Peace of Mind” to Johnsonville Family – **1,138**
- Elem School Uses Telehealth to Enhance Student Care – **774**
- SC Resident Uses Virtual Sleep Clinic for Good Sleep – **739**
- Comforting Care: Family Uses Telehealth for Hospice – **688**
- Tele-Stroke and Teamwork Go Hand-in-Hand – **475**
- Third-Year Medical Student Practices Telehealth – **417**
- Veteran Uses Telehealth for PTSD Treatment – **408**
- Telepsychiatry Making a Difference in Patient’s Life – **355**
- SC Emergency Depts Tap into Tele-Psychiatry – **354**

53% Female | 47% Male

Most users are 25 – 34



53 Videos

31,398
total views

2:33
average view duration

194 shares

58 likes

Special Section

Department of Mental Health Telepsychiatry

South Carolina Department of Mental Health Telepsychiatry Programs

The South Carolina Department of Mental Health (SCDMH) Telepsychiatry Programs are comprised of the Emergency Department Telepsychiatry Consultation Program, the Community Telepsychiatry Program, Inpatient Telepsychiatry, and Deaf Services Telepsychiatry. The two largest programs are the Emergency Department Telepsychiatry Consultation Program and the Community Telepsychiatry Program.

These programs provide approximately 1,550 psychiatric services per month. Since its inception, more than 68,000 psychiatric services have been provided via telehealth. SCDMH is the largest provider of telepsychiatry services in South Carolina.

Emergency Department Telepsychiatry Consultation Program

In a collaboration of historic significance, the South Carolina Department of Mental Health partnered with The Duke Endowment to create in December 2007 an innovative solution to the overcrowding of psychiatric patients in local hospital emergency departments. The solution was called “Partners in Behavioral Health Emergency Services.” Informally, it is referred to as the “SCDMH Emergency Department Telepsychiatry Consultation Program” or EDTCP. It is the first of its kind nationally.

EDTCP is a cutting-edge statewide service delivery model that provides remote access for emergency departments in South Carolina to psychiatrists, whenever a psychiatric consultation is required. With on-going program evaluation from the University of South Carolina School of Medicine, early financial support from the South Carolina Department of Health and Human Services, and initial program support from the South Carolina Hospital Association, the program is a critical component to meeting the increased demand on emergency departments to treat psychiatric and co-occurring disorder patients.



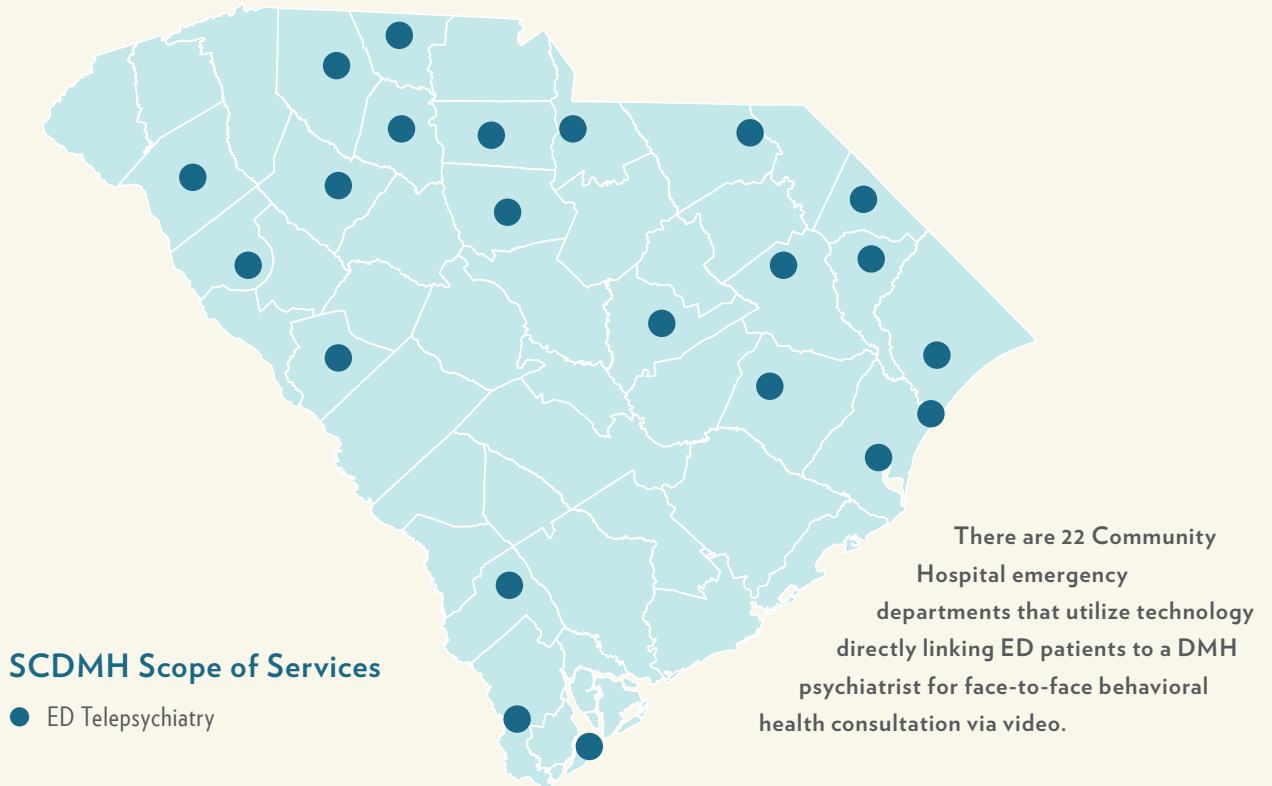
DMH Director John Magill speaking at State House in Columbia

