SCTA Quarterly Report
CY19 Quarter 1

Progress achieved on the 2019 SCTA Strategic Plan
January - March 2019

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

In the first quarter of 2019 (CY19Q1), the SCTA made significant progress achieving the goals outlined in the new *2019 SCTA Strategic Plan*. The **IT Workgroup** conducted a review of SCTA outpatient telehealth sites to better clarify and designate telehealth IT support. The **SCTA regional hubs** continued to build and scale their telehealth programs, with new services and sites going live. Included in this activity was a focus on **pediatric telehealth** programs, led by the SC children's hospitals and supported by the Children's Telehealth Collaborative. The SC Department of Mental Health continued to lead the statewide efforts to **broaden mental health care access** via telehealth, and increased coordination was brought to the expansion of **tele-MAT to address opioid use**. Led by USC and MUSC, **robust outcomes analysis** has resulted in important findings that help demonstrate the value of telehealth. The SCTA continued to share the story of telehealth's growth and impact in South Carolina through SCETV's My Telehealth campaign and the recent publishing of the ***2018 SCTA Annual Report***. Additionally, the **SCTA Payer Coverage Priorities** document was also updated and will be used to advance discussions with payers and policymakers.

This report provides further details on these accomplishments from CY19Q1 and notes other progress made to meet the milestones outlined in the *2019 SCTA Strategic Plan*.

Mission

Improve the health of all South Carolinians through telehealth.

Values

Patient centered
Quality
Collaboration
Sustainability
Accountability

Vision

Telehealth will grow to support delivery of health care to all South Carolinians with an emphasis on underserved and rural communities. It will facilitate, coordinate and make more accessible quality care, education and research that are patient centered, reliable and timely. Our state will become recognized nationally for telehealth that is uniquely collaborative, valuable and cost effective.

Value Proposition

Telehealth in South Carolina will deliver high value through productive collaboration.

Driving Strategy 1

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

In efforts to **enhance coordination of telehealth IT support** in the state, the **IT Workgroup** conducted a review of the SCTA outpatient telehealth sites included in the 2018 annual reporting to identify any gaps in IT support coverage and determine whether any coverage situations require role clarification. Over 380 outpatient sites were included in this review, including schools, primary care practices, community and rural health centers, and mental health and drug abuse centers. Findings suggest that of the sites examined, over 80% have clearly assigned entities providing telehealth IT support. Additionally, this review helped the Workgroup identify situations and sites that may be at increased risk for role confusion among those providing IT support. This will help guide discussions in the quarters to follow, as the IT Workgroup works to more clearly designate and define telehealth-related IT support. (**1.1**)

In efforts to continue **advancing an open-access network**, the IT Workgroup has asked different telehealth vendors to provide updates to the SCTA on their interoperability roadmaps. Two major telehealth vendors with a significant presence in SC will be sharing these updates at the Annual Telehealth Summit in April and others will be sharing these directly with the IT Workgroup at the workgroup's monthly meetings. Key takeaways from these interoperability discussions will be collated into a report to be shared with the SCTA Advisory Council. (**1.2**)

Progress continues on the **centralized credentialing pilot**, led by Palmetto Care Connections. In CY19Q1, MUSC Health uploaded its tele-stroke providers into the centralized database, which will now allow the database to be piloted with sites joining either MUSC Health's telestroke network or the SC Department of Mental Health's emergency department telepsychiatry program. One hospital has already piloted this centralized credentialing process, and the workgroup plans to pilot it among 2-3 other hospitals this spring. Additionally, a survey was developed by the credentialing workgroup to assess spoke hospital satisfaction with telehealth credentialing, both before and after use of the database. These data will be used to assess the longterm feasibility and overall value of the centralized credentialing pilot. (**1.3**)

2019 SCTA Strategy 1 - Milestones

Strategy 1: Deploy a coordinated, open-access telehealth network in South Carolina.				
Milestones	**Timeline**	**Champion**	**Status**	**Notes**
Tactic 1.1: Effectively utilize the shared IT support request mechanism to ensure timely IT support for telehealth-related activities across the state.				
Assess sites for adequacy of telehealth-related IT support	March	IT Workgroup	Complete	
Designate SCTA member support for sites with gaps in telehealth-related IT support	June	IT Workgroup	Pending	Due Q2
Establish training criteria for telehealth-related IT support	September	IT Workgroup	Pending	Due Q3
Tactic 1.2: Ensure SCTA technical standards and protocols continue to meet industry standards and that SCTA IT solutions meet the needs of SCTA partner organizations.				
Engage telehealth vendors to enable video endpoints to be accessible by open-access compatible video clients	March	IT Workgroup	In Progress	Interoperability presentations to be made by vendors in Q2
Provide interoperability report to Advisory Council	June	IT Workgroup	Pending	Due Q2
Establish guidelines intended for IT personnel on best practices to be shared with SCTA leadership.	September	IT Workgroup	Pending	Due Q3
Tactic 1.3: Evaluate long-term viability and utility of the pilot centralized credentialing program.				
Assess baseline satisfaction and utilization with spoke hospitals on current credentialing procedures. Complete data imports from MUSC into centralized ECHO database.	March	PCC	Complete	
Assess satisfaction and utilization of spokes utilizing centralized database. Provide interim report on utilization and satisfaction.	June	PCC	In Progress	Due Q2
Report on overall success of pilot and determine feasibility for expansion of program.	September	PCC	In Progress	Due Q3

Driving Strategy 2

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

Palmetto Care Connections (**PCC**) continued to lead the SCTA's efforts to expand broadband access in rural communities. Due to delays at USAC, PCC still has not received word on the funding requests submitted last year to the Healthcare Connect Fund. Despite these delays, PCC has continued to engage new sites on applying to the fund for subsidized broadband, and these applications will be submitted next quarter along with any outstanding requests from last year not yet awarded. In efforts to promote the value of telehealth and broadband in rural communities, PCC partnered with SCETV to showcase the transformative effect of telehealth in Bamberg County. The video SCETV developed will be shared widely on social media and featured at the Annual Telehealth Summit in CY19Q2. (**2.1**)

PCC is exploring the feasibility of developing a telehealth regional access center in the four county region in efforts to increase access to specialty care. In CY19Q1,PCC had Initial exploratory conversations with Dr. Simmons at 4OLA Inc., Dr. McAlhaney at Bamberg Family Practice, some verterans' groups in the region, and the SC AHEC. PCC will continue to explore the possibility of a regional access center in the quarters to follow. (**2.3**)

2019 SCTA Strategy 2 - Milestones

Strategy 2: Understand and effectively respond to the health needs of SC citizens with an emphasis on those living in underserved and rural areas.

