SCTA Quarterly Report
CY18 Quarter 3

Progress achieved on the 2018 SCTA Strategic Plan
July - September 2018

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

In the third quarter of 2018 (CY18Q3), the SCTA continued to make progress on the goals outlined in the 2018 SCTA Strategic Plan. The **centralized credentialing pilot** led by PCC moved forward, with the first spoke hospital preparing to use the shared database next quarter. The SCTA regional hubs continued to build and scale their telehealth clinical services, one example being GHS going live with its **emergency department telepsychiatry** program. SCDMH made progress on its **mental health crisis response** program, expanding it to two new counties, and began exploring the use of telehealth to extend mental health access to schools. Notably, this past quarter, four 301 behavioral health sites went live with telehealth visits for **medically assisted treatment (MAT)** to address opioid use. The Education Workgroup made progress outlining **telehealth competencies** for health professions, and SCETV continued to share the story of telehealth's growth and impact in SC through its **My Telehealth campaign**.

This report provides further details on these accomplishments from CY18Q3 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.

This past quarter, the **SCTA IT help desk system** was enhanced to include new features and increased functionality as part of a broader upgrade to MUSC's enterprise-wide system. The SCTA technology team is currently exploring the new features, with plans to implement a post-incident customer satisfaction survey next quarter. When it meets for fall strategic planning next quarter, the **IT Workgroup** will consider how this increased help desk functionality might support next year's tactics. (**1.1**)

As reported last quarter, the **SCTA program request** form process has been fully implemented and has led to increased transparency and coordination across the SCTA. In the first three quarters of 2018, the SCTA received **over 30 formal program requests** for equipment or consultation. (**1.2**)

Following the SCTA IT Workgroup meeting in CY18Q2, the champions of this workgroup met to discuss the SCTA **open-access standards** in light of changes in the telehealth IT vendor landscape. While the SCTA is not currently making any formal changes to its IT standards and protocols, a key tactic for this strategy next year will involve engaging vendors to better understand and promote interoperability across the SCTA network. (**1.3**)

Led by Palmetto Care Connections (PCC), work on the **centralized credentialing pilot** has continued in CY18Q3. The goal of this pilot is to test a model for streamlined credentialing for spoke hospitals using a common database and a *Credentialing By Proxy* process. The database was finalized and shared with the pilot team in August, and all of SC Department of Mental Health's telepsychiatry providers were manually added to the database. Beaufort Memorial Hospital agreed to be the first spoke hospital to pilot the use of the database, and MUSC is preparing to pilot the database with its telestroke providers in CY19. As this pilot progresses and PCC receives feedback from spoke hospitals, the workgroup will assess the overall feasibility and sustainability of this model. (**1.4**)

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	Upgraded help desk system was implemented in Q3. Exploration of integration across multiple systems was deferred to strategic planning.
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		
Create a directory of technical contacts for routing issues to; determine a mechanism for keeping this directory updated	September	IT Workgroup		
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		Complete
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		Complete
If determined necessary, update standards and protocols and implement recommended changes to IT solutions.	September	IT Workgroup		Complete
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	MUSC and PCC are working with the vendor to explore interfacing options.
Report the number of sites participating in the credentialing model. Develop a plan to expand pilot to include other telehealth hubs.	September	PCC	In progress	Due to delays with the database build, the pilot has been delayed to CY19. Assessing ongoing feasibility and sustainability will also occur next year.

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 to expand broadband in SC's rural and underserved communities. As previously reported, PCC submitted approximately 20 million dollars of funding requests for subsidized broadband through the FCC's Healthcare Connect Fund, which could ultimately lead to around 13 million dollars of savings for SC health care organizations over the next 3 years if all are approved. Award letters will be issued next quarter. PCC also established a partnership with the Center for Applied Innovation and Advanced Analytics at the **University of South Carolina**, which is currently mapping broadband access across SC. This mapping will include the FCC's data and will help PCC target its broadband expansion efforts to communities most in need. (**2.1**)

The SCTA finalized the build of its **joint customer relationship management database** based on feedback from PCC and the regional hubs. In CY18Q3, MUSC finished uploading all of its telehealth site data and beta tested the database functionality. Hubs have shared their site data with the SCTA as part of their Q3 reporting, and these data will be incorporated into the database over the upcoming quarter. The plan is to have the database live by the end of the calendar year, allowing for not only enhanced coordination across the state but also more streamlined reporting of sites and services. (**2.2**)