The application of modern technology allows both the urban and rural emergency department patient and their ED doctor to participate in a video-and-voice psychiatric session, nearly as personal as a “face-to-face” consultation. This groundbreaking program is an excellent way to provide critical psychiatric care in rural areas of South Carolina, where there is a long standing shortage of psychiatrists and other mental health professionals.

The Emergency Department Telepsychiatry Consultation Program by the numbers:

- › 35,000 ED psychiatric consultations since inception
- › \$2,300 cost savings per emergency department visit
- › Utilized by 22 hospitals
- › Approximately 450 consultations per month
- › 11 telepsychiatrists
- › 4 remote locations – Aiken, Columbia, Charleston (2)
- › Operating 18 hours a day, 7 days a week, including holidays

South Carolina Department of Mental Health Telepsychiatry Programs



There are five primary goals of the program:

- Have the patient receive a quality psychiatric assessment as soon as possible
- Initiate medication and/or other treatment as prescribed
- Reduce the length of stay in the hospital
- Accrue savings to the hospital wherever possible, and
- Propose comprehensive discharge planning for continued aftercare in the community.

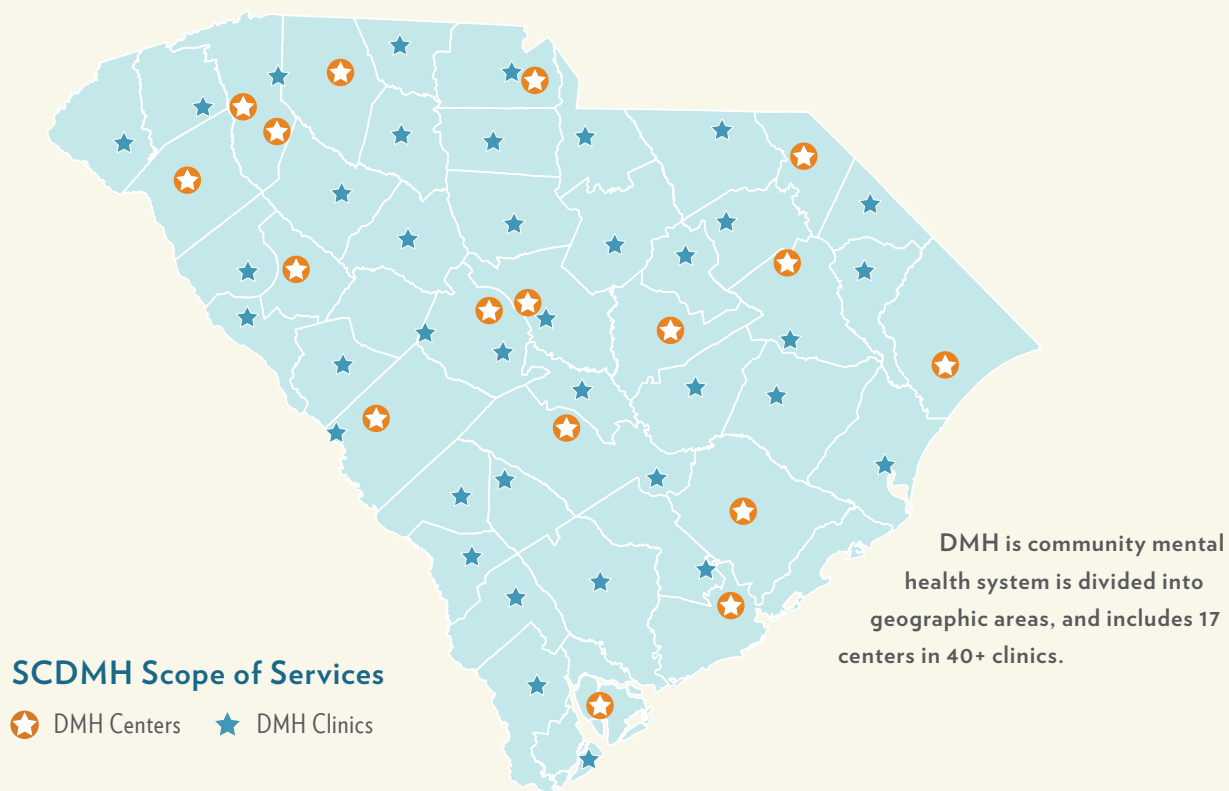
Total charges at encounter level for the index emergency department visit, including subsequent inpatient admission, were significantly lower for the telepsychiatry group versus the control group. Results demonstrate higher follow-up and retention of patients seen with the telepsychiatry group compared to controls, shorter lengths of stay and fewer inpatient admissions.