Milestones	Timeline	Champion	Status	Notes
Tactic 2.1: Grow the number of rural health care sites connected to the broadband required to participate in telehealth services.				
Identify opportunities to promote the value(s) of enhanced broadband in rural areas.	March	PCC	Complete	
In coordination with the SCTA Content Advisory Team, establish a promotional plan to increase awareness of the benefits of broadband for rural sites.	June	PCC	Pending	Due Q2
Broadband promotional plan underway.	September	PCC	Pending	Due Q3
Tactic 2.2: Support providers in rural & underserved areas with the technology & training needed to provide telehealth services. * See Tactics 1.1 (IT Workgroup) and 5.2 (Education Workgroup)				
* See Tactics 1.1 (IT Workgroup) and 5.2 (Education Workgroup)				
Tactic 2.3: Develop a mechanism to optimize the experience and participation of rural health clinics with telehealth service lines.				
Facilitate a discussion through collaborative community engagement in the Bamberg, Barnwell, Hampton and Allendale region regarding the need and feasibility for regional telehealth access centers	March	PCC	Ongoing	
Identify the ideal locations for proposed regional telehealth access centers and clinical service partners.	June	PCC	Pending	Due Q2
Establish a proposed plan for a regional access center implementation in the target area and report on feasibility of plan.	September	PCC	Pending	Due Q3

Driving Strategy 3

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

Supporting Community Hospitals

In CY19Q1, the SCTA held conversations with the SC Hospital Association (SCHA), the SC Telestroke Coordinators Group, and MUSC's Teleneurosciences and Tele-ICU teams to explore metrics that might be used to **identify stroke and critical care needs** in the state. Initial plans are to analyze data on neurologist and critical care intensivist availability by county and hospital and compare those data with stroke and sepsis mortality rates. Better understanding provider availability alongside quality data will inform the SCTA and SCHA on how telehealth might best be leveraged to meet stroke and critical care needs. (**3.1.A, 3.1.D**)

For 2019, the four SC children's hospitals in the state—**McLeod Children's Hospital, MUSC Children's Hospital, Prisma Health Children's Hospital-Midlands, and Prisma Health Children's Hospital-Upstate**—have each received earmarked funds to grow and optimize their pediatric telehealth services. Funds are being used for a variety of initiatives including optimizing current PICU/NICU programs in place, developing a pediatric cardiology consult program, growing school-based telehealth at Prisma Health and McLeod (3.3.A), and developing telehealth programs for medically complex children (3.4.B). The development and optimization of the PICU/NICU and medically complex children programs are being supported by the **SC Children's Telehealth Collaborative** (**CTC**). In CY19Q1, the CTC hosted a webinar with Dr. Kathy Webster, pediatric intensivist at Advocate Health in Chicago, regarding her PICU follow-up program for medically complex patients. The CTC also supported the development of a provider adoption program to increase participation in the existing PICU/NICU programs, and this program has been implemented already at MUSC. (**3.1.B**)

2019 SCTA Strategy 3 - Milestones

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

Milestones	Timeline	Champion	Status	Notes
Tactic 3.1: Support community hospitals with the availability of specialty and subspecialty services.				
Subtactic 3.1.A: Optimize the use of telehealth services by hospitals (2019 focus – telestroke)				
Identify service improvement needs and metrics for statewide acute stroke care.	March	MUSC Health	In Progress	
Formulate a plan to address service improvement needs and collection of statewide metrics.	June	MUSC Health	Pending	Due Q2
Communicate plan to SCHA members.	September	MUSC Health	Pending	Due Q3
Subtactic 3.1.B: Grow and optimize pediatric telehealth services.				
Each SC children's hospital will identify and prioritize pediatric telehealth services to develop or grow. All current service lines reporting quarterly utilization.	March	Children's Telehealth Collaborative	Complete	
Clinical and operational workflows drafted.	June	Children's Telehealth Collaborative	Pending	Due Q2
Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).	September	Children's Telehealth Collaborative	Pending	Due Q3
Subtactic 3.1.C: Increase adult inpatient telehealth services that meet the needs of the respective region.				
Report out baseline utilization metrics for all inpatient telehealth services by site on quarterly basis.	March	Prisma Health, McLeod Health, MUSC Health	Complete	Sites began reporting utilization by service line in January and sites are prepared to begin reporting data by site at the midyear.
Use data to inform further program growth and optimization.	June	Prisma Health, McLeod Health, MUSC Health	Pending	Due Q2
Subtactic 3.1.D: Expand access to critical care intensivists and explore possibilities for a statewide critical care network, complemented by tele-ICU.				
Identify key critical care quality metrics and service needs for South Carolina hospitals.	March	MUSC Health	In Progress	
Formulate a plan to further address the state's critical care quality needs, complemented by tele-ICU.	June	MUSC Health	Pending	Due Q2
Communicate that plan to SCHA members and other key stakeholders.	September	MUSC Health	Pending	Due Q3

Driving Strategy 3

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

Supporting Community Hospitals (continued)
In CY19Q1, hospital-based telehealth services continued to grow. **McLeod Health** expanded its pulmonary, cardiology, nutrition counseling, and lactation programs, and in the next quarter will launch its new vascular program. **Prisma Health – Upstate** continued its emergency department telepsychiatry and infectious disease consult programs across its network of hospitals. **MUSC Health** continued its focus on growing its infectious disease, palliative care, infection control, antibiotic stewardship, and inpatient telepsychiatry services. As they grow their services, each of the major hub health systems have begun to report utilization by service line and are prepared to report these data by site as well. To ease the burden of reporting, the SCTA has decided to only request utilization data on a biannual basis, and subsequently the first round of utilization reporting by site will occur following CY19Q2. (**3.1.C**)

Supporting Primary and Ambulatory Care
MUSC's HRSA-funded **Telehealth Center of Excellence** (**COE**) has been outlining and evaluating different telehealth modalities that have the greatest potential to **improve primary care services**. As part of the COE's deliverables, a document was published in CY19Q1 outlining key telehealth modalities at play in the primary care space, using diabetes as a use case (Appendix A). As the year continues, the COE will continue assessing these different modalities and disseminate findings within the SCTA. (**3.2.A**)

Growing **remote patient monitoring** (**RPM**) programs and developing sustainable models for their deployment continues to be a focus among the health systems participating in the SCTA. In CY19Q1, Prisma Health – Upstate continued to deploy **Babyscripts**, an RPM program that supports pregnant mothers, throughout its OB/GYN sites. Prisma Health – Midlands and MUSC Health maintained their RPM programs focused on **congestive heart failure** patients. MUSC Health continued to grow its RPM program for **diabetes** and is now actively monitoring nearly 600 patients across South Carolina at different MUSC, FQHC, and free clinic sites. With CMS having released new billing codes for RPM, MUSC Health explored avenues to begin billing for these services and is piloting this in its primary care-based RPM program focused on patients at risk for diabetes and heart disease. Additionally, under the auspices of MUSC's COE, the diabetic RPM program is currently being evaluated from an implementation science perspective to determine how to best improve and further scale this program in the future. (**3.2.B**)

2019 SCTA Strategy 3 - Milestones

Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.				
Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care.				
Subtactic 3.2.A: Optimize telehealth services to better support primary care providers and improve efficiency of the referral process.				
Assess what telehealth modalities and programs have the greatest potential to improve primary care service provision and best practices for implementation.	June	MUSC Health	Ongoing	
Report out findings of assessment and begin development of telehealth value toolkit for primary care practices.	September	MUSC Health	Pending	Due Q3
Subtactic 3.2.B: With diabetic RPM as use case, identify best practices and pathway towards sustainable service for a primary care clinic partnered with a telehealth hub service provider				
Review current processes and finances for service.	March	MUSC Health	Complete	
Under optimized model, propose financial structure for a service delivery partnership.	June	MUSC Health	Pending	Due Q2
Establish guidelines for dissemination on best service and business practices for RPM in a partnership model	September	MUSC Health	Pending	Due Q3

