SCTA Quarterly Report
CY18 Quarter 1

Progress achieved on the 2018 SCTA Strategic Plan
January - March 2018

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

In the first quarter of 2018 (CY18Q1), the SCTA made significant progress achieving the goals outlined in the new *2018 SCTA Strategic Plan*. The centralized credentialing pilot continued to move forward, with PCC having hired a dedicated **Credentialing Coordinator** in CY18Q1. The **SCTA regional hubs** made progress developing new telehealth service lines and growing existing programs. **SC Department of Health** finalized their SCTA strategy focused on mental health (Strategy 4) and executed their specialty hub agreement to lead these efforts. Six new **SCTA Implementation and Evaluation Grants** were awarded, paving the way for continued telehealth innovation and research in the state. The SCTA continued to share the story of telehealth's growth and impact in South Carolina, both through SCETV's work on the **My Telehealth campaign** and through the development and publishing of the *2017 SCTA Annual Report* this quarter.

This report provides further details on these accomplishments from CY18Q1 and notes other progress made to achieve the milestones outlined in the 2018 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.

The SCTA implemented a new **program request form** on its website as a means for organizations to ask for telehealth equipment and/or consultation from the SCTA. This form was vetted by Palmetto Care Connections (PCC) and the SCTA regional hubs and has been fully integrated into the SCTA Salesforce CRM platform. Using this form has allowed the SCTA to handle its requests in a more transparent and coordinated way. Later this summer, the SCTA will be hosting additional training on both Salesforce and the Program Request Form to further enhance coordination among the hubs and PCC. (**1.2**)

The **centralized credentialing pilot** led by PCC has continued to move forward in CY18Q1. This pilot will use a common database and a *Credentialing By Proxy* process to streamline credentialing for spoke hospitals. PCC hired the **credentialing coordinator** to facilitate the pilot, which will initially include providers from MUSC and SC Department of Mental Health (SCDMH). The database itself has also been designed using the feedback from the credentialing workgroup, which is made up of representatives from each of the regional and specialty hubs. (**1.4**)

The shared **SCTA IT help desk system** is live and operational. The broader MUSC enterprise help desk system is being migrated to a new product, which will encompass the SCTA instance once complete. All plans to expand the SCTA ticketing system have been delayed until the MUSC enterprise migration has been complete. (**1.1**)

2018 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				
Explore the possibility of service portal integration across multiple agencies' ticketing systems.	March	IT Workgroup	Deferred	Deferred due to delays in MUSC enterprise help desk upgrade.
Implement upgraded help desk system. Develop and further refine knowledge base to accompany help desk system to inform and assist future users	June	IT Workgroup	In progress	Due Q2
Create a directory of technical contacts for routing issues to; determine a mechanism for keeping this directory updated	September	IT Workgroup	Pending	Due Q3
Tactic 1.2: Enhance the process for sites requesting assistance from the SCTA to include not only equipment requests but also additional consultation on the clinical or administrative aspects of implementing telehealth.				
Revise the online request form, and establish a process for reviewing requests. Integrate request form with CRM and help desk systems.	March	IT Workgroup	Complete	
Implement revised request process and report quarterly on requests received and addressed.	June	IT Workgroup	In progress	Due Q2
Tactic 1.3: Engage in quality improvement efforts to ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet SCTA hub needs.				
Convene IT workgroup for a spring meeting to review and evaluate current standards and solutions (e.g. help desk system, program request form, etc.).	June	IT Workgroup	Pending	Due Q2
If determined necessary, update standards and protocols and implement recommended changes to IT solutions.	September	IT Workgroup	Pending	Due Q3
Tactic 1.4: Establish a mechanism to streamline credentialing process for telehealth providers				
Finalize the centralized credentialing pilot project design to include telehealth providers from MUSC and SCDMH. Develop a universal *Credentialing By Proxy* contract on behalf of the telehealth hubs to use with spoke hospitals. Identify and hire Credentialing Coordinator.	March	PCC	Complete	
Work with credentialing vendor to complete the data interface. Transfer credentialing data from MUSC and SCDMH services.	June	PCC	In progress	Due Q2
Report the number of sites participating in the credentialing model. Develop a plan to expand pilot to include other telehealth hubs.	September	PCC	Pending	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**) has continued to lead the SCTA's efforts in the expansion of broadband in SC's rural and underserved communities. In CY18Q1, PCC submitted an RFP for additional broadband carriers to be contracted service providers on the Palmetto State Providers Network (PSPN). These additional contracts will allow more healthcare providers to participate in the consortium and have access to the broadband subsidies. In CY18Q1, PCC also assisted **22 healthcare providers** in determining their eligibility and preparing their applications for subsidized broadband through the FCC's Healthcare Connect Fund. Applications will be submitted next quarter, and, once approved, these organizations will be added to the PSPN. (**2.1**)