An R01 Grant awarded to the University of South Carolina, School of Medicine has demonstrated that this unique program has improved access, affordability, and provided quality care to citizens of the state with mental illness. Other funding sources include:

- South Carolina General Assembly – more than \$9 million in state appropriations since inception
- Duke Endowment – more than \$8.5 million in grant funds since inception

The SCDMH Emergency Department Telepsychiatry Consultation Program has received numerous awards, including:

- Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit (2015)
- A “Bright Ideas” program, honoring government programs at the forefront in innovative action,



from the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University (2015)

- › South Carolina Office of Rural Health's Annual Award (2012)
- › Psychiatric Services Achievement Award Silver Medal from American Psychiatric Association/Department of Neuropsychiatry and Behavioral Science of the USC School of Medicine the (2011)

Community Telepsychiatry Program

Built on the success of the SCDMH Emergency Department Telepsychiatry Consultation Program, SCDMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via telepsychiatry. Many SCDMH community mental health centers operate

mental health clinics in rural counties that are distant from the main center. For example, Beckman Center for Mental Health Services' catchment area covers seven counties. The use of telepsychiatry within catchment networks allows psychiatrists based at the main center to serve outlying satellite clinics, without having to travel to those locations. This technology provides patients in need of mental healthcare, both scheduled and urgent, access to psychiatric services more easily.

Recruiting psychiatrists is challenging in many locations, especially rural areas. Driving to remote rural clinics consumes valuable time better spent serving patients remotely. Telepsychiatry solved both problems. Since August 2013, the Community Telepsychiatry Program (CTP) has provided more than 33,000 psychiatric treatment services to SCDMH patients throughout South Carolina.

South Carolina Department of Mental Health Telepsychiatry Programs



Brenda Ratliff, M.D., Medical Director of DMH's Emergency Department Telepsychiatry Consultation Program, conferring with a colleague..

Community Telepsychiatry Program by the numbers:

- › Began in August 2013
- › More than 33,000 psychiatric treatment services since inception
- › Currently deployed in 17 community mental health centers and 43 mental health clinics
- › More than \$1.8 million in state appropriations since inception provides
- › Approximately 1,100 treatment services per month
- › Services are provided to child, adolescent, and adult patients
- › 33 telepsychiatrists

Charleston-Dorchester Community Mental Health Center Telehealth/EMS Program

On May 1, 2017, the Assessment Mobile Crisis (AMC) team at Charleston Dorchester Mental Health Center (CDMHC) began a Telehealth Pilot Project with Charleston County EMS (CCEMS). Funded by an MUSC telehealth grant, the pilot project was created in an effort to appropriately divert behavioral health patients from local Emergency Departments and hospitals. CCEMS uses the telehealth technology on all 911 calls which are identified as psychiatric in nature. It first sends a staffed ambulance to evaluate

the individual for medical needs or for emergency transport. If there are no medical concerns, a CCEMS supervisor with the telehealth equipment is dispatched to the scene. At this time, the ambulance is able to leave the scene, returning to service for other calls. AMC is contacted by the supervisor, and they establish a video connection using HIPAA compliant software called Vidyo. The AMC clinicians are able to use this platform to gather information from police, EMS, the patient, and any friends/family on scene. AMC staff provide a full emergency mental health assessment, and coordinate the linking of the patient to the appropriate level of care. Possible dispositions include: follow-up with outpatient treatment; admission to the Tri-county Crisis Stabilization Center; inpatient treatment (voluntary and involuntary); and/or a link to treatment for substance use disorders.

Prior to this pilot project, CCEMS only called AMC four to five times a year, due to its need to quickly return the ambulance to service for other emergency calls in the community. CCEMS reports transporting most of the behavioral health patients to the ED as a result of its need to quickly complete the call.

Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED. In the first three months of the project, CCEMS has called AMC 163 times. Historically, only four to five calls were made annually. Of these 163 calls, 51 percent were diverted from an ED. Also, due to AMC helping patients use their natural support systems to access care, only 29 percent of all of the calls required EMS transport to an ED. The estimated cost savings for the healthcare system in the first the months (cost of ambulance transport and a basic ED visit) is approximately \$206,600.

Services to Deaf and Hard of Hearing People

For those who are deaf and use sign language to communicate, video communication is an integral part of everyday life. Whether it be using a Video Relay Interpreter to make a phone call or using a video messaging app to deliver a message, the advent of effective video technology has opened up a world of access. The Deaf Services Program at the South Carolina Department of Mental Health was one of the earliest adopters of video technology, starting in 1996, to use telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselors.

