

South Carolina Telehealth Alliance
Quarterly Report
April 2016

Summary

Quarter one of CY2016 has been incredibly productive for the South Carolina Telehealth Alliance (SCTA) and its partners around the state. All March 2016 deliverables have been met through continued collaboration among the partners and members in the Alliance pursuant to the SCTA Strategic Plan. Advisory Council members, comprised of personnel from MUSC Health, SC Department of Mental Health, Palmetto Health-USC, Greenville Health System, Palmetto Care Connections, SC DHHS, SC ETV and rural providers remain dedicated to ensuring completion of all deliverables for the year. The Advisory Council maintains an integral role in guiding the strategic direction of the SCTA as it works to complete its quarterly objectives for CY2016. In summary, this document includes a recapitulation of March 2016 deliverables, SCTA Advisory Council meeting proceedings, telehealth program updates and other past and future SCTA activities. Additional information can be found in the appendices.

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.

2016 Strategic Plan Deliverables

1. Deploy a coordinated, open-access telehealth network in South Carolina.				
Champions: Designees of MUSC, PCC, and the Hospital Association				
<i>In 2016, any hospital in South Carolina wishing to receive telehealth services will have a mechanism to be equipped to do so.</i>				
Tactic	Deliverable	Owner	Deadline	Completion Status
Disseminate, support and utilize open-access telehealth technology in hospitals and primary care clinics across the state	1. Report a roadmap for the deployment of technology, training and ongoing support for consultative telehealth services for all hospitals in the state wishing to receive consultative services via the Alliance	MUSC	March 2016	Complete
	2. Demonstrate use of a common, open-access platform in use by at least one hospital receiving services provided by multiple institutions in the Alliance	MUSC	September 2016	In Progress
Develop a process for coordinating and streamlining credentialing, with a focus on the needs of hospitals receiving services from multiple institutions	1. Develop a model for a process of streamlining credentialing for hospital-based telehealth services	PCC	March 2016	Complete
	2. Have at least one referring hospital piloting the streamlined credentialing process	PCC	September 2016	In Progress
Incorporate large employers in open access network	1. Large employers engaged to assess needs and readiness to adopt telehealth for their employees	Hospital Association	September 2016	In Progress

March deliverables have been the sole focus of SCTA's efforts as the strategies have remained intact moving into the 2016 year. The Alliance lends itself to the work yet to be done in the state as outlined and adapted to needs set forth in the Strategic Plan. Under this strategy

the Alliance has created the formal process in the Equipment Request Form to 1) triage equipment and support needs at new and existing sites throughout the state and 2) proactively alert SCTA partners/members to continuing and developing services in regions across the state. This Equipment Request Form satisfies a March deliverable while ensuring transparent equipment and support deployment. It also allows information to be stored and sent to the hub provider near the region wherein the site is located. This process will be refined over time for both small rural hospitals and medium-large health care facilities.

Credentialing models are being sought by the Alliance to employ a common framework across the state. These models will benefit small hospitals and hub providers alike and will be presented to the SCTA Advisory Council for review and approval.

The steps taken in the first quarter of 2016 include:

- The [Equipment Request Form](#) was created as a way to determine equipment and support needs. Sites will begin submitting the form to not only request equipment and support, but to better track sites that are providing telehealth services and in what hub provider region.
- PCC is leading an effort to develop a common credentialing framework accessible and technically feasible for all SCTA partners and members in the state.
- The SC Department of Mental Health has agreed to terms to receive telehealth funding to expand their telepsychiatry services in the state. In addition, the SCTA will update the equipment at hospitals receiving the telepsychiatry services with standards-based, open-access telehealth carts and provide a subsidy for smaller hospitals to make it more affordable to receive the benefits of the telepsychiatry services. The agreement is expected to be fully executed in the second quarter of CY2016.

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

Champions: Designees of PCC

In 2016, telehealth service development will be driven to the tailored needs of a rural region.