PCC continued to support rural health care providers in developing and maintaining their telehealth programs, including in this past year **Low Country Health Care System, Carolina ENT Clinic**, and **Family Health Centers**. PCC and SC AHEC developed a telehealth educational needs assessment for rural providers but faced challenges administering; they are now exploring other avenues to implement the survey. Aligned with these efforts, MUSC engaged consultant Cardovia Health to assess **telehealth adoption among federally qualified health centers** (**FQHCs**) in SC. This project involved both secondary research of FQHC telehealth programs across the country as well as primary research with three specific FQHCs in SC. Findings from this project will be compiled into a report to be shared with the SCTA Advisory Council and key stakeholders to inform future telehealth initiatives within FQHCs. (**2.3**)

In CY18Q3, PCC reviewed SC diabetes data by county, and Hampton County was identified as one of the top five counties in terms of diabetes prevalence. PCC met with health care providers and leadership at Hampton Regional Medical Center, which is interested in participating in a diabetes remote patient monitoring initiative in the year to come. This will be explored further in fall strategic planning. (**2.4**)

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	Complete	Complete
Contact identified sites in highest priority counties to initiate discussions regarding need for and installation of broadband, and subsequently telehealth services.	June	PCC	Complete	Complete
Report on progress with the identified sites as well as potential alternative sources of funding.	September	PCC	In progress	Award letters should be announced in Q4.
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	MUSC finalized the CRM database in Q2 and began uploading data and testing functionality in Q3. The goal is to have the CRM fully functional by the close of CY18.
Evaluate newly developed process for improved communication & coordination & revise as necessary.	June	PCC		
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		Complete
Begin to implement assessment process with rural clinics.	June	PCC	Complete	Consultant assessment complete.
Report findings from assessments to service line providers and coordinators. Develop a manual of best practices for working with rural clinics.	September	PCC	In progress	Results from PCC survey still pending. Report from consultant assessment in development.
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		Complete
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		
Communicate with health care providers in chosen rural community to gain their input and buy-in on the model.	September	PCC		Complete

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.

Supporting Community Hospitals (3.1)

In conjunction with the quarterly SC State Stroke Coordinators Group, the telestroke coordinators at MUSC, GHS, and Palmetto Health met this past quarter to discuss collaborative opportunities to optimize telestroke care. The **telestroke workgroup** identified telestroke billing, pricing models, and enhanced data sharing as opportunities for collaboration in the upcoming year. In collaboration with the **SC Hospital Association**, the SCTA is exploring additional opportunities to improve stroke care and help move all state hospitals toward being at least "stroke ready." (**3.1.A**)

Under the leadership of the **Children's Telehealth Collaborative (CTC)** and with support from the Duke Endowment, both GHS and Palmetto Health have gone live with their **pediatric critical care consultation** programs, joining MUSC Health in providing consults to children presenting to rural emergency departments. McLeod Health has installed equipment, trained its providers, and is currently addressing final compliance and medical records issues. As the Duke Endowment funding ends, the SCTA has agreed to continue to support these pediatric telehealth initiatives through the SC Children's Hospitals and will be finalizing the funding contracts in the quarters to follow. (**3.1.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.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	Complete	
Draft short term objectives and long term vision to improve statewide telestroke care.	September	MUSC	Complete	
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	Complete	
Implement a pilot of the new service to support a community hospital(s).	September	Children's Telehealth Collaborative	In progress	Three of the four regional hubs have implemented a pilot service, with McLeod planning to go live in the near future.

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

Supporting Community Hospitals - continued (3.1)

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.

- **McLeod Health** has seen continued growth in both its cardiology and pulmonary consult programs, and in CY18Q3 McLeod added an additional provider to its cardiology program and expanded its pulmonary program into their Cheraw location. McLeod also has made progress in developing an inpatient nutrition counseling consult program at its Dillon and Cheraw locations, with plans to go live in the quarters to follow.
- **GHS** went live with its emergency department telepsychiatry program in CY18Q2 to **Greer Memorial, Laurens County Memorial, Oconee Memorial,** and **Hillcrest Memorial Hospitals**. The program has been very successful, conducting 94 remote consults this past quarter and planning to go live at **Baptist Easley** in the quarter to follow.
- **Palmetto Health** continues to explore short-term tele-ICU solutions to meet its intensivist coverage needs, with plans to implement a "round and respond model" at its **Baptist** and **Baptist Parkridge** locations next year.
- **MUSC Health** went live with its inpatient telepsychiatry program in CY18Q2 at **Palmetto Health—Tuomey,** and in CY18Q3 MUSC extended this service to **Tidelands Georgetown Memorial Hospital** and **Tidelands Waccamaw Community Hospital.** MUSC Health is also working to expand its telestroke and teleneurology services to **Union Medical Center**. Additional inpatient services that have been developed this past quarter include palliative care, infectious disease, and antimicrobial stewardship. (**3.1.C**)