Providing services to a linguistic minority like the Deaf community requires specialized skills. The pool of available clinicians who are fluent in American Sign Language is very small and SCDMH serves the entire state. This requires that either the patient or the staff drive great distances to deliver services. Telepsychiatry allows SCDMH to expand the reach of its staff, enabling it to serve more patients, more frequently and on a more flexible schedule. When given a choice, patients consistently say they would rather see a clinician who can communicate with them directly over the video system than use an interpreter.

Future plans

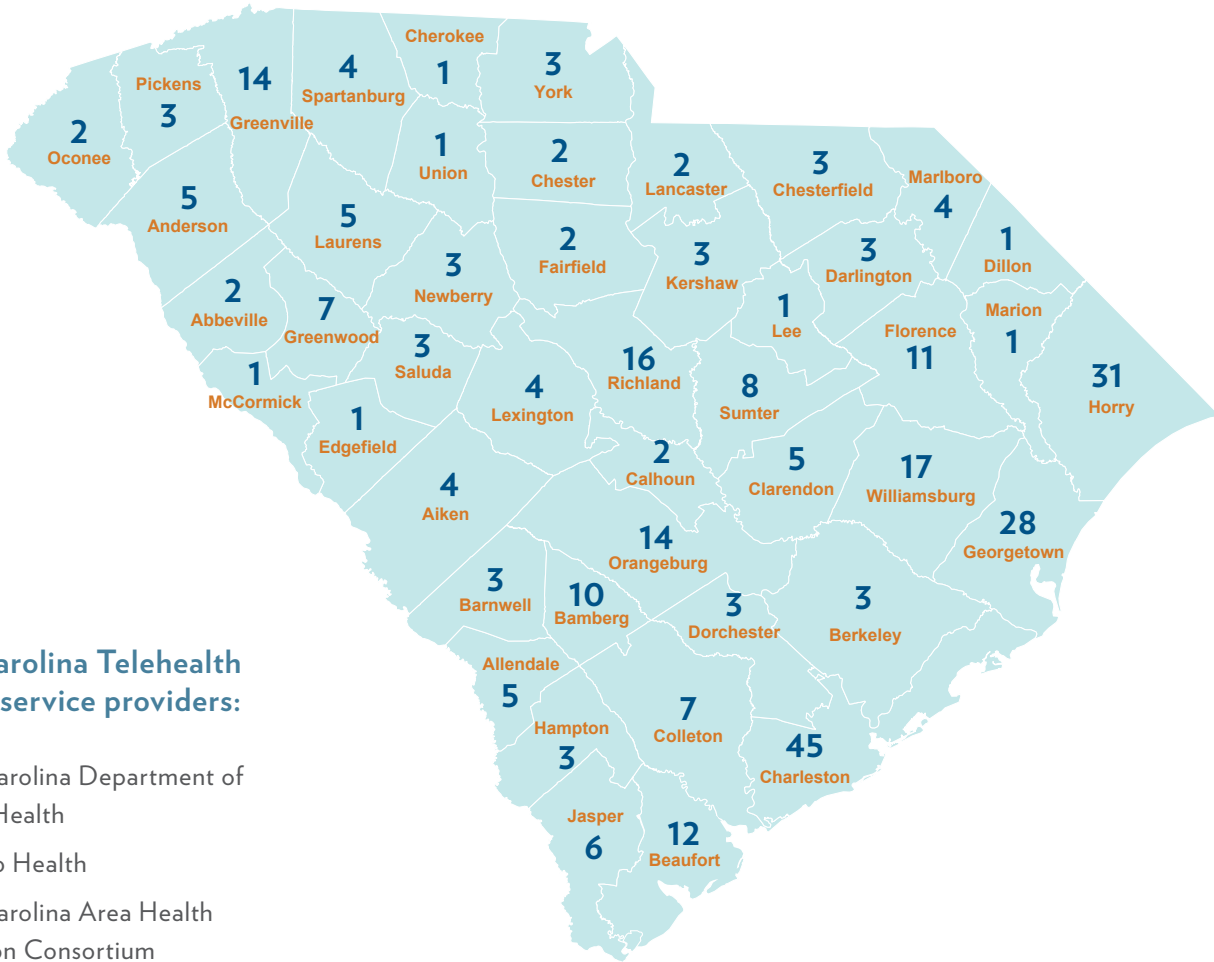
Future plans of SCDMH's Telepsychiatry Programs include consideration of the following:

- › Continue expansion into rural hospitals
- › Continue expansion into SCDMH facilities
- › Continue recruitment of ED telepsychiatrists
- › Consider deployment of physician extenders to provide telehealth services
- › Consider targeted deployment of telepsychiatry program beyond current scope.

The background of the slide is a complex network of interconnected nodes and lines, with a color gradient from light blue at the top to light green at the bottom. A solid green horizontal bar is positioned in the upper middle section, containing the title text.