Tactic	Deliverable	Owner	Deadline	Completion Status
Establish service development priorities based on the 2015 needs assessment of the 4 county rural area	1. Prioritize the identified services from the 2015 Needs Assessment results by readiness for implementation	PCC	March 2016	Complete
	2. Implement at least one additional service which responds to the Needs Assessment in the 4 county area	PCC	September 2016	In Progress

PCC conducted a needs assessment that has identified the top ten service needs in southeast South Carolina that comprises Hampton, Barnwell, Allendale and Bamberg counties. These ten services include the following:

1. Adult Allergies
2. Adult Dermatology
3. Adult Endocrinology
4. Adult GI
5. Adult Rheumatology
6. Adult Urology
7. Pediatric GI
8. Pediatric Hematology
9. Pediatric Nephrology
10. Pediatric Pulmonary

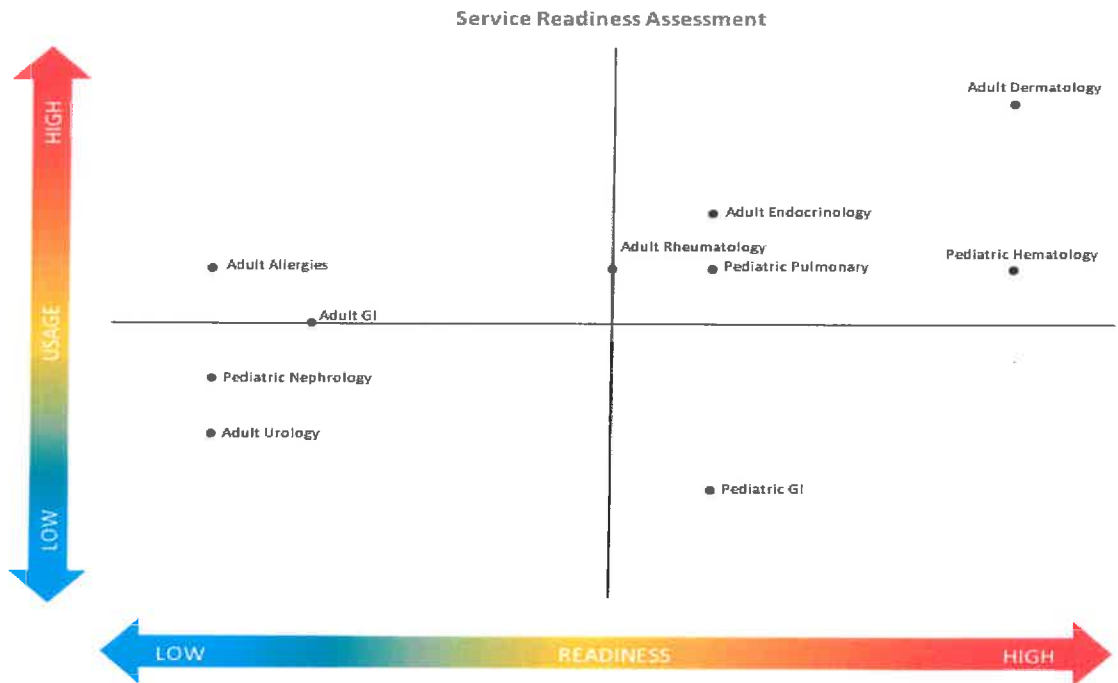


Chart 1. Service Readiness Chart

In 2015, PCC conducted an extensive needs assessment finding that 80 percent of organizations in the aforementioned four county region had telehealth equipment and roughly 50 percent are effectively utilizing service with telehealth equipment in the regions assessed. The above service readiness chart shows a mock-up of how services will be prioritized depending on what services can reasonably be offered at partner sites. MUSC has begun interviewing physicians representing the services and specialties provided in the chart and list above to determine readiness. To date, it has been determined that adult dermatology and pediatric hematology are most ready to provide specialty services using telehealth. PCC will continue to monitor service, equipment and support needs of their immediate catchment region(s) as hub providers begin assessing which services are capable of being provided to patients.

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

Champions: Designees of MUSC and PH-USC

In 2016, the telehealth support to South Carolina hospitals will be accelerated by both increasing the number of services available and the number institutions providing services regionally.