As previously noted, the SCTA has been working closely with PCC and the regional hubs to enhance communication and coordination when handling requests for telehealth equipment and/or services. In addition to the program request form, the SCTA is in the process of **optimizing Salesforce** as its CRM to track and coordinate telehealth service development across South Carolina. In January, the SCTA held a Salesforce training and feedback meeting with PCC and the hubs. Using input from that and subsequent meetings, the SCTA has worked throughout CY18Q1 to customize the CRM platform to better meet the needs of the SCTA's various stakeholders. The goal is for this database to go live by the end of CY18Q2. (**2.2**)

2018 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 providers to target within counties identified by the FCC as having low broadband connectivity.	March	PCC	In progress	PCC has identified counties but still needs to identify the providers in those counties.
Contact identified sites in highest priority counties to initiate discussions regarding need for and installation of broadband, and subsequently telehealth services.	June	PCC	In progress	
Report on progress with the identified sites as well as potential alternative sources of funding.	September	PCC	Pending	Due Q3
Tactic 2.2: Equip additional providers in rural & underserved areas with the technology & training needed to provide telehealth services.				
In conjunction with MUSC, develop a process for improving communication & coordination of incoming requests for assistance to ensure appropriate assignment of resources. Document all current and past site engagement in selected CRM platform (e.g. Salesforce).	March	PCC	In progress	A process has been determined; documentation in CRM has been halted until the optimization process has been finalized.
Evaluate newly developed process for improved communication & coordination & revise as necessary.	June	PCC	Pending	Due in Q2
Tactic 2.3: Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines.				
Identify a needs assessment process for rural clinics that will assist them in adding new service lines or ensure existing service lines are being utilized effectively.	March	PCC	In progress	PCC is working with SC AHEC on a needs assessment to be conducted with FQHCs. See Tactic 4.2.
Begin to implement assessment process with rural clinics.	June	PCC	Pending	Due in Q2
Report findings from assessments to service line providers and coordinators. Develop a manual of best practices for working with rural clinics.	September	PCC	Pending	Due in Q3
Tactic 2.4: Use telehealth to help enhance access in rural & underserved areas to the full continuum of care for disease management.				
Identify a chronic disease (e.g. diabetes) prevalent in rural South Carolina to address. Identify current resources, initiatives, and programs already in place addressing that chronic disease.	March	PCC	In progress	Initial resource gathering has begun. This initiative has been delayed due to staffing changes.
Identify continuum of care models that use telehealth to combat chronic disease in rural communities. Select a rural SC community to focus on with full continuum of care model.	June	PCC	Pending	Due in Q2
Communicate with health care providers in chosen rural community to gain their input and buy-in on the model.	September	PCC	Pending	Due in Q3

Driving Strategy 3
Build and scale telehealth clinical services and programs that expand access to care.

Led by the four SCTA regional hub health systems—**Greenville Health System (GHS), Palmetto Health, McLeod Health,** and **MUSC Health**—this strategy has been divided into four overarching tactics, each with its own subtactics and milestones. In February, the SCTA held a service development retreat with the administrative leaders of the different hubs focused on achieving the milestones outlined in Strategy 3.

Supporting Community Hospitals (3.1)

Representatives from the various telestroke hubs and connecting hospitals were identified to participate in an **SCTA telestroke workgroup**, which will work together to enhance collaboration across the different telestroke networks in the state. The first meeting for this group will be held next quarter. (**3.1.A**)

Under the leadership of the **Children's Telehealth Collaborative** and with support from **The Duke Endowment**, extensive work has taken place to implement a pediatric critical care consultation program at each of the regional hubs. Both **GHS** and **Palmetto Health** have gone live with their programs and have now joined **MUSC Health** in providing emergent critical care consultations to children presenting to rural emergency departments. **McLeod Health** has installed equipment, is working on their clinical and operational workflows, and is on schedule to go live with this service by CY18Q3. (**3.1.B**)

Each of the regional hubs has been working to develop new or expand existing adult inpatient telehealth services to support community hospitals in their region. **Palmetto Health** and **GHS** have both identified tele-ICU and inpatient telepsychiatry as service lines to develop, and they are in the initial stages of identifying clinical and operational champions for each. **McLeod Health** went live with cardiology telehealth consults in CY18Q1, and they are currently in the process of developing telehealth pulmonary consults, inpatient telepsychiatry, and telehealth nutrition services. **MUSC Health** continues to grow and expand multiple service lines, with special attention this past quarter given to inpatient telepsychiatry and infectious disease. (**3.1.C**)