SCTA By the Numbers

Telehealth Service Connections by County



South Carolina Telehealth Alliance service providers:

- › South Carolina Department of Mental Health
- › Palmetto Health
- › South Carolina Area Health Education Consortium
- › MUSC Health
- › Greenville Health System
- › Palmetto Care Connections
- › McLeod Health
- › Roper St. Francis

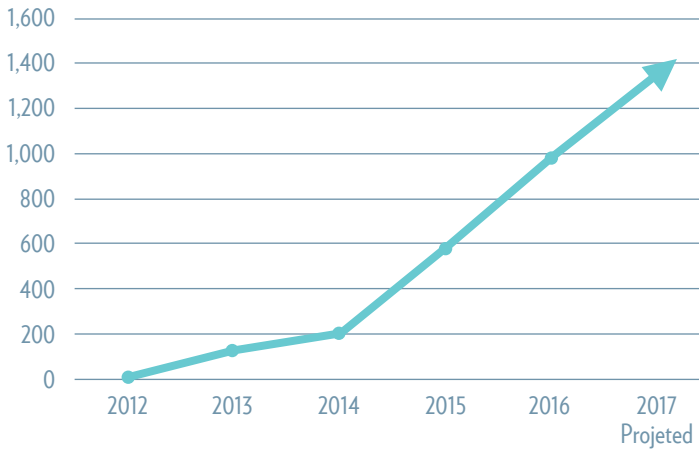
314

distinct telehealth sites
– and growing

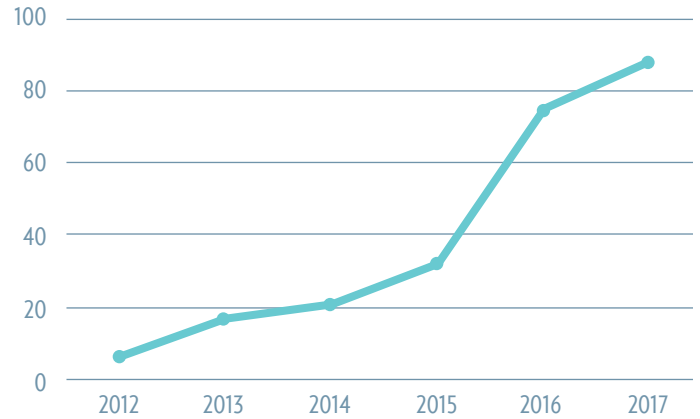
MUSC Health's Virtual Telehealth Consultation

The MUSC Health's Virtual Telehealth Consultation (VTC) service collaborates with primary care providers to bring specialty care into the setting of the patient centered medical home.

MUSC Health's Annual Number of Outpatient Consultations through the VTC Service



MUSC Health's VTC Service - Number of Connected Partners



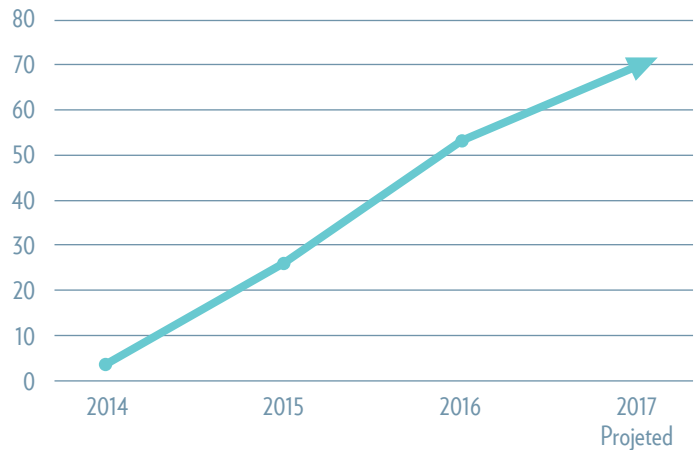
Proportion of Specialty Care Delivered by Service



School-Based Telehealth

The school-based telehealth program has continued its steep growth trajectory while addressing the physical and mental health needs of children across the state. This growth has been guided by areas identified as having the greatest health and educational disparities through a partnership with the SC Department of Education. In addition, fruitful collaborations across the state have been formed, leading to the first meeting of the School-Based Telehealth Workgroup. This meeting was attended by representatives from MUSC Health, Greenville Health System, Palmetto Health, McLeod Health, the SC Department of Education, the Charleston County School District, as well as providers from private practices and FQHCs who worked together to identify goals to facilitate the continued expansion of the program.