A summary report of the **tele-ICU evaluation** conducted with the hospitals participating in MUSC Health/Advanced ICU Care's tele-ICU program was presented to the SCTA Advisory Council at its September meeting. The council was enthusiastic about the tele-ICU program, and next year the SCTA—in collaboration with the SC Hospital Association—is planning to explore possibilities for a statewide critical care network. (**3.1.D**)

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.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	Complete	
Clinical and operational workflows drafted.	September	MUSC Health	Complete	
Implement a pilot of the new services to support a community hospital(s).	December	MUSC Health	Complete	
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	Complete	
Provide recommendations for action items in response to summary report.	September	MUSC Health	Complete	

Driving Strategy 3

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

Supporting Primary and Ambulatory Care (3.2)

Earlier this year, MUSC Health's **diabetic retinopathy program** went live at one of its outpatient clinics and at the **Harvest Free Medical Clinic** in North Charleston. Using telehealth, this program allows patients to be screened for retinopathy at their primary care provider's office rather than having to schedule a separate ophthalmic appointment. To date, over 500 screenings have been completed, and next quarter the program will be expanding to an additional **MUSC** clinic in Summerville, **Volunteers in Medicine** in Bluffton, and **Carolina Pines** in Hartsville. (**3.2.A**)

MUSC Health's two **regional multispecialty clinics** developed in CY18Q2 in partnership with **Tidelands Health** and **RMC**-**Orangeburg** have seen over 100 adult and pediatric patients to date. These regional clinics have closed the gap between health care specialists and patients in local communities. Live services include stroke, epilepsy, neuropsychiatry, vascular surgery, movement disorder, sickle cell, pulmonary, vascular interventional radiology, and kidney transplant. MUSC has been in conversations with additional services—neuromuscular, thoracic surgery, and plastics—about developing additional specialty clinics. **McLeod Health** has also made efforts to support primary care and ambulatory practices, going live with its **diabetes telehealth education program** in CY18Q2. Additionally, they identified multiple service lines either in development or ready to go live next year. These include outpatient nutritional counseling consults at Cheraw for chronic disease management; telepsych consults for McLeod's family medicine residency program; vascular surgery consults at dialysis centers in the region; expanded lactation consults and education to pediatric practices; and an occupational health program offering primary care to employees and industry partners. (**3.2.B**)

GHS, Palmetto Health, and **MUSC Health** continue to work collaboratively on their statewide maternal fetal medicine (MFM) telehealth initiative. Targeting rural OB/GYN practices, this initiative will offer both clinical MFM telehealth consults and a Project ECHO education program in efforts to increase provider competency in managing high-risk pregnancy patients. The project team met biweekly throughout CY18Q3, and physicians and staff from all three hubs attended the Project ECHO immersion training at the University of New Mexico. The Project ECHO clinic is set to go-live in early November 2018, and the virtual solution for the MFM telehealth consults is in development. (**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 3.2: 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	MUSC's diabetic retinopathy program pilot is live and growing.
Begin implementation of pilot service in at least one region.	June	MUSC Health, PH		MUSC's e-consults platform and PH's behavioral health solution move forward but likely will not go live until 2019.
Implement pilot of telehealth services(s).	September	MUSC Health, PH		
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		Complete
Implement pilot of telehealth services(s).	September	MUSC Health, PH		Complete

Driving Strategy 3

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

Supporting Schools and Correctional Facilities (3.3)

The **school-based telehealth workgroup** continued to meet throughout CY18Q3 to advance its collaborative SCTA deliverables. The group reviewed emergency department asthma data, the 2018 County Health Rankings, and the list of current and planned programs across the SCTA. Based on these data, the team developed a taxonomy of active programs, programs in development, and priority districts not currently engaged. Nine counties were identified as either having programs in development or being priority districts, and members of the workgroup are in varying stages of planning and outreach with these counties. Additionally, **McLeod Health's School-based Sports Medicine Concussion Care program** continued to rapidly expand this quarter, now serving ten different schools. (**3.3.A**)