Tactic	Deliverable	Owner	Deadline	Completion Status
Enable primary regional hospital networks and providers of hospital-based telehealth services to be regional telehealth support hubs	1. Regional support hub personnel training completed and regular coordination meetings established	MUSC	June 2016	In Progress
	2. Palmetto Health and GHS will report roadmaps of their regional telehealth growth hubs	PH-USC, GHS	September 2016	In Progress
Coordinate deployment of existing outpatient services to maximize South Carolina coverage	1. An expansion plan to increase telehealth participation in low-utilization counties for primary care clinics will be underway	MUSC	June 2016	In Progress
	2. A report on telehealth utilization by county will be presented to the Advisory Council	MUSC	September 2016	In Progress
Develop a telehealth “teach the teacher” forum which enables primary care settings to co-manage complex diseases with the assistance of specialists and a multidisciplinary team	1. Needs assessment to identify target regions with a focus on Hepatitis C	PH-USC	March 2016	Completed
	2. Multidisciplinary team, initial sites and outcomes process in place	PH-USC	September 2016	In Progress

Palmetto Health and Greenville Health Systems were funded to hire dedicated telehealth personnel and begin developing telehealth strategies unique to their organizations. Both organizations are in the final

phases of their telehealth strategy development. Monthly SCTA operational calls have been established to include the regional hubs of GHS, Palmetto Health, and MUSC.

Palmetto Health-USC has pioneered its own “teach the teacher” service delivery model that allows primary care physicians and specialists to co-manage patients with Hepatitis C and other complex conditions in the comfort of their hometowns. Additionally, expertise from around the state have and will continue to work collaboratively to expand the reach of the program. SCTA has made expansion of specialty hepatology and other related care a major priority for the 2016 year. To this end, SCTA has worked closely with its partner member, Palmetto Health-USC to determine a county of high need and relatively low HPV prevalence. The chart below shows counties that represent areas to target for cure opportunities in quadrant IV.

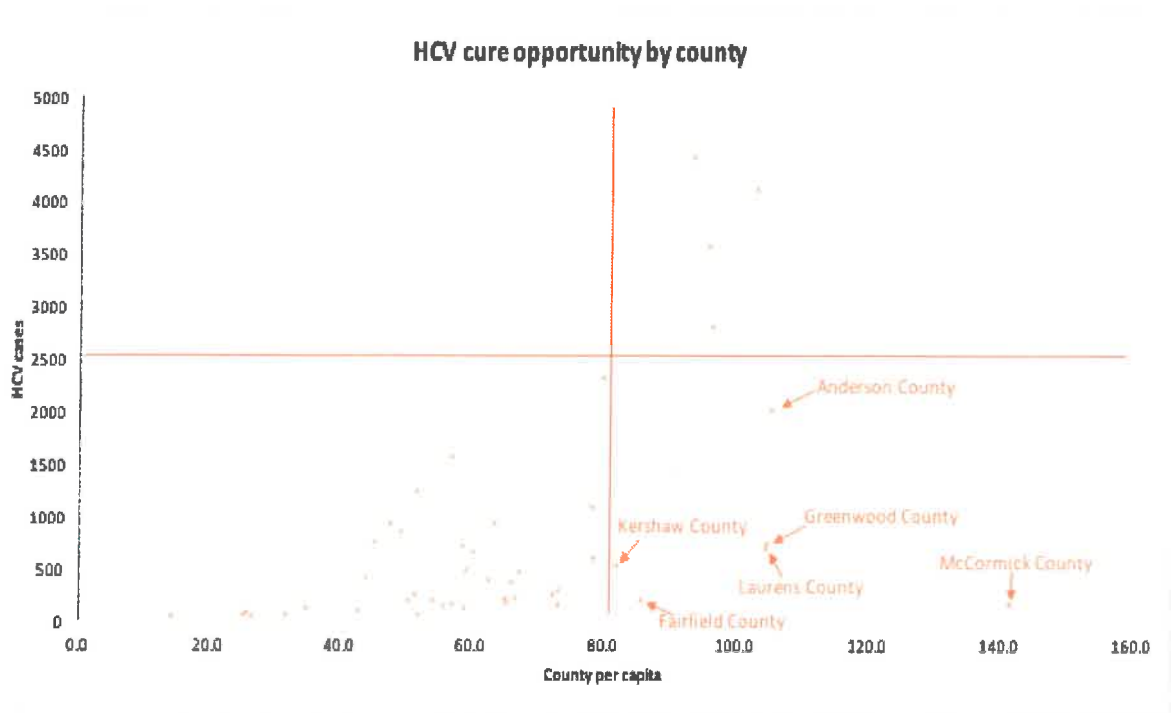


Chart 2. HCV cure opportunity by county

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

Champions: Designees of PCC and AHEC

In 2016 the Alliance will begin preparing the workforce of the future by integrating telehealth training into health provider education programs across the state.