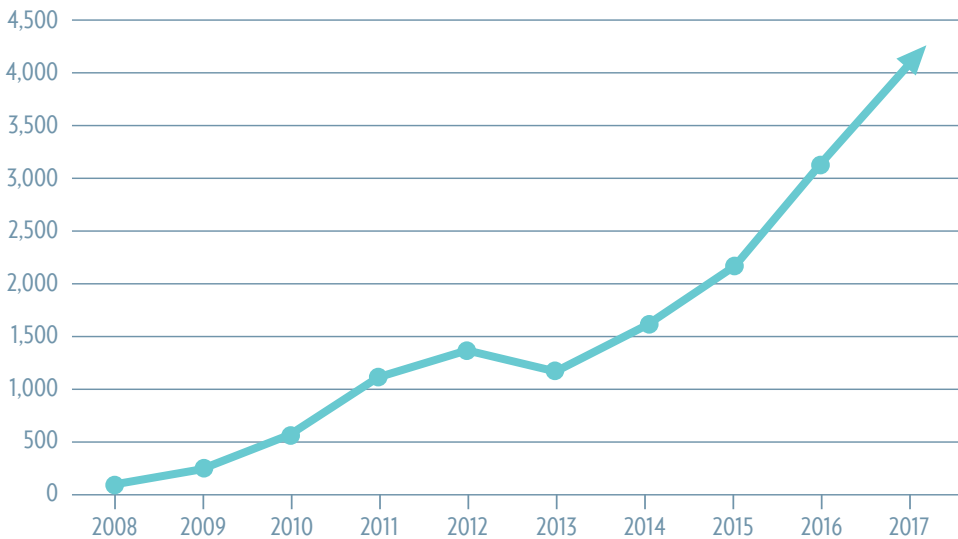
Number of South Carolina Schools with telehealth capability



Telestroke

Telestroke Consults by Year

Greenville Health System, MUSC Health, Palmetto Health, Roper St. Francis



The SCTA telestroke networks continue to provide one of the most comprehensive systems of stroke care in the country. The telestroke providers at Palmetto Health, Roper St. Francis, Greenville Health System, and MUSC Health are projected to complete over 4,000 telestroke consults in 2017 with some of the best door-to-needle times in the country.

Tele-ICU

The Tele-ICU network continues to deliver comprehensive, around the clock patient monitoring by MUSC Health and Advanced ICU Care intensivists and nursing staff. Tele-ICU enhances the care of critically ill patients in partner hospitals' ICUs by:

- › Providing 24/7/365 access to board certified and experienced intensivists
- › Real-time, two-way audiovisual communication
- › Continuous, sophisticated vital sign monitoring technology that alerts remote intensivists and nursing staff of adverse patient changes
- › In-room camera with capability to zoom for better view of the patient during assessment and visualization of IV pump or ventilator settings

SC Hospitals connected with Tele-ICU:

- › AnMed Health
- › Carolina Pines Regional Medical Center
- › Kershaw Health
- › MUSC Health – Operations Center
- › Palmetto Health Tuomey
- › Roper St. Francis*
- › Self Regional
- › Springs Memorial

4,945

SC patients monitored^{***}

28,150

video assessments completed^{***}

320

emergencies were responded to by a Tele-ICU provider^{***}

85 lives were potentially saved!^{**}

*Data not included

**Actual vs predicted mortality statistics

***Data from January – June 2017

Telehealth Services Offered in South Carolina

Correctional Institutions and Jails

- › Intake health assessments
- › Acute condition management

Home Monitoring and Management

- › Diabetic blood sugar
- › Diabetic blood pressure
- › Weight monitoring

Hospital-based Consultations

- › Hospitalist consultation for admissions
- › Mental health consultations to the emergency room
- › Mental health consultations to inpatient facility
- › Neonatology
- › Neurology
- › Pediatric burn
- › Pediatric critical care
- › Pediatric gastroenterology
- › Intensive care unit patient monitoring
- › ICU Innovations (quality improvement and educational outreach)
- › Tele-EEG
- › Telestroke

Outpatient Specialty Consultations in a Clinical Setting

- › Dermatology (pediatric)
- › Diabetes education
- › General surgery (adult and pediatric)
- › Endocrinology (pediatric)
- › Ear, nose and throat (adult and pediatric)
- › Healthy lifestyle counseling (pediatric)
- › Infectious disease for obstetrics
- › Lactation support to clinics

- › Maternal fetal genetics
- › Maternal fetal medicine
- › Mental health medication management
- › Neurology
- › Nutrition (adult and pediatric)
- › Opioid addiction management for obstetrics
- › Orthopedics
- › Patient-Child Interactive Therapy
- › Pediatric development rapid triage service
- › Post-stroke follow-up
- › Sickle cell (pediatric)
- › Social work
- › Urology (pediatric)
- › Weight management group visits

Outpatient Connections Directly to the Patient

- › Asthma monitoring
- › Asynchronous virtual visits for acute conditions
- › Diabetes home monitoring
- › Home neonatal visits
- › Post-trauma mental health symptom monitoring
- › Video visits for acute and chronic conditions
- › Video visits for mental health counseling
- › Video visits for lactation support
- › Video visits for prenatal visits
- › Video visits for weight management

School-based

- › Acute sick care and chronic disease management
- › Mental health counseling, general
- › Mental health counseling, trauma focused

Skilled Nursing Homes

- › Mental health
- › Wound care



Regional Hub Action

Greenville Health System's SmartExam

April 2016 – June 2017

- › Total exams: 1,669
- › Provider time saved: ~431 hours
- › Average patient wait time: 14.4 minutes

Patient Experience:

Top 4 reasons patients like GHS's SmartExam

- › like avoiding going to the clinic
 - › like that they received care quickly
 - › like that it was affordable
 - › like that they avoided travel
-
- › Compared to an office visit, 96% of patients indicated the interview was thorough.
 - › 99% of patients indicated that the interview took the right amount of time.
 - › 98% of patients indicated that the questions made sense.
 - › 92% of patients indicated that their care plan clearly described their diagnosis.
 - › 90% of patients indicated that their care plan provided clear instructions on how to get well.