2018 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 delivery of telestroke services.				
Identify members to serve on a SCTA telestroke workgroup.	March	MUSC	Complete	
Convene first SCTA telestroke workgroup meeting.	June	MUSC	Pending	Due in Q2
Draft short term objectives and long term vision to improve statewide telestroke care.	September	MUSC	Pending	Due in Q3
Subtactic 3.1.B: Implement a pediatric critical care telehealth service.				
Create clinical and operational workflows.	March	Children's Telehealth Collaborative	Complete	
Install equipment and train stakeholders on workflows and technology.	June	Children's Telehealth Collaborative	In progress	Due in Q2
Implement a pilot of the new service to support a community hospital(s).	September	Children's Telehealth Collaborative	In progress	Due in Q3
Subtactic 3.1.C: Develop adult inpatient telehealth services that meet the needs of the respective region.				
Each regional hub will identify an adult telehealth service(s).	March	MUSC Health	Complete	
Clinical and operational champions identified.	June	MUSC Health	In progress	Due in Q2
Clinical and operational workflows drafted.	September	MUSC Health	In progress	Due in Q3
Implement a pilot of the new services to support a community hospital(s).	December	MUSC Health	In progress	Due in Q4

Driving Strategy 3

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

Supporting Community Hospitals - continued (3.1)

A comprehensive review of different tele-ICU models was conducted and summarized as background information for the **tele-ICU evaluation**. The 6 hospitals participating in the MUSC Health/Advanced ICU Care's tele-ICU program agreed to participate in an in-depth evaluation regarding the value of the program to their hospitals. Value was defined as the quality of care relative to the cost of the service. Measures include clinical process and outcome measures, financial performance, and qualitative interviews among key leaders at partner hospitals. A summary report will be published in CY18Q2. (**3.1.D**)

Supporting Primary and Ambulatory Care (3.2)

In efforts to better support primary care providers in addressing the behavioral health needs of their patients, **Palmetto Health** and **GHS** have developed an **asynchronous cognitive behavioral therapy** solution to be piloted in a number of their primary care practices. Through messaging and psychoeducation, this solution will help address low acuity mental health needs of primary care patients. (**3.2.A**)

MUSC Health opened a RFI process for the development of an **e-consult platform** that would provide an asynchronous mechanism for primary care providers to request consultations from specialty providers. MUSC has reviewed over a dozen applications, with plans to select a vendor in the near future. Additionally, with support from The Duke Endowment, MUSC Health went live with its **diabetic retinopathy program** in CY18Q1. Using telehealth, patients can now be screened for retinopathy at their primary care provider's office rather than having to schedule a separate opthalmic appointment. (**3.2.A**)

In CY18Q1, MUSC Health moved to establish two **regional multispecialty clinics** in partnership with **Tidelands** and **RMC-Orangeburg**. These regional clinics will have dedicated telehealth space and personnel and will allow patients to receive a range of specialty adult and pediatric services from MUSC closer to home. Examples of initial services include stroke, epilepsy, neuropsych, vascular surgery, movement disorder, and sickle cell. **McLeod Health** has also made efforts to support primary care and ambulatory practices, focusing in CY18Q1 on developing telehealth programs for psychiatric consults, lactation consults, and diabetes education. (**3.2.B**)

2018 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.D: Evaluate the quality impact and feasibility of tele-ICU.				
Conduct an assessment of tele-ICU activity in SC hospitals.	March	MUSC Health	Complete	
Publish a summary report of SC tele-ICU activity to include clinical outcomes, financial metrics and qualitative assessments.	June	MUSC Health	In progress	Due in Q2
Provide recommendations for action items in response to summary report.	September	MUSC Health	Pending	Due in Q3
Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care.				
Subtactic 3.2.A: Implement asynchronous mechanism to better support primary care providers and improve efficiency of the referral process.				
Assess products that can provide asynchronous exchanges of medical information with primary care providers.	March	MUSC Health, PH	Complete	
Begin implementation of pilot service in at least one region.	June	MUSC Health, PH	In progress	Due in Q2
Implement pilot of telehealth services(s).	September	MUSC Health, PH	Pending	Due in Q3
Subtactic 3.2.B: Establish regional telehealth access points for the equitable delivery of specialty care.				
Identify regions to pilot the delivery of specialty care telehealth services.	March	MUSC Health, PH	Complete	
Establish clinical and operational workflows	June	MUSC Health, PH	In progress	Due in Q2
Implement pilot of telehealth services(s).	September	MUSC Health, PH	Pending	Due in Q3