MUSC Health and Palmetto Health continue to develop telehealth partnerships with **correctional facilities**. **MUSC Health** continued its tele-urgent care services with **Al Cannon Detention Center** and assisted with medical assessments for those newly incarcerated, providing over 40 telehealth visits in CY18Q3. Additionally, **Palmetto Health/USC** and **MUSC Health** are working collaboratively with the **SC Department of Corrections** to increase telehealth adoption and utilization at correctional facilities in the Midlands area. (**3.3.B**)

Direct-to-patient Opportunities (3.4)

The **direct-to-consumer (DTC) workgroup** continues to meet regularly, with a roster of members representing seven different health systems and payer Blue Cross Blue Shield (BCBS). The workgroup has identified key topics to address at future meetings, including tactics to nurture and retain first time patients, providing antibiotic education in the context of DTC, and assessing the impact of solutions with direct messaging capabilities. Additionally, in conjunction with Strategy 7 focused on outcomes, the workgroup will be working closely with Dr. Meera Narasimhan next year to demonstrate the impact and value of DTC, asynchronous services. (**3.4.A**)

Also of note, in response to **Hurricane Florence**, many SCTA organizations allowed SC patients to use their virtual urgent care platforms at no-cost throughout the weather emergency. In total, there were **981 visits** offered at no cost across through **GHS, Palmetto Health, McLeod, MUSC,** and **BCBS**. Members at these organizations have debriefed the emergency response and together are working on a joint journal article documenting the statewide telehealth response to the weather emergency.

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		Complete
Establish clinical and operational workflows	June	MUSC Health, PH		Complete
Implement pilot of telehealth service(s).	September	MUSC Health, PH		Complete
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	Ongoing	Hub managers reporting out barriers and success in regular collaborative calls.
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	Ongoing	Workgroup members are sharing successes and challenges on regular calls. A more formal assessment will be incorporated into the CY19 tactics of Strategy 7.

Driving Strategy 4

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

Supporting Rural Hospitals with Mental Health Services (4.1)

The **SC Department of Mental Health (SCDMH)** continues to grow its ED Telepsychiatry program to meet the needs of rural hospitals. In CY18Q3, SCDMH saw a 42% increase in the program's activity as compared to the same period last year. In collaboration with Palmetto Care Connections, **SC Department of Mental Health (SCDMH)** has identified a strategy to determine the next cohort of rural hospitals to include in the ED Telepsychiatry Program, and SCDMH is actively recruiting additional clinical providers to ensure that the workforce exists to meet the expected demand from expansion.(**4.1.A**)

Since SCDMH went live with its **Community Crisis Response and Intervention (CCRI) Program** in May 2018, the program has received approximately 824 calls. Through this program, mental health clinicians are able to support emergency responders responding to individuals in psychiatric crisis, helping to de-escalate the crisis and provide linkage to ongoing treatment and other resources. In CY18Q3, the program expanded to **Horry** and **Beaufort** counties with plans to cover the entire coastal region by the end of the year. In CY19, CCRI plans to provide after-hours response coverage 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	Ongoing	SCDMH has developed a process for prioritizing expansion.

This implementation process ongoing as opposed to focused milestones due to ongoing demand. |
Secure required carts and associated equipment/infrastructure in order to implement selected clinical services and programs.	June	PCC, SCDMH		
Activate first cohort of rural hospitals from established priority list and readiness evaluation.	September	PCC, SCDMH		
Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention.				
Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services.	March	SCDMH, SCHA		Complete
Convene a meeting of interested parties from the priority list to discuss the need/inclination for crisis intervention services and supports.	June	SCDMH, SCHA		Complete

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)

SCDMH is partnering with two **federally qualified health centers (FQHCs)** to pilot the extension of telepsychiatry services into a primary care setting. SCDMH secured the appropriate workforce and deployed the necessary equipment to begin delivering telepsychiatry services, and they are now working with the partner FQHCs and PCC to address bandwidth and connectivity challenges. SCDMH is on track to go live with these services soon, with plans to eventually scale to other sites in CY19. (**4.2.A**)