Testimonials:

"[GHS's] SmartExam is wonderful. I felt horrible but didn't really have the money or time (my husband is hospitalized currently) for my regular doctor. This was a perfect alternative."

"This is the best idea I have seen in a long time. I was very impressed with the detail in the interview and the prompt response. Very productive for me and I have to believe a big cost reduction for you. Helps us all."

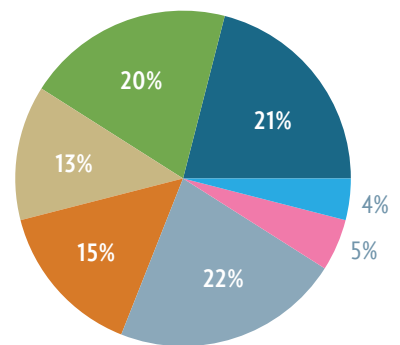
"I love this! I didn't have to go be around other sick people and /or possible share my sickness with anyone by staying at home. Everything was easy and simple and you know what to expect up front, no hidden fee's either."

"I found this to be a great tool for something like I'm dealing with. Kept me at work, so my manager is happy."

"[The provider] called me and asked me some questions to clarify my answers. She was very sweet and explained why she wasn't prescribing me any antibiotic. I actually felt better after a few days! Great experience."

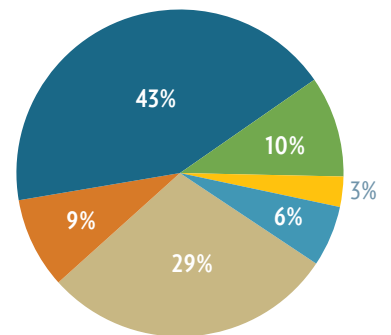
What patients valued most

- Received care quickly
- Affordable
- Thorough interview
- Avoided travel time
- Avoided going to clinic
- Care was delivered by my health care provider
- Other



Where would you have gone instead of SmartExam?

- Urgent care
- Retail clinic
- Scheduled an appointment
- Primary care walk-in clinic
- Emergency department
- Other



Palmetto Health's SmartExam

October 2016 – June 2017

- › 505 visits completed in which patients received care
- › 22% of patients who used SmartExam were never previously seen at a Palmetto Health medical home
- › Top 5 modules in which care was delivered
 - Cold/ Flu/ Allergy
 - Sinus Pain/ Pressure
 - Bladder Infection (UTI)
 - Sore throat
 - Yeast infection

Patinet Experience

- › Net Promoter Score (NPS) average – 51%
 - The NPS identifies how likely patients are willing to recommend the product to others, which highlights overall experience, loyalty and engagement – all success indicators. The NPS ranges from -100 to 100 and is calculated through a survey question which ask patients how likely they are to recommend on a scale from 0-10.
 - Consumer Data Report 2015:
 - Primary care NPS – 4
 - Healthcare Industry NPS – 12
- › Compared to an office visit, 93% of patients indicated the interview was thorough.
- › 99% of patients indicated that the interview took the right amount of time.
- › 97% of patients indicated that the questions made sense.
- › 86% of patients indicated that their care plan clearly described their diagnosis.
- › 89% of patients indicated that their care plan provided clear instructions on how to get well.

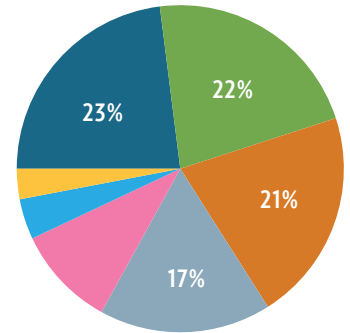
Testimonials

“As a mother of 3 children, it’s very hard for me to get appropriate care when needed at an affordable cost. This SmartExam allows me to get the care I need, easy and affordably! Please, please, please keep this around!”

“I had a great experience with SmartExam. Being an RN, I found all the questions to be adequate for a diagnosis and treatment. Thanks for providing this service to us!”

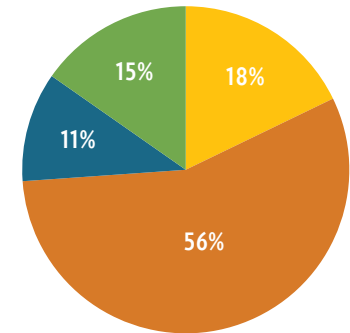
What patients value most?