Driving Strategy 3

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

Supporting Schools, Correctional Facilities, and Skilled Nursing Facilities (3.3)

The **school-based telehealth workgroup** has continued to meet, and this quarter the workgroup invited three health systems that are newer to school-based telehealth to join their efforts (GHS, Spartanburg Regional, and McLeod). As the workgroup identifies high priority school districts for school-based telehealth expansion, it thought it would be important to include these new systems in the decision making. (**3.3.A**)

MUSC Health and Palmetto Health continue to explore and develop telehealth partnerships with **correctional facilities.** In CY18Q1, MUSC Health held a meeting with Terre Marshall, the new Deputy Director of Health Services for SC Department of Corrections (SCDC), and other SCDC clinical, IT, and operational staff to explore opportunities to optimize their telehealth program. Additionally, Palmetto Health in partnership with USC began to explore extending urgent and specialty care to two SCDC facilities via telehealth. They are in the exploratory phases of this service development, with hopes to go live with these services in the fall. (**3.3.B**)

In CY18Q1, Palmetto Health and MUSC Health also both went live piloting telehealth services in **skilled nursing facilities**. With both service lines being new, teams are working to address barriers to program adoption and scalability. (**3.3.B**)

Direct-to-patient Opportunities (3.4)

In CY18Q1, additional stakeholders were identified to join the **direct-to-consumer workgroup**, which will be relaunched this year. The workgroup plans to include a Blue Cross Blue Shield representative once relaunched, with hopes to bring the payer perspective into the conversation. The workgroup is finalizing an inventory of all data currently being captured by the hubs through their respective direct-to-consumer virtual exams, and this past quarter all hubs agreed to incorporate the Net Promoter Score into their direct-to-consumer patient feedback surveys in efforts to standardize patient experience measures across the hubs. (**3.4.A**)

2018 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 3.3: Extend care to population-based settings to improve access to convenient, cost-effective healthcare.				
Subtactic 3.3.A: Increase access to medically-underserved children through the expansion of school-based telehealth.				
Identify regions to pilot the delivery of specialty care telehealth services.	March	MUSC Health, PH	In Progress	The workgroup is bringing more health systems into the discussion prior to determining high priority districts.
Establish clinical and operational workflows	June	MUSC Health, PH	Pending	Due in Q2
Implement pilot of telehealth service(s).	September	MUSC Health, PH	Pending	Due in Q3
Subtactic 3.3.B: Implement urgent care telehealth services to jails and skilled nursing facilities to decrease the costs of avoidable readmissions and transfers.				
Implement pilot of tele-urgent services to jails and skilled nursing facilities.	June	MUSC Health	Complete	
Report on initial successes and challenges of tele-urgent services.	September	MUSC Health	Pending	Due in Q3
Tactic 3.4: Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).				
Subtactic 3.4.A: SCTA regional hubs will implement direct-to-patient services and evaluate utilization, quality and cost-effectiveness.				
Identify and report quarterly metrics that assess the impact of direct-to-patient services.	March	Regional Hubs	Complete	
Regional hubs report on initial successes and challenges of direct-to-patient services.	September	Regional Hubs	Pending	Due in Q3

Driving Strategy 4

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

The **SC Department of Mental Health** (**SCDMH**) is leading a new SCTA strategy focused specifically on mental health. In CY18Q1, SCDMH finalized this strategy—now Strategy 4—and executed an expanded specialty hub contract with the SCTA to support their increased scope of work.

Supporting Rural Hospitals with Mental Health Services (4.1)

Throughout CY18Q1, SCDMH was in various stages of discussion with 8 new emergency departments for participation in the SCDMH **Emergency Department Telepsychiatry Program**. In March, SCDMH on-boarded **McLeod-Clarendon** into the program. In collaboration with PCC, SCDMH plans to identify additional emergency departments to participate in the program, with specific focus given to rural areas with limited access to care. Due to the effectiveness of SCDMH's partnership with MUSC, securing equipment for telehealth services and programs requires less turnaround time and consequently has transitioned to an ongoing process rather than a milestone focus. (**4.1.A**)

In CY18Q1, SCDMH established the infrastructure required to implement its **Community Crisis Response and Intervention Program** (**CCRI**), which is modeled after the Mobile Crisis Unit operating in Charleston. The CCRI program will initially be deployed throughout the broader Charleston, Dorchester, and Berkeley counties. After initial implementation of CCRI, SCDMH plans to expand to the remainder of the SC coastal areas, with the eventual goal of scaling the program statewide. (**4.1.B**)