Driving Strategy 3

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

Supporting Primary and Ambulatory Care (continued)
MUSC Health's **regional access clinics** at Tidelands Health and Orangeburg RMC are both reporting utilization by service line and site. In CY19Q1, the clinic at Tidelands Health added outpatient nutrition counseling to its menu of telehealth services. Additionally, utilization was so high for stroke follow-up consultations at Tidelands that an additional day was added to the schedule for these visits. (**3.2.C**)

Collaboration continued within the **SCTA Telemonitoring/Project ECHO Workgroup**, which now meets quarterly. Notably, the group agreed to report common metrics across the different SC Telementoring and ECHO programs on a bi-annual basis, and this last quarter these data were compiled and shared in the 2018 SCTA Annual Report. With maps, statistics, and descriptions of each of the telementoring programs, the report showcased the impressive reach of these telementoring programs and their ability to connect primary care providers to interdisciplinary teams of specialists. (**3.2.D**)

Supporting other Population-based Settings
In CY19Q1, **school-based telehealth** continued to expand, aided in part by a new platform that has been launched this year in over 60 schools. This platform supports the appointment request process for the school nurse and facilitates a smooth video connection process for the distance provider. Additionally, the software supports tiered call pools, allowing multiple provider groups to receive appointment requests in an organized fashion. This has been critical in facilitating collaboration across health systems to work together within the SC schools. Utilization data for the school-based telehealth programs will be collected at the midyear, and the new portal will also assist in gathering these data. (**3.3.A**)

Dr. Olga Rosa at USC and Prisma Health-Midlands has worked with the CTC to identify **Safe Passage Children's Advocacy Center** (**CAC**) in York County as the first CAC to pilot a telehealth child abuse pediatric (TeleCAP) program. The team is currently working with Prisma Health Children's Hospital-Midlands to establish clinical workflows and operationalize equipment for the program. (**3.3.C**)

2019 SCTA Strategy 3 - Milestones

Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.				
Tactic 3.2: Support primary and ambulatory care providers with efficient access to specialty care.				
Subtactic 3.2.C: Expand and grow regional telehealth access points for the equitable delivery of specialty care.				
Begin reporting quarterly utilization of services at regional telehealth access clinics and identify any barriers toward continued growth.	March	MUSC Health	Complete	
Work with SCTA partners to identify potential regions in which to develop additional regional telehealth access points and assess feasibility	June	MUSC Health	Pending	Due Q2
Report findings and begin implementation process for additional clinics where appropriate.	September	MUSC Health	Pending	Due Q3
Subtactic 3.2.D: Through enhanced collaboration, optimize the telementoring and Project ECHO models in the state that enable primary care and other practice settings to co-manage complex medical cases with the assistance of a multidisciplinary specialist team.				
Implement coordinated marketing efforts for state telementoring programs. Workgroup to begin meeting on a quarterly basis.	March	Telementoring Workgroup	Complete	
Identify common outcome metrics across programs. Begin reporting metrics on quarterly basis.	June	Telementoring Workgroup	Complete	
Research and report out potential payment opportunities for telementoring / ECHO programs.	September	Telementoring Workgroup	Pending	Due Q3
Tactic 3.3: Extend care to population-based settings to improve access to convenient, cost-effective health care.				
Subtactic 3.3.A: Increase access to medically-underserved children by increasing the utilization of school-based telehealth.				
Begin reporting utilization by school on quarterly basis.	March	MUSC Health, Prisma Health	In Progress	School-based telehealth programs are preparing to report utilization biannually beginning in CY19Q2.
Formulate plan to increase utilization across school districts.	June	MUSC Health, Prisma Health	Pending	Due Q2
Implement plan in upcoming school year.	September	MUSC Health, Prisma Health	Pending	Due Q3
Subtactic 3.3.B: Implement telehealth services to correctional, post-acute, and long-term care facilities to decrease the costs of avoidable readmissions and transfers.				
Begin reporting utilization by site.	March	MUSC Health, Prisma Health	In Progress	Hubs to begin reporting utilization data in CY19Q1
Use data to inform growth and further optimization.	June	MUSC Health, Prisma Health	Pending	Due Q3
Subtactic 3.3.C: Expand access to child abuse pediatric care within the network of Children's Advocacy Centers (CACs).				
Identify region(s) to pilot a telehealth child abuse pediatric (TeleCAP) program.	March	Children's Telehealth Collaborative	Complete	
Establish clinical and operational workflows. Identify and acquire appropriate telehealth technology for program.	June	Children's Telehealth Collaborative	Pending	Due Q2
Implement pilot TeleCAP program.	September	Children's Telehealth Collaborative	Pending	Due Q3

Driving Strategy 3

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

Supporting Direct-to-Consumer Telehealth

In CY19Q1, the **Direct-to-Consumer Workgroup** met to identify key virtual care metrics for access, experience, and quality. These metrics included average wait times (asynchronous vs. synchronous), average distance a patient travels for in-person care, percent of rural vs. non-rural patients, Net Promoter Score, visit growth by year (asynchronous vs. synchronous), and prescription and antibiotic rates. Beaufort Memorial, BCBSSC, McLeod Health, MUSC Health, Prisma Health-Midlands, and Prisma Health-Upstate all shared these data. Findings from data will be used to identify key content for new educational resources and SCETV stories targeting patients, health systems, legislature and payers in the quarters to follow. Additionally, **Spartanburg Regional Health System** went live with its direct-to-consumer platform and conducted over 250 video visits in CY19Q1. (**3.4.A**)

As part of their participation in the CTC, each of the SC children's hospitals have identified opportunities to address the needs of medically complex children in the home or at other convenient location. In CY19Q1, **McLeod Children's Hospital** began working with its Rehab Services Department to develop a pediatric telehealth program addressing the physical, occupation, and speech therapy needs of their pediatric population. **Prisma Health Children's Hospital** began peripheral testing and protocol development to integrate pediatric asthma and diabetes management into its preexisting school-based telehealth program. **MUSC Health** began exploring direct-to-patient approaches to addressing the needs of medically complex children after transfer from the PICU. To support the hubs in developing these programs, the **CTC** hosted webinars with both Dr. Kathy Webster of Advocate Health in Chicago and Dr. Jeff Vergales of the University of Virginia, each of which shared details about their telehealth programs focused on medically complex children. Additionally, the CTC met with MUSC Pediatric leadership about an overall approach to medically complex populations, and the CTC is planning site visits to the other children's hospital hubs in the quarters to follow. (**3.4.B**)