- Avoided going into the clinic
- Received care quickly
- Affordable
- Avoided travel time
- Other 1
- Other 2
- Other 3



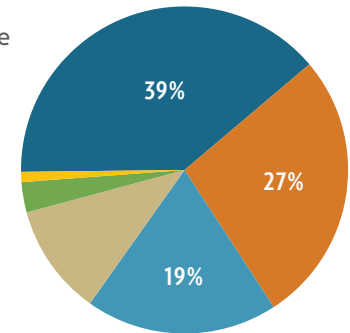
Time patients saved using SmartExam

- 0 – 1 hour
- 2 – 5 hours
- 6 – 9 hours
- 10 + hours



Where patients would have gone instead if SmartExam was not available

- Urgent or emergent care
- Primary Care scheduled appointment
- Primary Care walk-in clinic
- Other 1
- Other 2
- Other 3

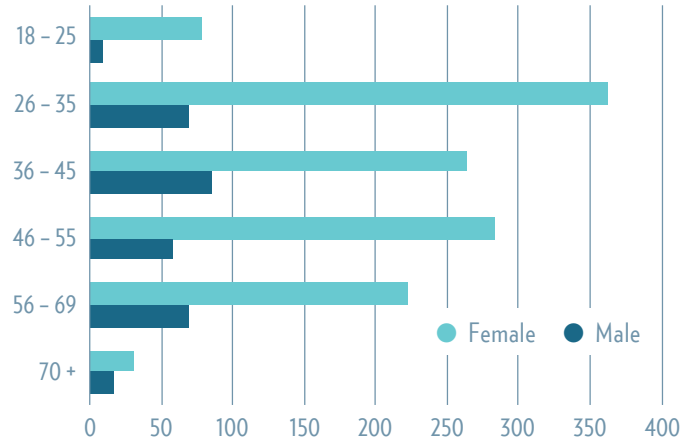


MUSC Health's e-visit

December 2015 – June 2017

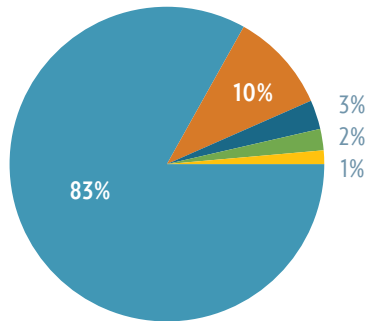
- 1,748 acute care e-visits
- 92% of the e-visits were treated
- Top 5 conditions were Sinus Problems, Urinary Problems, Vaginal Discharge, Flu, and Red Eye
- High Patient Satisfaction
 - Roughly 95% of patients who filled out the survey saying they would recommend the MUSC Health e-visits to others
 - Roughly 95% believed the e-visit provider was able to address what was bothering the patient
 - 99% felt the e-visit was easy to complete
 - 93% would likely use the e-visit service again
- 40% of patients would have gone to an urgent care/retail clinic if the MUSC Health e-visits were not an option

E-visits by age



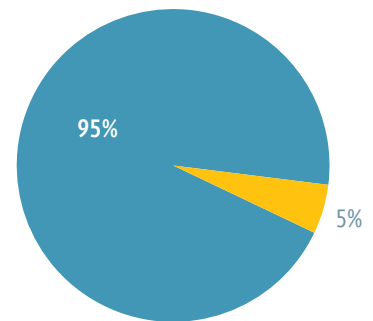
Based on your experience with this e-visit, how likely are you to use this service again?

- Definitely
- Probably
- Neutral
- Probably not
- No

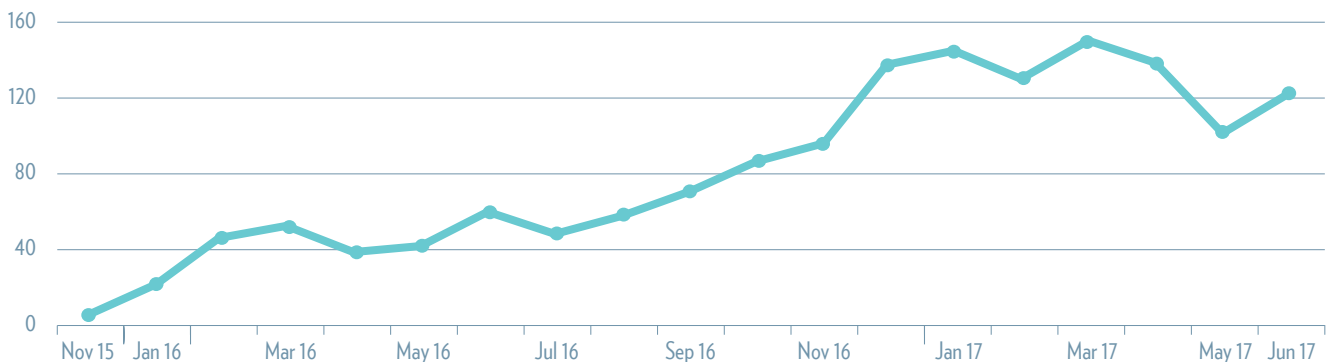


Would you recommend the MUSC Health e-visit to others?

- Yes
- No



E-visits trend over time



SOUTH CAROLINA
Telehealth
ALLIANCE