Recruiting Providers for Telepsychiatry (4.3)

In CY18Q3, SCDMH continued to recruit psychiatrists and advanced practice providers to meet the demand from expansion into additional clinical locations. To assist with recruitment, SCDMH—in cooperation with the USC School of Medicine—began to explore methods of providing telepsychiatric experiences to medical residents, and they are exploring similar opportunities with health education programs at other colleges and universities. One additional key to SCDMH expanding its roster is the use of physician extenders. Having successfully deployed its first nurse practitioner in CY18Q2, SCDMH increased its roster in CY18Q3 to now include 4 APRNs providing telepsychiatry services. (**4.3**)

Exploring Medical Information Sharing (4.4)

In collaboration with MUSC and PCC, SCDMH is evaluating the use of a single virtual platform to meet its **medical information sharing** and **health information exchange** needs, thereby consolidating Subtactics 4.4.A and 4.4.B. SCDMH engaged its medical, administrative, and IT leadership to conduct both an initial, cursory evaluation of the software platform and a second, in-depth operational compatibility evaluation of the platform. Based on preliminary assessments, the product was determined to have the potential to significantly enhance the efficiency of SCDMH's medical information sharing, especially within the ED Telespsychiatry Program. In CY18Q3, SCDMH continued internal discussions about the product, and potential implementation will be incorporated into their CY19 strategies. (**4.4.A/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 4.2: 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		
Establish marketing initiative to use telepsychiatry as recruitment tool for providers.	June	SCDMH	Ongoing	
Extend the use of physician extenders within the provider roster of mental health and related clinical services and programs.	September	SCDMH		
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		Complete
Report the findings from the meeting and research regarding the feasibility of medical information sharing.	June	PCC, SCDMH	Complete	SCDMH has identified a potential solution to meet its medical information sharing needs and is consolidating 4.4.A & B. SCDMH will explore moving forward with this solution in the quarters to follow.
Convene a second meeting to discuss next steps to work toward more coordinated medical information sharing, if warranted.	September	PCC, SCDMH		
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
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	Complete	SCDMH has identified a potential solution to meet its medical information sharing needs and is consolidating 4.4.A & B. SCDMH will explore moving forward with this solution in the quarters to follow.
Convene a second meeting to discuss the next steps to support a centralized information sharing hub, if warranted.	September	PCC, SCDMH		

Driving Strategy 4

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

Supporting other Statewide Telemental Health Initiatives (4.5)

Earlier this year, SCDMH received a $1.2 million grant from **The Duke Endowment** that will help SCDMH implement a countywide school telehealth initiative that integrates mental health and primary health care for children in **Darlington County**. In CY18Q3, initial planning for this program began. As currently proposed, SCDMH's **Pee Dee Community Mental Health Center**—in partnership with **MUSC**, the **SCTA**, the **Darlington One School District**, and several local private providers—will make multiple mental and primary health care services available to participating schools via telehealth. (**4.5.A**)

In collaboration with the **SC Department of Education**, SCDMH is identifying additional sites to implement its **School Mental Health Program**, which will begin to include a telepsychiatry component. The goal is to serve all SC schools by 2022. In CY18Q3, SCDMH actively promoted its School Mental Health Program and began to work with schools to assess readiness to participate, especially in terms of the technology and bandwidth requirements for the telepsychiatry component. (**4.5.B**)

The SCTA continues to work closely with MUSC's **SC MAT ACCESS** team, the Department of Alcohol and Other Drug Abuse Services (**DAODAS**), the Behavioral Health Services Association (**BHSA**), and **PCC** to support expanding access to **medication-assisted treatment (MAT) for opioid use disorders**. Over the past year, PCC set up telehealth equipment at BHSA/"301" sites across the state, and these past two quarters have focused on establishing connectivity, clinical workflows, and training to connect MAT providers to patients at these sites. At the close of CY18Q3, four 301 sites were actively providing telehealth MAT care to their patients, resulting in 112 unduplicated patients receiving access to this life-saving treatment. With telehealth MAT services now live at these 4 sites, in CY19 the team will work to scale these services to other sites. (**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 4.5: 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		Complete
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		Complete
Identify at least one pilot service to implement in one of these extended service settings.	September	SCDMH		Complete
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		Ongoing
MAT consults to 301s active.	September	DAODAS, 301s		Ongoing