2019 SCTA Strategy 3 - Milestones

Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.				
Tactic 3.4: Understand and effectively respond to consumer demands by expanding convenient healthcare services (Direct-to-Patient).				
Subtactic 3.4.A: Increase the adoption and utilization of direct-to-patient urgent and primary care services.				
Report CY2018 data from identified access, experience and quality key performance indicators. Identify data and other information needed to build educational content that effectively addresses the largest barriers to DTC adoption among (a) patients, (b) providers/health system, (c) legislature, and (d) payers	March	Prisma Health	In Progress	
Consolidate data and information, and work closely with the Content Advisory Team to develop key messaging and communication plan for each targeted stakeholder group.	June	Prisma Health	Pending	Due Q2
Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.	September	Prisma Health	Pending	Due Q3
Subtactic 3.4.B: Develop an approach to expand access to care for medically complex children.				
Each children's hospital will identify a telehealth service to support medically complex children in the home or other convenient location.	March	Children's Telehealth Collaborative	Complete	
Clinical and operational champions identified and workflows drafted.	June	Children's Telehealth Collaborative	Pending	Due Q2
Implement the pilot service for medically complex children.	September	Children's Telehealth Collaborative	Pending	Due Q3

Driving Strategy 4

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

Partnering with other health systems and organizations, the **SC Department of Mental Health** (**SCDMH**) continues to lead Strategy 4 focused on increasing mental health care access via telehealth. In CY19Q1, SCDMH engaged 7 new sites around participating in its **Emergency Department Telepsychiatry Program**, with one site anticipated to go live in the CY19Q2 and the others in various stages of needs assessment. To date, SCDMH has provided 48,369 comprehensive evaluations within the ED Telepsychiatry Program since the program's inception. The trend-line in the monthly number of comprehensive evaluations continues to rise. (**4.1.A**)

The **EMS Telehealth Pilot Project** at the Charleston-Dorchester Community Mental Health Center continued to grow in CY19Q1. Through this program, mental health clinicians are able to support emergency responders responding to individuals in psychiatric crisis, helping to de-escalate the crisis and provide linkage to ongoing treatment and other resources. This program continues to decrease the time needed to complete an intervention and allows ambulances to more quickly return to service through avoiding transport to the emergency department. The EMS Telehealth Pilot Project has provided 1,293 assessments through March 2019, and the CY19Q1 activity represented a 4.2% increase over the previous quarter. (**4.1.B**)

Building on its longstanding success in providing telepsychiatry to its own network of community mental health centers, SCDMH began providing telepsychiatric services this last quarter to two **federally qualified health centers** (**FQHCs**). SCDMH continues to explore opportunities to partner with additional primary care and related-care providers. The success of these partnerships depends on the readiness of the primary care partner to utilize telehealth services, the availability of staff from the community mental health center to provide the services, and access to sufficient bandwidth connectivity to facilitate the audio and video interaction. (**4.2.A**)

2019 SCTA Strategy 4 - Milestones

Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to care

Milestones	Timeline	Champion	Status	Notes
Tactic 4.1: Support rural hospitals with the availability of mental health and related clinical services and programs.				
Subtactic 4.1.A: Increase the number of rural hospitals with access to mental health and related clinical services and programs				
Establish priority list and IT readiness evaluation of rural hospitals for implementation of clinical services and programs.	March	SCDMH	Ongoing	This implementation process is ongoing as opposed to focused milestones due to ongoing demand.
Secure required equipment and associated infrastructure in order to implement selected clinical services and programs	June	SCDMH		
Activate select cohort of rural hospitals from established priority list and IT readiness evaluation.	September	SCDMH		
Subtactic 4.1.B: Extend organizational partnerships that support crisis intervention.				
Establish priority list of geographically-strategic areas for establishment of regional crisis intervention services.	March	SCDMH	Transitioned	While SCDMH has a strategic focus on crisis prevention, intervention, and stabilization, these initiatives are not directly supported by SCTA funds.
Establish regional crisis intervention services across 50% of the State.	June	SCDMH		
Establish statewide coverage of crisis intervention services. Establish evaluation metrics to determine impact of crisis intervention services.	September	SCDMH		Subsequently, SCTA quarterly reports will include updates on the EMS Telehealth Pilot Project, not the statewide crisis intervention efforts.
Tactic 4.2: Support primary care and related care providers with integrated or aligned access to mental health and related clinical services and programs.				
Subtactic 4.2.A: Increase the number of primary care and related-care providers with access to mental health and related clinical services and programs.				
Establish priority list and IT readiness evaluation of primary care and related-care providers for implementation of clinical services and programs.	March	SCDMH	Ongoing	This implementation process is ongoing as opposed to focused milestones due to ongoing demand.
Secure required equipment and associated infrastructure in order to implement selected clinical services and programs.	June	SCDMH		
Activate select cohort of primary care and related-care providers from established priority list and IT readiness evaluation.	September	SCDMH		

Driving Strategy 4

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

In CY19Q1, SCDMH continued its **provider recruitment efforts**. As of March 2019, the ED Telepsychiatry Program had a roster of 20 psychiatrists and the Community Telepsychiatry Program a roster to over 40 psychiatrists. Additionally, SCDMH has been successful in recruiting APRNs and to date has deployed 3 ARPNs to provide services in SCDMH's programs. In the quarters to follow, SCDMH plans to add physician assistants to its pool of physician extenders, further expanding the provider capacity of its programs. (**4.3**)

The SCDMH Office of Network Information Technology has opted to develop an in-house, cloud-based **information sharing platform** to be deployed by the ED Telepsychiatry Program. Development has begun on this solution, but no date has been set for testing and implementation of the developed product. (**4.4**)

As part of an award from **The Duke Endowment**, SCDMH's **Pee Dee Community Mental Health Center** continues to partner with MUSC, the SCTA, Darlington One School District, and local private providers to provide a comprehensive array of physical and mental health services to students within the **Darlington One School District**. Based on the initial outcomes from this pilot project, SCDMH and its telehealth partners will determine how to best deploy this model to other locations in the near future. (**4.5.A**)

In collaboration with its Community Mental Health Centers, SCDMH is exploring collaborations with **other potential service settings** for its programs. These include a local county detention center, three drop-in centers in the Santee-Wateree catchment areas, and four different school districts. Additionally, SCDMH has begun to explore a protocol to coordinate assessment services via telehealth to residents in SCDMH nursing homes. SCDMH plans to test the protocols in the CY19Q2, and, if successful, to immediately deploy the service to **C.M. Tucker Nursing Care Center** in Columbia, SC. (**4.5.B**)

2019 SCTA Strategy 4 - Milestones

Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to care

Milestones	Timeline	Champion	Status	Notes
Tactic 4.3: Establish telepsychiatry as recruitment tool for providers.				
Continue marketing initiative to use telepsychiatry as recruitment tool for telehealth clinical service providers.	March	SCDMH	Ongoing	
Demonstrate initial evidence of a stratified roster of telehealth clinical service providers.	June	SCDMH		
Demonstrate evidence of a change in the service delivery structure to reflect efficient use of telehealth clinical service provider types.	September	SCDMH		
Tactic 4.4: Develop a best practice for medical information sharing across disparate medical service delivery organizations.				
Select a software solution to mitigate the challenge of medical information sharing.	March	SCDMH	Complete	
Configure a software solution to effect real-time information sharing across business-associated healthcare entities.	June	SCDMH	Pending	Due Q2
Implement a software solution to effect real-time information sharing across business-associated healthcare entities.	September	SCDMH	Pending	Due 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.				
Work with complimentary healthcare service providers to develop a comprehensive telehealth program that coordinates mental health and primary health care to be deployed to appropriate recipient organizations.	March	SCDMH	Complete	
Demonstrate initial outcomes of mental health and primary health comprehensive program development in at least one extended service site.	June	SCDMH	Pending	Due Q2
Demonstrate outcomes of mental health and primary health comprehensive program development in at least one extended service site and expand service availability as appropriate.	September	SCDMH	Pending	Due Q3
Subtactic 4.5.B: Explore the implementation of mental health and related clinical services and programs in extended service areas.				
Identify additional opportunities for implementation of mental health and related clinical services via telehealth to extended service areas (e.g. schools, jails, state agencies, colleges, and universities).	March	SCDMH	Complete	
Demonstrate outcomes of implementation of mental health and related clinical services via telehealth in a specific extended service area; specifically, as a component of the SCDMH School Mental Health Program.	September	SCDMH	Pending	Due Q3