Tactic	Deliverable	Owner	Deadline	Completion Status
Establish a health provider training process in telehealth for both practicing providers and the future health workforce.	1. A program development and statewide implementation plan for telehealth training for the healthcare workforce will be established	AHEC, PCC	June 2016	In Progress
	2. At least one formal telehealth training program will be open to South Carolina providers	AHEC, PCC	September 2016	In Progress

PCC and AHEC are working toward the June deliverable under this strategy to remain aware of deadlines and demand for coordinator, telepresenter and other telehealth education and trainings. AHEC has also been heavily involved in providing continuing credit units to health care professionals and students that would enhance knowledge of telehealth within the state. PCC continues to distribute a monthly e-newsletter and host webinars on telehealth topics. The 5th Annual Telehealth Summit of SC will be held on October 6th-7th at the Columbia Metropolitan Convention Center in Columbia, SC. The SC Telehealth Alliance planning retreat will precede the Summit taking place on October 5, 2016. Details about the retreat are forthcoming.

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

Champions: SCTA Outreach Coordinator

In 2016, active healthcare stakeholder involvement in the Alliance will increase through the establishment of regional and task-focused workgroups.

Tactic	Deliverable	Owner	Deadline	Completion Status
Establish a work group structure to	1. Working groups structure proposed	SCTA Outreach	March 2016	Complete

enable engagement with specific initiatives across geography, patient populations and service areas	2. Working groups convened and first report to SCTA Advisory Council	Coord. SCTA Outreach Coord.	June 2016	In Progress
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The SCTA Outreach Coordinator has created workgroups with guidance from the SCTA Co-Chairs and the full Advisory Council. The workgroups are charged with satisfactorily meeting deliverables within the timeframe established by the Advisory Council. Representatives from SCTA partners and members bring diverse expertise to the established workgroups to maximize new and existing synergies. Workgroups have begun meeting mostly on a monthly basis to discuss deliverable completion from quarter to quarter. The Education and Communication Committee, IT Committee, Credentialing Committee and Content Advisory Team will report out at Advisory Council meetings through written and sometimes presented updates. Workgroup lists can be found in **Appendix A**. Minutes from the previous SC Telehealth Advisory Council meeting held on March 24, 2016 can be found in **Appendix B**.

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

Champions: Designees of MUSC, PH-USC, GHS, DHHS, PCC and ETV

In 2016 the Alliance will work directly with insurers to develop sustainable reimbursement models which incentivize the use of effective telehealth in South Carolina.

Tactic	Deliverable	Owner	Deadline	Completion Status
Deploy an informative promotional campaign that can be utilized by all SCTA partners	1. Marketing material development and dissemination plan finalized	MUSC and ETV	June 2016	In Progress
Develop a coordinated approach to working with the SC Board of Medical Examiners on policies supporting responsible use of telehealth	1. SCTA plan to address SC BOME priority concerns regarding telehealth is formulated	MUSC and PCC	September 2016	In Progress
Establish a task force to include	1. Task force formed		March 2016	Completed

insurers to develop reimbursement policies which incentivize telehealth models that enhance care and reduce overall costs	2. Health plans considering SCTA recommendations for reimbursement contracts and policies		September 2016	In Progress
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The SC Telehealth Alliance has partnered with SC ETV to develop an informational campaign that includes television, radio, and digital educational content for providers and consumers in South Carolina. This initiative focuses on existing and new telehealth services that are benefitting citizens in every region of South Carolina. The Content Advisory Team has met twice in the past quarter to begin providing guidance on content development for the statewide effort. The Team has created a survey to assess the level of telehealth/telemedicine knowledge among South Carolinians. The results from this survey will help inform the direction of content development. An embargoed (until otherwise noted by SC ETV) version of the survey can be found at this link: <https://www.surveymonkey.com/r/sctelehealth>.