Driving Strategy 5

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

The **Education Workgroup** made progress on its deliverables in CY18Q3. Led by **SC AHEC**, the subgroup focused on health care training institutions drafted a list of key **telehealth competencies** for trainees. This list will be reviewed by other SCTA committees and stakeholders next quarter, and once finalized the competencies will help frame the activities of the workgroup in the year to come. The workgroup also continues to make progress in identifying and highlighting **promising practices for telehealth curriculum integration.** This past quarter, they met with GHS to highlight GHS' **interdisciplinary behavioral health ECHO clinic** for psychiatry, internal, and family medicine residents. This program and other promising practices will be publicized and shared in the quarters to follow. (**5.1**)

Led by **PCC**, the subgroup focused on provider education determined the importance of developing updated, South Carolina-specific **telehealth training modules**. PCC and SC AHEC agreed to lead the development of these, and, in CY18Q3, SC AHEC began work on a **billing and reimbursement module** in collaboration with MUSC. This module will target providers, practice administrators, telehealth coordinators, and coders, and is scheduled to launch in early 2019. In CY18Q3, PCC also put considerable planning efforts into hosting **two regional telehealth meetings**, one for the Upstate region and one in Bamberg. These will be occurring in the following quarter as part of Telehealth Awareness Week. (**5.2**)

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	In progress	Case studies identified and are currently being developed.
Telehealth competencies for students/trainees developed and endorsed by committee.	September	AHEC	In progress	Competencies have been drafted and shared with committee, with plans to have full sign off in Q4
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

Driving Strategy 5

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

The SCTA convened its first two collaborative **telementoring/Project ECHO** calls in July and September of CY18Q3. Key physician leadership and administrative staff participated from various SC telementoring/Project ECHO programs, including:

- **Hepatitis C Telehealth Initiative** (USC | Clinical Champion: Dr. Divya Ahuja)
- **Project ECHO for Opioid Use Disorder** (MUSC | Physician Champion: Dr. Kelly Barth)
- **EMBRACE ECHO for Sickle Cell Disease** (MUSC | Physician Champion: Dr. Julie Kanter)
- **Behavioral Health Care Manager TeleECHO** (GHS | Physician Champion: Dr. Eve Fields)
- **Pregnancy Wellness in SC** (MUSC, USC, GHS | Physician Champion: Drs. Donna Johnson, Berry Campbell, and Eric Dellinger)

The group agreed to continue meeting on a bi-monthly basis and identified a number of key collaborative opportunities for the upcoming year, including creating joint promotional materials, developing common outcome metrics across programs, and exploring payment opportunities for this modality. One immediate outcome of these meetings was a **recruitment flyer** created by the SCTA in CY18Q3 to advertise these programs at upcoming conferences and Telehealth Awareness Week events (**Appendix A**). **(5.3)**

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 5.2: 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	Complete	8 individuals have used scholarship funds to complete the course; PCC and SC AHEC are now working to develop their own courses for providers.
Develop library of telehealth training tools for practicing health care providers and their staff and disseminate as identified by provider survey.	June	PCC	In Progress	PCC is working with SC AHEC to develop modules. PCC provides ongoing webinar training opportunities to providers.
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	Complete	Meetings are planned and scheduled to occur in early Q4.
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	Transitioned	PCC and SC AHEC this will be incorporated into CY19 planning.
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		Complete
Formulate recommendations to streamline/grow these projects.	September	USC		Complete

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 CY18Q3, the SCTA and PCC co-sponsored its first **SC Telehealth Stakeholders Meeting** in efforts to enhance engagement with telehealth partners not already represented on the SCTA Advisory Council.

Over 40 stakeholders attended this first meeting, and organizations represented include:

- **Alliance for Healthier SC**
- **Beaufort Memorial**
- **Blue Cross Blue Shield of SC**
- **CareSouth Carolina**
- **Greenville Health System**
- **McLeod Health**
- **MUSC**
- **Palmetto Care Connections**
- **Palmetto Health**
- **SC AHEC**
- **SC Children's Hospital Association**
- **SC Drug Alcohol and Other Drug Abuse Services**

- **SC Department of Health and Human Services**
- **SC Department of Education**
- **SC Department of Mental Health**
- **SC LLR**
- **SCETV**
- **SC Hospital Association**
- **SC Office of Rural Health**
- **SC Primary Health Care Association**
- **Spartanburg Regional Health System**
- **USC School of Medicine**