Driving Strategy 4

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

In efforts to better coordinate the state efforts to extend access to **medication assisted treatment** (**MAT**) through telehealth, the SCTA began convening a workgroup of key stakeholders. Participants include representatives from **DAODAS, the 301s/Behavioral Health Services Association, MUSC Health, PCC, Ohio Valley Physicians** (**OVP**), and **SC AHEC.** The group agreed to meet on a quarterly basis and provide monthly updates to one another on expansion and utilization of services. Through regular communication, the group hopes to enhance coordination of MAT expansion efforts. (**4.6.A**)

Additionally, with MUSC Health taking the lead, the group discussed possible ways to evaluate the different tele-MAT models present in the state. Better understanding what data are available and how those data can be accessed will be further explored in the quarters to follow. Other potential opportunities related to telehealth were also discussed at initial workgroup meetings (e.g. connecting the 301s to a local rehab facility like SCDMH's Morris Village), but these are only in exploratory phases. (**4.6.B, 4.6.C**)

2019 SCTA Strategy 4 - Milestones

Strategy 4: Broaden mental health and related telehealth clinical services and programs to increase access to care

Milestones	Timeline	Champion	Status	Notes
Tactic 4.6: Identify, support, and coordinate statewide telehealth initiatives that address substance use disorders, inclusive of programs related to medication assisted treatment (MAT).				
Subtactic 4.6.A: Coordinate efforts to expand MAT access throughout South Carolina via telehealth.				
Establish committee structure that facilitates regular communication and coordination of tele-MAT expansion efforts. Establish clearly defined roles for stakeholders involved in expansion efforts.	March	DAODAS, 301s, MUSC Health	Complete	
Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).	June	DAODAS, 301s, MUSC Health	Pending	Due Q2
Work collaboratively with other workgroups (i.e. Education, Content Advisory Team, or Sustainability Workgroup) to address the key issues identified.	September	DAODAS, 301s, MUSC Health	Pending	Due Q3
Subtactic 4.6.B: Evaluate current MAT telehealth expansion efforts.				
Identify an approach to evaluate the different models for tele-MAT active in SC. Work with Education Workgroup to assess tele-MAT implementation barriers within the 301s.	March	MUSC Health (SC MAT ACCESS)	Complete	
Begin data collection and evaluation efforts of different tele-MAT provider models. Receive a report from Education Workgroup on identified barriers and educational needs within the 301s.	June	MUSC Health (SC MAT ACCESS)	Pending	Due Q2
Develop a report based on evaluation of tele-MAT models.	September	MUSC Health (SC MAT ACCESS)	Pending	Due Q3
Subtactic 4.6.C: Identify other telehealth opportunities to increase efficiency and enhance continuity of care for South Carolinians with substance use disorders.				
Identify providers, service line, and location for piloting a new telehealth service (e.g. telehealth within Morris Village).	March	DAODAS, SCDMH	In Progress	Additional use cases have been discussed, but no concrete plans have been made.
Establish clinical and operational workflows and training.	June	DAODAS, SCDMH	Pending	Due Q2
Implement pilot of telehealth service(s).	September	DAODAS, SCDMH	Pending	Due Q3

Driving Strategy 5

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

PCC and SC AHEC continue to lead the efforts on telehealth education in the state. Much of the CY19Q1 focus was on preparation for PCC's 7th Annual Telehealth Summit, which was held April 2-4 in Columbia and which will be reported on in the CY19Q2 report. In advance of the Summit, SC AHEC developed a new **Telepresenter Certification Course** and worked with MUSC to repurpose its **Telehealth Billing Bootcamp.** These courses were offered at no cost during the Summit pre-conference, and both courses will be made available next quarter as online learning modules on the SC AHEC website. Also in preparation for the Summit, PCC and SC AHEC worked closely with the SCETV team to develop **educational videos** that were played during the conference itself. SCETV also made plans with PCC to record parts of the conference to be archived for future educational use and distribution. (**5.1, 5.2**)

In CY19Q1, SC AHEC also created an inventory of all SCETV videos related to telehealth. This inventory will be utilized to publish and promote a catalog of educational resources organized around the Core Competencies developed by the SCTA Education Workgroup. While there are many strong promotional videos within this catalog, SC AHEC has identified a need for more videos that directly relate to the competencies, and they will be partnering with SCETV and the Content Advisory Team to develop content along these lines in the quarters to follow. (**5.1, 5.2**)

In addition to the above, PCC and SC AHEC also continued their co-sponsored **Webinar Wednesdays** focused on Telehealth Education, and next quarter they will be co-sponsoring their first regional education meeting in conjunction with Anderson College. (**5.1, 5.2**)

2019 SCTA Strategy 5 - Milestones

Strategy 5: Conduct statewide education, training, and promotion to providers and the public to accelerate and spread adoption of telehealth.

Milestones	Timeline	Champion	Status	Notes
Tactic 5.1: Assist participating health provider training institutions in South Carolina in introducing knowledge of telehealth to their learners.				
Establish lines of communication/collaborative partnership with the Content Advisory Team & SCETV in order to produce educational videos that address Telehealth Core Competencies	March	AHEC	Complete	
Develop additional educational resources/videos for integration of telehealth in health professions curricula based on Telehealth Core Competencies (including Tele-presenter training for health profession students)	June	AHEC	Pending	Due Q2
Publish/promote catalog of telehealth educational resources available categorized by core competency	September	AHEC	Pending	Due Q3
Tactic 5.2: Assist practicing health care providers in adopting telehealth through telehealth best-practice education and provisions of guiding resources, paying special attention to the rural/underserved communities in state.				
Launch reimbursement billing online training program for healthcare workers. Continue to distribute survey among other provider settings (e.g. small and rural hospitals working with the SCHA or the 301 behavioral health centers).	March	PCC	In progress	Online modules to be published in Q2.
Develop training modules and resources such as Tele-Presenter online certification, telehealth coordinator, and broadband access based on needs assessment from practices serving rural/underserved patients	June	PCC	Pending	Due Q2
Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019	September	PCC	In progress	First regional meeting scheduled for Q2 in the Upstate.

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.