2018 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 readiness evaluation of rural hospitals for implementation of clinical services and programs.	March	PCC, SCDMH	In progress	SCDMH is currently working with 8 EDs and has plans to work with PCC to develop a prioritizing process.
Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs.	June	PCC, SCDMH	Ongoing	This process is now ongoing as opposed to a focused milestone due to the quick turnaround.
Activate first cohort of rural hospitals from established priority list and readiness evaluation.	September	PCC, SCDMH	Ongoing	McLeod -Clarendon went live in March 2018.
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, SCHA	Complete	SCDMH has outlined an initial plan for the program rollout.
Convene a meeting of interested parties from the priority list to discuss the need/inclination for crisis intervention services and supports.	June	SCDMH, SCHA		

Driving Strategy 4

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

Supporting Primary Care with Mental Health Services (4.2)

In CY18Q1, SCDMH identified a **federally qualified health center** (**FQHC**) with which it intended to partner to increase access to mental health services. After evaluating the health center's readiness, however, it was determined they were not ready to align services. Subsequently, SCDMH has identified a second FQHC with which to partner and will be assessing readiness in the quarter to follow. Rather than focusing on a cohort of primary care providers this year, SCDMH is considering this initial FQHC partnership a pilot that will be evaluated prior to entering into additional partnerships (**4.2.A**)

Recruiting Providers for Telepsychiatry (4.3)

SCDMH is expanding its telepsychiatry physician roster considerably, which is notable considering the shortage of psychiatrists in South Carolina. This quarter, SCDMH was in various stages of contracting with **8 new psychiatrists,** 3 of which were brought onboard during the quarter. Approximately 20 psychiatrists now serve in the SCDMH Emergency Department Telepsychiatry Program and approximately 50 in the Community Telepsychiatry Program. SCDMH plans to evaluate the success of its current recruitment efforts for "lessons learned" and then convene the Strategy 4 planning team to further discuss provider recruitment. (**4.3**)

SCDMH also had its first APRN protocol approved by the joint Board of Medical Examiners and Nursing in CY18Q1. Adding **advanced practice providers** to the SCDMH provider roster further expands its capacity to provide telepsychiatric services across the state. The approved APRN will begin providing services via telehealth in the upcoming quarter. (**4.3**)

2018 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 4.2: 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 readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.	March	PCC, SCDMH	Transitioned	Rather than focusing on a cohort of primary care providers this year, SCDMH will pilot services with one FQHC.
Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs.	June	PCC, SCDMH		
Activate first cohort of primary care and related-care providers from established priority list and readiness evaluation.	September	PCC, SCDMH		
Tactic 4.3: Establish telepsychiatry as recruitment tool for providers.				
Convene group to discuss provider recruitment.	March	SCDMH	In progress	SCDMH plans to evaluate the recent successes in recruitment, and then convene the planning members to discuss lessons learned.
Establish marketing initiative to use telepsychiatry as recruitment tool for providers.	June	SCDMH		
Extend the use of physician extenders within the provider roster of mental health and related clinical services and programs.	September	SCDMH	In progress	APRN protocol approved and first telepsychiatric services to be delivered in Q2.

Driving Strategy 4

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

Exploring Medical Information Sharing (4.4)

Representatives from SCDMH and MUSC are scheduled to meet in April to evaluate a **medical information sharing** product that has the potential to effect coordinated, interfacing, bi-directional medical information sharing. SCDMH has also identified a rural emergency department to pilot this approach to medical information sharing with and determine its feasibility. (**4.4.A**)

In March, representatives from SCDMH and PCC met with SCHIEx to discuss the feasibility of a **Health Information Exchange** (**HIE**) program to support the role of a centralized information sharing repository. PCC and SCDMH are further reviewing the concept of an HIE program. (**4.4.B**)

Supporting other Statewide Telemental Health Initiatives (4.5)

SCDMH identified the need for services and programs in the following areas: geriatric telepsychiatry, inpatient telepsychiatry, policy development, and process improvement. Additionally, in consultation with the **SC Department of Education**, SCDMH began to evaluate telehealth opportunities within its School Mental Health Program. SCDMH intends to continue exploration of extended service areas in the quarters to follow.(**4.5.A & B**)

Progress was also made in expanding access to **medication-assisted treatment** (**MAT**) throughout the state. In February, the SC Board of Medical Examiners approved control substance prescribing to MAT patients being seen via telehealth at the 301 Behavioral Health Centers. PCC and MUSC Health have already begun to meet with and train staff at **Tri County Behavioral Health** and **Dorchester Drug and Alcohol Abuse Center**, two 301 sites that will be receiving MAT from MUSC providers via telehealth. (**4.5.C**)