The SCTA received positive feedback on this first meeting, and stakeholders requested that SCTA workgroups report out activities from the past year at the next meeting. The SCTA and PCC plan to continue to convene this group on a regular basis to keep partners abreast of telehealth resources, policies, and programs in the state, and to provide an ongoing forum for stakeholders to provide feedback to the SCTA and PCC on telehealth strategy and programs. (**6.1**)

As previously reported, the SCTA finalized its process for developing unified SCTA statements in CY18Q2, with its 2018 Payer Coverage Priorities document being the first statement to go through this process. This process will be followed for additional needs or issues as they arise. (**6.2**)

The enhanced REDCap reporting templates piloted in CY18Q1 have successfully **streamlined quarterly reporting**, and strategy champions and hub managers responded positively to this enhanced reporting mechanism. In the CY19 planning process, the SCTA will revisit the collaborative outcomes across strategies to ensure these data can be reported successfully. (**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	Complete	
Implement strategy for ongoing communication with these partners and stakeholders.	September	SCTA Advisory Council	Complete	
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	Complete	
Identify issues for the SCTA to address, and begin applying process to respective issues.	September	SCTA Advisory Council	Complete	
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	Complete	
Implement enhanced reporting mechanisms.	September	SCTA Coordinator, Co-Chairs	Ongoing	

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 **developing more robust outcomes** across the various SCTA service lines. Earlier this year, Drs. Ford and Narasimhan held individual calls with **McLeod Health, Palmetto Health**, and **GHS** to assess what telehealth services are currently being offered and how hubs are currently measuring outcomes for these services. In CY18Q3, the team identified hub direct-to-consumer platforms as the service line to undergo a more rigorous value analysis, and Dr. Narasihman will work with the direct-to-consumer workgroup on this project. Other service lines being explored for future analyses in CY19 include Palmetto Health's school-based telehealth program and USC's Hepatitis C Initiative led by Dr. Ahuja. (**7.1**)

All six **SCTA Telehealth Implementation and Evaluation Program** grantees have received their funding and begun work on their projects. As previously reported, the following are the 2018 awardees:

- *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)

As part of CY19 planning, the SCTA is exploring collaboration with the **SC Clinical and Translational Research Institute (SCTR)** for the future administration of these grants. SCTR has a strong grants and research support infrastructure already in place as well as a research network that includes multiple SC research institutions. Partnership with SCTR would remove current duplication of efforts and allow for more opportunities to enhance telehealth research across the state. (**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		Complete
Develop a consultation plan to support SCTA hubs and other sites with project evaluation.	June	USC/MUSC		Complete
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		Complete
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		Complete

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**) began including community events as a standing agenda item for its regularly occurring meeting. This was done in efforts to ensure SCTA representation at events with an aligned mission and to encourage opportunities for co-sponsorship. One example of this from CY18Q3 is the SCTA and SCDMH partnering to distribute information about telehealth at the Lowcountry Mental Health conference in August. The CAT also made progress on surveying public knowledge of telehealth, with MUSC's marketing department agreeing to fold this project into its preexisting service agreement with a research vendor. The survey committee will meet in CY18Q4 to finalize the survey questions and administration plan. Additionally, the SCTA's monthly newsletter grew by 103 recipients this past quarter with an average open rate of 24.8%, higher than the national average for health care, 22.36%. (**8.1**)

In CY18Q3, the SCTA prepared to host its first **open house for payers**, which will take place at MUSC's Center for Telehealth in October as part of Telehealth Awareness Week. Over 30 individuals representing at least 20 payer organizations have been invited. In preparation for the event, the SCTA created a **payer scorecard** based on its established 2018 Payer Priorities (**Appendix B**). This scorecard will be shared with payers at the open house and will evolve to become a regularly updated progress report published online. (**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		Complete
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		Complete
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		Complete
Host live telemedicine demonstrations for payers at MUSC's Center for Telehealth.	September	External Affairs Manager	In Progress	Scheduled for Q4
With completed template, begin collaborating with hub contracting departments to decide next step for shared arrangement payer engagement	December	External Affairs Manager	Complete	Hubs have been encouraged to engage with their contracting departments and the SCTA has offered to help as needed.

Appendix A:
Telementoring/Project ECHO Marketing

Telementoring & ECHO Programs

Telementoring links provider specialist teams with primary care clinicians in local communities. Together, they participate in regular online clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.