Last year, the SCTA convened its first **telehealth stakeholder meetings** to engage individuals and organizations not already represented on the SCTA Advisory Council. One way the SCTA has sought to continue this engagement in CY19Q1 is by creating a more **agile workgroup structure** that allows for new committees to form as priority issues arise. A good example of this would be the Tele-MAT Committee that grew out of the need to better coordinate the tele-MAT expansion efforts in the state. Additionally, the SCTA has shared key information and resources with stakeholders as they were released (e.g., *2019 Strategic Plan and the 2018 SCTA Annual Report*) and also encouraged stakeholders to attend and network at PCC's Annual Telehealth Summit. The SCTA will continue its outreach efforts to the many telehealth stakeholders in the state, with tentative plans to host the next in-person stakeholder meeting later this summer. (**6.1**)

Similar to last year, the SCTA has released an updated version of its **2019 Payer Coverage Priorities** (Appendix B), which will be described further under Strategy 8. Additionally, the SCTA Advisory Council had discussion at its CY19Q1 meeting about the interstate licensure compact, and the Tele-MAT Workgroup has been discussing avenues to address the regulations around prescribing MAT. While no formal issue statements apart from the SCTA Payer Priorities are currently in development, the SCTA remains prepared to develop these as needed. (**6.2**)

2019 SCTA Strategy 6 - Milestones

Strategy 6: Develop a telehealth organization structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education, and research.				
Milestones	**Timeline**	**Champion**	**Status**	**Notes**
Tactic 6.1: Establish enhanced communication channels targeting partners and stakeholders not represented at the SCTA Advisory Council.				
Optimize stakeholder webinars and meetings	March	SCTA Advisory Council Co-Chairs	Ongoing	
Organize work-group structure for maximum SCTA participant benefit	June	SCTA Advisory Council Co-Chairs		
Maximize inclusion in annual strategy planning	September	SCTA Advisory Council Co-Chairs	Pending	Due Q3
Tactic 6.2: Establish unified opinions and priorities on policies and/or regulations and pursue these priorities when possible and appropriate.				
Identify potential priorities or issues to address.	March	SCTA Advisory Council Co-Chairs	Ongoing	
Develop SCTA priority or issue statements as needed.	June	SCTA Advisory Council Co-Chairs		
Meet with appropriate stakeholders and decision-makers to advance SCTA objectives on identified issues.	September	SCTA Advisory Council Co-Chairs	In progress	Due Q3

Driving Strategy 7

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

Significant strides have been made to establish the value case for telehealth through robust assessment and analysis of telehealth outcomes. Under the leadership of Dr. Meera Narasimhan, **USC School of Medicine** has partnered with Prisma Health and McLeod Health to evaluate their **direct-to-consumer virtual care solutions.** In CY19Q1, the team operationalized access, quality, and value as indicators and found proxy or comparison measures, and IRB-approval was received for all institutions involved. Reports are being developed based on the analysis. Preliminary findings will be shared with the SCTA Advisory Council in May and will be included in the SCTA CY19Q2 reporting. Once complete, Dr. Narasimhan's team will have completed reports for the following programs: Prisma Health-Upstate SmartExam, Prisma Health-Midlands SmartExam, SCDMH Telepsychiatry, and SCDMH Community Telepsychiatry. (**7.1**)

As part of its workplan, MUSC's HRSA-funded **Telehealth Center of Excellence** (**COE**) has been working closely with MUSC's telestroke and school-based telehealth programs to demonstrate the population health impact of these programs. For **telestroke**, the COE team applied a population health approach to show that as SC counties gained access to telestroke, overall stroke care and patient mortality within those counties improved at the population health level (not simply among those that received the telestroke intervention). For **school-based telehealth**, an analysis in Williamsburg County—a county in which all schools have school-based telehealth—showed that overall pediatric ED utilization decreased among children with asthma as the program was implemented in comparison to the surrounding counties without school-based telehealth, again demonstrating an impact in the entire asthmatic population. Academic publications for both analyses are currently under review, and additional cost-effectiveness evaluations of these programs are currently under way**.** (**7.1**)

Throughout CY19Q1, the SCTA has worked closely with the **SC Clinical and Translational Research Institute** (**SCTR**) to transfer over the administration of the SCTA's **telehealth pilot grant program.** SCTR has a strong grants and research support infrastructure already in place, so this partnership will strengthen the pilot program and provide additional resources to those in South Carolina pursuing telehealth research. The RFA for the pilot projects was launch and advertised this past quarter (Appendix C), and awards will be announced later this summer. Additionally, the MUSC Center for Telehealth now provides telehealth research support services via SCTR's online research services catalog (sparc.musc.edu). These include consultation on telehealth program design and equipment, telehealth budget development, providing letters of support, and advising on teleconsent using doxy.me. (**7.2**)

2019 SCTA Strategy 7 - Milestones

Strategy 7: Establish the value case for telehealth through robust assessment and rigorous analysis of telehealth outcomes.

Milestones	Timeline	Champion	Status	Notes
Tactic 7.1: Establish the means to produce short- and long-term outcomes that reflect the value of telehealth services delivered and that inform SCTA strategic decisions				
USC and COE each to begin collecting data for at least one in-depth analysis on a telehealth service line (e.g. asynchronous DTC virtual care, telestroke cost-effectiveness).	March	USC School of Medicine; MUSC Center of Excellence	Complete	
Conduct analysis and report out findings to advisory council. Identify additional service lines for outcomes analysis.	June	USC School of Medicine; MUSC Center of Excellence	In progress	Due Q2
Begin collecting data for additional program analyses.	September	USC School of Medicine; MUSC Center of Excellence	Pending	Due Q3
Tactic 7.2: Foster telehealth research across the state through telehealth-oriented research support and pilot funding.				
Begin transitioning the SCTA telehealth pilot grants over to SCTR for ongoing administration. Ensure SCTA participation in the advertising and review process.	March	MUSC Health	Complete	
Work closely with SCTR leadership to develop a coordinated method for responding to telehealth-related research requests	June	MUSC Health	Complete	
Assess SCTA collaboration with SCTR to determine if any changes are needed for the ongoing partnership.	September	MUSC Health	In progress	Due Q3

Driving Strategy 8

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

In CY19Q1, **SCETV** met individually with SCTA partner members to discuss their marketing and promotional needs and obtain their feedback on how to optimize the **Content Advisory Team (CAT).** Partners identified the need to better share marketing and promotional resources across sites. To assist with this, the CAT will be developing an online toolkit with images, infographics, flyers, and other collaterals to be used across partner sites. The development of these will be incorporated into the cross-promotional marketing plan. Additionally, SCETV will be inviting an outside consultant to join the Q2 CAT meeting to discuss cross-promotional activities further. (**8.1**)

Another major accomplishment in CY19Q1 was the data collection, content development, and design of our ***2018 Annual Report.*** Entitled *Leading the State, Leading the Nation*, the report highlights the depth and breadth of South Carolina's telehealth programs and how these programs have garnered the SCTA and its partner organizations national recognition. Copies of this report were shared with the legislature, key stakeholders, and Summit attendees, and is available for download on the SCTA website. (**8.1**)

Notably, in CY19Q1 the SCTA learned that it was the recipient of the **2019 ATA President's Award for the Transformation of Healthcare Delivery Award.** Only given to one organization a year, this award recognizes the leadership of an organization that incorporates virtual health care services as part of an initiative resulting in improved health care quality and value for a large population of patients. In CY19Q2, SCTA partner organizations will be sending representatives to the ATA Conference in New Orleans to receive the award. (**8.1**)