The content will highlight the collaborative nature of the telehealth service delivery across the state incorporating input from all regions including the Upstate, Midlands, PeeDee and Lowcountry areas. The telehealth content will be able to be freely shared and adapted for use by each support hub member of the SC Telehealth Alliance.

The Innovative Reimbursement Task Force will meet in May 2016 and will also provide an update on deliverable progress at the June 2016 Advisory Council meeting. To review the agenda and attendees for the Innovative Reimbursement Retreat, please see **Appendix C**.

**Medical University Hospital Authority
Telehealth Expenditures and Projected Budget**

	FY14	FY15	FY16 (Jul-Mar)	FY16 (Apr-Jun)	FY17	FY18	Total
Center for Telehealth Operations & Personnel							
Center Personnel	\$206,120.33	\$714,285.71	\$1,148,321.69				
Supplies-Printing-Misc	\$9,363.84	\$20,648.11	\$37,202.85				
Telephone,Cellular, Fax	\$2,459.20	\$10,926.55	\$14,877.66				
Education and Travel	\$21,624.30	\$90,241.96	\$81,552.42				
Facility	\$1,600.00	\$63,764.80	\$134,729.61				
State Strategic Plan Consultant	\$91,393.32	\$46,747.76					
Training and Delivery Center			\$2,000,000.00				
Total	\$332,560.99	\$946,614.89	\$3,416,684.23	\$616,816	\$5,100,000	\$5,300,000	\$15,712,676
Network Infrastructure- Hardware & Software							
Hardware	\$66,881.85	\$264,070.36	\$459,873.62				
Software	\$152,182.51	\$148,723.69	\$286,469.59				
Tele-ICU Operations Center	\$325,000.00	\$19,302.00					
Telestroke Support for Hospitals	\$400,788.16	\$421,392.11	\$379,159.37				
Total	\$944,852.52	\$853,488.16	\$1,125,502.58	\$74,497	\$1,875,000	\$1,875,000	\$6,748,341
Regionally-based Support							
Rural Site Telepresenters		\$4,153.00					
Regionally-based Hub Support			\$800,000.00				
Community Hospital Support			\$300,000.00				
Total		\$4,153.00	\$1,100,000.00		\$2,000,000	\$2,000,000	\$5,104,153
Marketing & Outcomes Reporting							
SCTA Campaign		\$541,237.27					
Marketing materials			\$7,526.40				
SCTA Campaign (SC ETV)			\$155,000.00				
Outcomes reporting (personnel)		\$15,369.00	\$75,374.76				
Total		\$556,606.27	\$237,901.16	\$212,099	\$550,000	\$550,000	\$2,106,606
mHealth Initiatives							
Rural Diabetes	\$284,304.00	\$282,304.00					
Stroke Readmissions Reduction	\$100,000.00	\$100,000.00					
Total	\$384,304.00	\$382,304.00		\$550,000	\$550,000	\$550,000	\$2,416,608
Clinical Capacity Development							
Service Development	\$88,120.71	\$364,309.86	\$1,352,079.13				
Weight Management Initiative	\$74,295.00	\$84,630.00	\$7,000.00				
Innovation and Development		\$15,000.00	\$155,000.00				
Tele-ICU Support for Hospitals			\$1,188,592.21				
Total	\$162,415.71	\$463,939.86	\$2,702,671.34	\$1,497,329	\$4,100,000	\$4,100,000	\$13,026,356
Rural Site Support							
Palmetto Care Connections	\$53,000.00	\$215,500.00	\$162,500.00				
Total	\$53,000.00	\$215,500.00	\$162,500.00	\$162,500.00	\$350,000	\$400,000	\$1,343,500
Office of Telehealth Education							
SC AHEC		\$10,193.00	\$181,531.66				
Total		\$10,193.00	\$181,531.66		\$350,000	\$400,000	\$941,725
TOTAL	\$1,877,133.22	\$3,432,799.18	\$8,926,790.97	\$3,113,241	\$14,875,000	\$15,175,000	\$47,399,964