The Project ECHO (Extension for Community Healthcare Outcomes) movement utilizes this Hub and Spoke model to create an ongoing learning community where primary care clinicians receive support and develop the skills needed to treat a specific condition in a collaborative environment.

Behavioral Health Care Manager TeleECHO

To provide ongoing support and training in brief evidence-based psychotherapies and skills required to work in the Collaborative Care model and provide care to patients receiving both mental and psychiatric services.

https://ghscme.ethosce.com/psychology-behavioral-health-collaborative-care-seminar

EMBRACE ECHO for Sickle Cell Disease

The goals are to enhance access to care for affected individuals, educate local providers to develop knowledge and self-efficacy in treating and managing SCD, and improve cost of care through increased quality of care.

www.sc2.org

Pregnancy Wellness in SC

Pregnancy Wellness in SC ECHO will provide telementoring support to current and future providers across the state of South Carolina. Our MFM team brings together a network of physicians and dieticians from different health systems working together to support Maternal Fetal health in SC.

www.pregnancywellnessinsc.org

Project ECHO for Opioid Use Disorder

SC MAT ACCESS is leveraging the ECHO model to provide telementoring support to current and future MAT providers across the state of South Carolina. Our ECHO clinics feature brief, user-driven didactic content relevant to opioid use disorders and office-based MAT, delivered by national experts in the treatment of opioid use disorders.

www.scmataccess.org

SC Hepatitis C Telehealth Initiative

The South Carolina Heapatitis C Telehealth Initiative offers education, training, consultative support, and patient co-management for healthcare providers interested in or providing screening, testing, staging, and treatment of HCV mono-infected and HIV/HCV co-infected patients. The initiative covers the spectrum of topics related to HCV medicine, and assists providers in navigating the complex aspects of HCV patient care management.

www.schivtc.med.sc.edu

For more information about any of these programs, please visit the above websites or email Teresa Joseph at teresa@sctelehealth.org

SOUTH CAROLINA
Telehealth
ALLIANCE

Appendix B:
Payer Scorecard

Telehealth Payer Scorecard

Category	Medicare	Medicaid	Medicaid (Psychiatry Only)	BCBSSC	United	Cigna	Aetna	Tricare
Rurality Restriction	Red	Green	Green	Green	Green	Red	Red	Green
Facility Reimbursement	Green	Yellow	Yellow	Red	Red	Red	Red	Red
Home as Place of Service	Yellow	Red	Green	Green	Red	Red	Red	Green
Extended Covered Provider Types	Green	Green	Yellow	Green	Green	Red	Green	Green
Mobile Health	Yellow	Red	Red	Red	Red	Red	Red	Red
Remote Patient Monitoring	Green	Red	Red	Green	Green	Green	Red	Red
e-Consults	Yellow	Red	Red	Red	Red	Red	Red	Red

Rurality Restriction
Green = No geographic coverage restrictions
Red = Policy includes geographic coverage restrictions or information not available

Facility Reimbursement
Green = Facility payment is equal to or greater than $25.76
Yellow = Facility payment less than $25.76
Red = Policy does not include facility payment

Home as Place of Service
Green = Current policy to pay for encounters into the home
Yellow = Proposed policy to pay for encounters into the home
Red = No current or known proposed policy to pay for encounters into the home

Extended Covered Provider Types
Green = Coverage for physician assistants, NPs, and 3 of the 5 provider types listed below
Yellow = Coverage for physician assistants, NPs, or at least 1 of the 5 provider types listed below
Red = No coverage for either physicians assistants or NPs or coverage 0 of the 5 provider types listed below

Mobile Health
Green = Current policy for asynchronous, direct-to-patient communication converage
Yellow = Proposed policy for asynchronous, direct-to-patient communications coverage
Red = No policy for asynchronous, direct-to-patient communications coverage

Remote Patient Monitoring
Green = Current RPM coverage
Yellow = Proposed RPM coverage
Red = No known RPM coverage

e-Consults
Green = Current policy for e-consult coverage
Yellow = Proposed policy for e-consult coverage
Red = No known policy for e-consult coverage

Provider Types: Nurse Mid-Wives, Clinical Psychologists, Master's level Mental Health Providers, Registered Dieticians, Physical Therapists, Occupational Therapists, and Speech Pathologists