The **Sustainability Workgroup** met in CY19Q1 to review and update the **SCTA Payer Coverage Priorities** (Appendix B), which have been published online and shared on the SCTA listserv. One of the main updates from last year's list was encouraging Medicaid and private payers to adopt Medicare's recently released telehealth codes (e.g. remote patient monitoring, virtual check-ins, behavioral health integration). The workgroup is compiling resources for SCTA partner organizations to use when advocating for these priorities with payers, and these tools will be shared in CY19Q2. In addition to these collaborative efforts, individual organizations have also been working to advance reimbursement opportunities in SC, specifically services rendered by registered dietitians, school-based telehealth services, and remote patient monitoring. (**8.2**)

2019 SCTA Strategy 8 - Milestones

Strategy 8: Demonstrate to legislators, payers, providers, and the public the impact of telehealth on improving access, quality, and affordability

Milestones	Timeline	Champion	Status	Notes
Tactic 8.1: Promote awareness of telehealth, the SCTA, and SCTA resources.				
Update the SCTA marketing plan to include cross 'partner' promotional planning, as well as TAW planning	March	SCETV	Complete	
Implementation of cross-promotional marketing in place and documented in the SCTA marketing plan	June	SCETV	Pending	Due Q2
Complete online TAW marketing toolkit	September	SCETV	Pending	Due Q3
Complete annual public awareness survey and report 2018 and 2019 data to advisory council	December	SCETV	Pending	Due Q4
Tactic 8.2: Promote the engagement of health systems insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of care delivered efficiently and cost effectively.				
Develop 2019 payer priorities, aligned with SCHA goals, and an on-going payer progress report from the 2018 payer scorecard. Publish online and create a presentation for any SCTA provider partner to use.	March	MUSC Health	In Progress	
Equipped with the above 'tools,' encourage SCTA partners to host their own meetings with payers to identify telehealth services that match SCTA priorities, and provide solutions to high cost drivers for payers.	June	MUSC Health	In Progress	
Work with the education workgroup to publish coverage changes (new codes, etc.) guidelines online and promote this content to telehealth providers and billing and contracting staff. Example: Additional RPM codes	September	MUSC Health	Pending	Due Q3
Publish State of Telehealth in South Carolina that highlights benefits of our unique provider/payer collaborations and any coverage progress made due to these collaborations.	December	MUSC Health	Pending	Due Q4

Appendix A:
Telehealth Modalities for Primary Care Providers (MUSC Telehealth Center of Excellence)

MUSC
Medical University of South Carolina

Primary Care Telehealth Modalities

As telehealth technologies and modalities evolve, primary care providers (PCPs) have new opportunities to provide enhanced, more specialized care to patients in ways that are more efficient and cost-effective. The following table outlines various telehealth modalities that can be used by PCPs to better care for their patients, highlighting diabetes management as a use case demonstrating how these interventions might be deployed in a primary care setting. Several of these modalities are eligible for reimbursement by the Center for Medicare Services. This is indicated by an '*' with explanatory footnotes at the bottom of the table.

	Modalities	Description	Use Case: Diabetes Management
Specialty Care to Primary Care Provider	**Asynchronous e-consults*** (i.e. interprofessional internet consultation)	Structured electronic communication between a PCP and specialist that results in the specialist providing guidance to the PCP on how to best manage that patient's care.	A primary care provider will electronically send a clinical question to an endocrinologist regarding a patient with typically well controlled insulin-dependent diabetes and new onset of unrecognized and asymptomatic hypoglycemic episodes on routine blood sugar checks. The endocrinologist responds to the primary provider with a recommendation to reduce insulin and allow blood sugars to run over 200 for 2 weeks to reset the patient's sensitivity.
	Outpatient Specialty Teleconsultations* (synchronous video)	Video consults between a specialist or ancillary health care provider and a primary care patient at the primary care clinic.	A primary care provider requests a consultation from a nutritionist in order to counsel a patient in diabetes on self-management strategies and diabetic diet. The patient is able to use video to talk to the nutritionist after their appointment from the primary care provider's office. At the end of the visit, the primary care provider steps back into the room where the patient is doing the video consult, and the nutritionist, patient and provider review the plan of care together.
	Telementoring (e.g. Project ECHO)	Telementoring links specialist teams with PCPs in local communities. Together, they participate in regular online clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations. Project ECHO is an evidence-based model of telementoring.	A primary care provider attends a Diabetes Management Project ECHO Clinic that includes a didactic session on managing diabetes within prenatal and perinatal patients offered by a maternal fetal medicine physician. The PCP will also learn how to improve diabetes treatment through participation in case studies and has the opportunity to present his or her own patient cases within the clinic to receive expert guidance.
Primary Care Provider Directly to Patient	**Virtual Check-in***	Brief, non-face-to-face communication (phone or video visit) between a provider and pre-established patient in order to assess that patient's conditions between in-person visits.	A patient with uncontrolled diabetes is seen in the office and prescribed an injectable GLP-1 agonist for better blood sugar control. A virtual check-in is performed 2 weeks later to address several issues. This is a short visit that can occur via video or telephone, and might include a questionnaire prior to the contact: 1. Was the patient able to get the medication from the pharmacy and if not, what issues arose to prevent receiving the prescribed medication? 2. Are they preforming injections daily or weekly as prescribed? If not, why? 3. Any side effects? 4. Blood sugar changes The patient answers these questions from the structure survey as well as offers other issues and concerns in free text form prior to the virtual check-in. The primary provider can use this information to help guide the discussion during the virtual check-in.
	Remote Patient Monitoring (RPM)*	Tracking a patient's clinical conditions outside of a conventional clinical setting on a regular, ongoing basis. Some RPM models utilize a centralized pool of nurses or case managers to monitor conditions and facilitate interventions as needed.	All patients in a practice or a group of practices with diabetes are included on a diabetes registry. A cohort of patients with HbA1C ≥ 9% in the last year are given Bluetooth glucometers and blood pressure monitors. Data is loaded into an RPM dashboard and monitored weekly by a PharmD or clinical nurse working with the practices. Patients with high readings outside a defined protocol are reviewed by a PCP or physician in the practice who makes treatment recommendations. The RPM nurse/coordinator communicates those recommendation back to the patient. The monitoring and treatment modifications are guided by a clinical protocol.
	Acute Virtual Care Visit	Online visits designed to provide rapid care for common, acute conditions. These virtual visits may be either real-time video visits or asynchronous, non-video structured interviews.	A person with diabetes believes they have a urinary tract infection but does not have time to make an in-person visit or there is not a timely visit available can answer a structured questionnaire and receive care conveniently and quickly, avoiding progression of their condition. The virtual visits target low risk conditions for which patients often seek in person care.