2018 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 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations.				
Subtactic 4.4.A: Evaluate the feasibility of coordinated, interfacing, bi-directional medical information sharing.				
Convene a meeting of interested parties to discuss the feasibility of coordinated, interfacing, bi-directional medical information sharing.	March	PCC, SCDMH	In progress	Meeting scheduled for April 10, 2018
Report the findings from the meeting and research regarding the feasibility of medical information sharing.	June	PCC, SCDMH	Pending	Due in Q2
Convene a second meeting to discuss next steps to work toward more coordinated medical information sharing, if warranted.	September	PCC, SCDMH	Pending	Due in Q3
Subtactic 4.4.B: Evaluate the feasibility of a Health Information Exchange program to support the role of a centralized information sharing repository.				
Convene a meeting of interested parties to discuss the feasibility of a Health Information Exchange program to support the role of a centralized information sharing hub.	March	PCC, SCDMH	Complete	In the process of scheduling additional reviews
Report the findings from the meeting and other research regarding the feasibility of a Health Information Exchange program to support the role of centralized information sharing.	June	PCC, SCDMH	Pending	Due in Q2
Convene a second meeting to discuss the next steps to support a centralized information sharing hub, if warranted.	September	PCC, SCDMH	Pending	Due in Q3
Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.				
Subtactic 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.				
Compile a list of statewide services and programs.	March	SCDMH		Complete
If appropriate, convene a meeting among stakeholders of various initiatives to address opportunities for alignment.	September	SCDMH	Pending	Due in Q3
Subtactic 4.5.B: Explore the implementation of mental health and related clinical services and programs in extended service areas.				
Evaluate opportunities for implementing mental health and related clinical services and programs via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).	June	SCDMH	In progress	Due in Q2
Identify at least one pilot service to implement in one of these extended service settings.	September	SCDMH	Pending	Due in Q3
Subtactic 4.5.C: Assist with the development of the service delivery model for medication-assisted treatment (MAT) throughout the State of South Carolina.				
Receive approval from LLR for controlled substance prescribing to patients in 301s via telehealth.	March	DAODAS, 301s		Complete
Technical and clinical training process is in place.	June	DAODAS, 301s	In progress	Due in Q2
MAT consults to 301s active.	September	DAODAS, 301s	Pending	Due in Q3

Driving Strategy 5

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

The **Education Workgroup** held one meeting in CY18Q1 and agreed to divide into two smaller subgroups. The first subgroup, led by **SC AHEC,** is focused on assisting training institutions in incorporating telehealth into their curriculums. They determined new members to invite to the subgroup (including faculty) and are finalizing a time to meet moving forward. They also identified three curriculum initiatives that could be highlighted as case studies for successful telehealth curriculum integration. One of these classes was an **interprofessional telemental health course** offered by USC with funding from The Duke Endowment; this class went live this past quarter and was taught by a member of the education workgroup. (**5.1**)

Led by **PCC**, the other subgroup is focused on recruiting current providers on telehealth, especially those in rural and underserved communities. This subgroup is also in the process of finalizing a regular time to meet. To better understand provider educational needs in the area of telehealth, PCC and SC AHEC are developing an **educational needs assessment** to be distributed by the **SC Primary Care Association** among the state's federally qualified health centers. Results from this survey will inform the training tools developed by the workgroup. (**5.2**)

In addition to the efforts above, both PCC and SC AHEC led **webinars on telehealth-related topics** in CY18Q1:
- 2018 Statewide Telehealth Strategic Plan (PCC Webinar)
- Components of a Successful Telehealth Program (PCC Webinar)
- Healthcare Connect Fund (PCC Webinar)
- Trauma Informed Care in a School-Based Setting (SC AHEC Webinar)

2018 SCTA Strategy 5 - Milestones

Strategy 5: Conduct statewide education, training, & promotion to providers and the public to accelerate and spread adoption of telehealth.				
Milestone	Timeline	Champion	Status	Notes
Tactic 5.1: Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.				
Workgroups for student/trainee education and provider education created. Based on curriculum integration inventory, key stakeholders identified to elicit telehealth curriculum implementation information.	March	AHEC		Complete
Case studies of successful telehealth curriculum implementation developed.	June	AHEC	Pending	Due in Q2
Telehealth competencies for students/trainees developed and endorsed by committee.	September	AHEC	Pending	Due in Q3
Best practices, case studies, and telehealth competencies for students/trainees disseminated to institutions. Technical assistance provided to partners interested in integrating telehealth education at their institutions.	December	AHEC	Pending	Due in Q4
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.				
Establish scholarship program to increase health care providers' utilization of online certification program for clinical tele-presenters and telehealth coordinators, and supplement online certification with local resources.	March	PCC	Transitioned	PCC has moved away from the scholarship program and is instead exploring the development of an internal certification program with SC AHEC.
Develop library of telehealth training tools for practicing health care providers and their staff and disseminate as identified by provider survey.	June	PCC	Pending	Due in Q2
Work with local AHECs and telehealth hubs to coordinate at least 2 Telehealth Regional Meetings in calendar year focusing on Upstate, Pee Dee and Low Country regions	September	PCC	Pending	Due in Q3
Review utilization rates for telehealth training tools and re-survey practicing providers to determine effectiveness as well as determine number of practices that have received telehealth certification	December	PCC	Pending	Due in Q4
Tactic 5.3: Extend the use of provider education via telehealth, enabling primary care and other practice settings to co-manage complex medical cases with the assistance of specialists and a multidisciplinary team				
Review the successes and challenges of current HCV, sickle cell, opioid treatment, and emergency management provider education/Project ECHO programs.	June	USC	Pending	Due in Q2
Formulate recommendations to streamline/grow these projects.	September	USC	Pending	Due in Q3

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.

In efforts to enhance engagement with telehealth partners not already represented on the SCTA Advisory Council, the SCTA and PCC have agreed to co-sponsor a regular **SC Telehealth Stakeholders Meeting**. In addition to keeping partners abreast on telehealth resources, policies, and programs in the state, this meeting will create a venue for stakeholders to provide feedback to the SCTA and PCC on telehealth strategy and programs. An initial list of collaborating partners was generated in CY18Q1, and the first stakeholder meeting will be held later this summer. (**6.1**)

In CY18Q1, the SCTA Coordinator worked closely with regional and specialty hub managers as well as the Content Advisory Team to approve reports and inform the reporting process. In efforts to streamline and standardize reporting, a new **REDCap reporting mechanism** was piloted among workgroup champions and hub managers. Initial feedback on this enhanced reporting process has been positive. (**6.3**)

2018 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.				
Establish a list of entities who are collaborating as partners with the SCTA currently.	March	SCTA Advisory Council	Complete	
Hold meeting that includes these partners to inform them of SCTA progress and obtain their feedback where appropriate.	June	SCTA Advisory Council	In Progress	Due in Q2
Implement strategy for ongoing communication with these partners and stakeholders.	September	SCTA Advisory Council	Pending	Due in Q3
Tactic 6.2: Establish unified opinions and priorities on SCTA issues and pursue these priorities legislatively when possible and appropriate.				
Establish a standard process for drafting SCTA opinions and moving these forward administratively and legislatively, using the SCTA's work on authorizing APRNs to practice telehealth as an example.	June	SCTA Advisory Council	Pending	Due in Q2
Identify issues for the SCTA to address, and begin applying process to respective issues.	September	SCTA Advisory Council	Pending	Due in Q3
Tactic 6.3: Establish an enhanced reporting process for adequate representation of SCTA activities.				
Establish a subcommittee to approve reports and to inform the reporting process.	March	SCTA Coordinator, Co-Chairs	Complete	
Develop reporting templates to streamline the quarterly SCTA hub and workgroup reporting.	June	SCTA Coordinator, Co-Chairs	In progress	Due in Q2
Implement enhanced reporting mechanisms.	September	SCTA Coordinator, Co-Chairs	In progress	Due in Q3

Driving Strategy 7

Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

Led by Drs. Meera Narasimhan (USC) and Dee Ford (MUSC), this strategy focuses on **enhancing outcome reporting** across the SCTA. The team held a meeting in CY18Q1 to outline initial plans to engage SCTA telehealth hubs in these efforts. Drs. Ford and Narasimhan agreed to have individual calls with each of the hubs to assess what telehealth services are currently being offered and how hubs are currently measuring outcomes for these services. These calls will take place in the upcoming quarter and will inform the program evaluation plans. (**7.1**)

In CY18Q1, the SCTA awarded six new **SCTA Telehealth Implementation and Evaluation Grants** to the amount of $20,000 each. Awarded to researchers and clinicians, these grants are focused on the adoption, utilization, and investigation of innovative telehealth interventions. The following are the awardees for the 2018 grant cycle, and full descriptions for each can be found on the SCTA website:

- *Asthma Chat: Providing a Link between Parents of Children with Asthma and a Centralized Asthma Expert* (PIs: Annie Lintzenich Andrews, MUSC; Robin Estrada, University of South Carolina)
- *Pediatric Cardiac Telehealth: A Scalable Loan Program to Promote Equal Access to Personal Telehealth Devices* (PIs: Nicole Cain, MUSC; G. Hamilton Baker, MUSC)
- *Reducing Alcohol Misuse Following Interpersonal Violence Using Telehealth* (PIs: Sara Barber, SC Coalition Against Domestic Violence and Sexual Assault; Christine Hahn, MUSC)
- *Development and Testing of a Smoking Cessation E-Visit for Implementation in Primary Care* (PIs: Vanessa Diaz, MUSC; Jennifer, Dahne, MUSC)
- *Using Telehealth to Accelerate Mental Health Recovery after Pediatric Traumatic Injury* (PIs: Rachel Houchins, Palmetto Health; Leigh Ridings, MUSC)
- *Midlands Recovery Center Telehealth: Extending Substance Abuse Counseling* (PIs: Ken Taylor, Bright Side Counseling; Michelle Miller and Josh Gray, Midlands Recover Center) (**7.2**)

2018 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				
Develop an evaluation rubric for determining outcomes and identify generalizable process measures (e.g. # sites, # providers, type of service, etc.).	March	USC/MUSC	In progress	Initial process measures identified; meeting with hubs in Q2 to better determine a rubric.
Develop a consultation plan to support SCTA hubs and other sites with project evaluation.	June	USC/MUSC	In progress	Due in Q2
Have initial project outcomes for at least one project from each of the SCTA hubs that addresses either access, quality, and/or value.	September	USC/MUSC	Pending	Due in Q3
Tactic 7.2: Support clinicians and researchers in implementing and evaluating telehealth-based pilot projects through the SCTA grant program.				
Promote the SCTA Implementation and Evaluation Grant program. Provide consultation to applicants on research and evaluation as needed.	March	MUSC		Complete
Select up to five new SCTA grant recipients through grant review process.	June	MUSC		Complete
Contracts and support in place for 2018 pilot project grantees.	September	MUSC	Pending	Due in Q3

Driving Strategy 8

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

Led by SCETV, the **Content Advisory Team** (**CAT**) steadily increased the number of recipients on its general distribution list for the SCTA monthly newsletter as well as the followers on the SCTA social media channels. As part of the strategic plan, the CAT strategized with SCTA leadership and government relations teams on how to best target legislators. One initiative that grew out of this was cataloguing the My Telehealth video library by region and legislative district, which now allows the SCTA to share with individual legislators the specific telehealth stories happening in the geographic areas they represent. (**8.1**)

A significant amount of effort in CY18Q1 also went into the content development and design of the ***2017 SCTA Annual Report***. Completed and approved in CY18Q1, this document will be widely distributed among legislators, SCTA partner organizations, and other key stakeholders to showcase the work of the SCTA and educate more generally on the benefits of telehealth. (**8.1**)

In CY18Q1, the SCTA continued its efforts around engaging payers to enhance **telehealth reimbursement**. The SCTA developed a template of telehealth programs that create ER diversions, improve population health, and provide increased opportunities for screenings and early detection of chronic conditions. After adding data and outcomes for these programs, the template will be used to negotiate shared savings reimbursement arrangements with insurance payers and the various SCTA partner providers. (**8.2**)

The SCTA also developed a list of **key priorities for additional payer coverage** that would likely further catalyze the benefits of telehealth. The document is currently being vetted among the hubs, with hopes of being finalized in the quarter to follow. The hope is that this document can be used to delineate common reimbursement priorities across the SCTA and that eventually the SCTA will be able to track the progress of individual payers on these priorities as a means of accountability. (**8.2**)

2018 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.				
Develop and build distribution lists for audiences in Mailchimp (public, providers, legislators, and payers).	March	Content Advisory Team	Complete	
Develop specific content, messaging, and channels for each audience.	June	Content Advisory Team	In progress	Due in Q2
Develop a list of events to attend and promote the work of the SCTA. Revamp and increase circulation of public survey assessing telehealth knowledge.	September	Content Advisory Team	Pending	Due in Q3
Engage focus group(s) and utilize surveys to evaluate current promotions and gain insight on future opportunities	December	Content Advisory Team	Pending	Due in 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 shared arrangement template for telehealth programs that have the potential to: produce ER diversions, improve population health (diabetes), and increase screenings and early detection conditions	March	External Affairs Manager	Complete	
Begin meeting with telehealth providers to assess the programs and identify payer populations using the programs.	June	External Affairs Manager	In progress	Due in Q2
Host live telemedicine demonstrations for payers at MUSC's Center for Telehealth.	September	External Affairs Manager	Pending	Due in Q3
With completed template, begin collaborating with hub contracting departments to decide next step for shared arrangement payer engagement	December	External Affairs Manager	Pending	Due in Q4