** CPT Codes 99446-99449, 99451, & 99452 now provide standalone reimbursement for "Interprofessional Internet Consultation;" HCPCS Code G2010 covers Remote Evaluation of Patient-transmitted Images; Chronic Care Remote Physiologic Monitoring is covered by CPT Codes 99453, 99454, & 99457; Virtual Check-Ins are reimbursed by HCPCS Code G2012, but must have a synchronous audio component.*

To learn more about how telehealth might be deployed to support primary care, feel free to reach out to your local Telehealth Resource Center (https://www.telehealthresourcecenter.org) or contact the MUSC Telehealth Center of Excellence (TelehealthCOE@musc.edu).

The development of this document was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the National Telehealth Center of Excellence Award (U66 RH31458-01-00). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

National Telehealth Center of Excellence

Appendix B:
2019 SCTA Payer Coverage Priorities

SOUTH CAROLINA
Telehealth
ALLIANCE

2019 Payer Coverage Priorities

Service

I. Brief Communication Technology-Based Service: The SCTA urges Medicaid and private payers to adopt Medicare's coverage for "virtual check-ins" which will allow providers (e.g. primary care, mental health) to efficiently use new technologies to deliver more cost-effective follow-up care for their patients. **Medicare code: G2012**

II. Remote Patient Monitoring ("RPM"): The SCTA urges Medicaid and private payers to adopt Medicare's RPM coverage that will provide separate payment for time spent on collection and interpretation of health data (e.g. blood pressure, glucose) to support population health and care coordination services. **Medicare codes: 99453, 99454, 99457.**

III. Interprofessional Internet Consultations: The SCTA urges Medicaid and private payers to adopt Medicare's coverage of provider-to-provider consultations ("e-consults") provided for the benefit of the patient. E-consults provide more efficient access to specialty care and have been shown to reduce unnecessary referrals by up to 40%. **Medicare codes: 99446, 99447, 99448, 94449, 99451, 99452**

IV. Remote Evaluation of Pre-Recorded Patient Information: The SCTA urges Medicaid and private payers to adopt Medicare's coverage of remote evaluations of videos and/or images ("store and forward") sent by the patient. Store and forward telehealth services (e.g. tele-dermatology) have demonstrated enhanced access and effective delivery of clinical care. **Medicare code: G2010**

V. Behavioral Health Integration (BHI): The SCTA urges Medicaid and private payers to adopt Medicare's coverage of BHI for Project ECHO and similar models to be deemed billable collaborative time and allow for required availability of the behavioral manager to be enabled via telehealth. **Medicare codes: 99484, 99492, 99493 and 99494**

Provider Type

To improve cost-effective health care access, the SCTA urges government and private payers to expand their list of covered telehealth providers beyond physicians and advanced practice providers to also include:

I. Clinical psychologists
II. Master's degree level mental health providers (example: LISW-CP)
III. Registered dieticians
IV. Respiratory therapists

SOUTH CAROLINA
Telehealth
ALLIANCE

Patient Location

I. Remove Originating Site Restrictions: The SCTA urges Medicaid and private payers to remove originating site restrictions to allow providers to reach patients using telehealth in more cost-effective care settings (e.g. home, schools, skilled nursing facilities).

II. Medicare Rurality Restrictions: Understanding there are many barriers to care in addition to a patient's location, the SCTA urges Medicare to remove geographical restrictions based on rurality.

III. Originating Site Facility Fee: To prevent a financial disincentive for using telehealth within primary care settings, the SCTA urges Medicaid and private payers to provide a facility fee payment amount that is comparable to the current Medicare rate.

Appendix C:
SCTA Telehealth Translational Research Pilot Project RFA

Competition Details

RFA for Full Application Submission - South Carolina Telehealth Alliance (SCTA) Telehealth Translational Research Pilot Project Grants

Internal Submission Deadline:	Friday, May 24, 2019 at 5:00 PM ADD TO CALENDAR
Administrator(s):	Dayan Ranwala (Owner)
Category:	SCTA Pilot Project Full Applications
Award Cycle:	2019-2020
Discipline/Subject Area:	Telehealth
Funding Available($):	25,000.00
Number of Applications Allowed Per Applicant:	1

Description:

OVERVIEW

The South Carolina Telehealth Alliance (SCTA) has allocated funds for pilot project awards of up to $25,000 direct costs for a 12-month project period for telehealth-based[1] pilot projects that aim to accelerate the adoption, utilization, and investigation of telehealth interventions in South Carolina.

The primary objectives of the funding are to support South Carolina clinicians and researchers in their efforts to develop innovative, scientifically meritorious telehealth projects with an overarching objective of collecting preliminary data for subsequent submission of extramural grant applications as well as publication and dissemination of their research findings. We place a premium on interdisciplinary and/or interprofessional (ID/IP) team science, and cross-institutional and/or organizational collaborations. Therefore, if you are applying for this grant mechanism, you are strongly encouraged to take an ID/IP team approach and include investigators from more than one South Carolina institution/organization. This RFA does not preclude submitting new and innovative project ideas from existing investigator teams. However, the novelty of the research direction needs to be clearly distinguished from the Principal Investigator's and research team's past and current research. Further, we encourage submission of applications that may have resulted from SCTA collaborations and/or South Carolina Clinical and Translational Research Institute (SCTR) held scientific retreat/s.

[1]*Telehealth may be defined as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf*

Applications that are responsive to select priorities outlined in the SCTA Strategic Plan (http://www.sctelehealth.org/About/StrategicPlan) will be **prioritized** including research applications focused on rural health, mental health, education/training, and telehealth outcomes research. Applicants are **encouraged to review the SCTA's Vision statements** and develop aligning research proposals. This includes emphasis on underserved communities, quality of care, collaboration, and cost-effectiveness. Full details can be found at: https://www.sctelehealth.org/About/CoreValues.

KEY DATES

Request for Telehealth Consultation for Full Application Submission (Required): by 5PM (EST) on Friday, May 8, 2019
Full Application Due: by 5PM (EST) on Friday, May 24, 2019
Earliest Anticipated Project Start Date: August 1, 2019

RFA

Please click onto the 'PDF' file that is listed on top of this page to access the RFA.

Eligibility

Principal Investigator must have a primary faculty appointment (at the Assistant Professor level or above) at a South Carolina research institution.

Full-application Submission Link:

Please use the 'Apply' button that is listed on top of this page under the 'Application Tools' to submit your Full application.

Contact:

Dayan Ranwala, PhD, Associate Director, SCTR Pilot Project Program and Team Science Program, at ranwala@musc.edu

---

Request for Applications (RFA)

South Carolina Telehealth Alliance (SCTA) Telehealth Translational Research Pilot Project Grants

KEY DATES:

RFA Release:	February 20, 2019
Pre-application (required) Due:	by 5 PM EST, Friday March 22, 2019
Telehealth Research Services Consult (required for Full applications) Request Due:	by 5 PM EST, Wednesday, May 8, 2019
Full application Due:	by 5 PM EST, Friday May 24, 2019
Earliest Anticipated Project Start Date	August 1, 2019

OVERVIEW:

The South Carolina Telehealth Alliance (SCTA) has allocated funds for pilot project awards of up to $25,000 direct costs for a 12-month project period for telehealth-based[1] pilot projects that aim to accelerate the adoption, utilization, and investigation of telehealth interventions in South Carolina.

The primary objectives of the funding are to support South Carolina clinicians and researchers in their efforts to develop innovative, scientifically meritorious telehealth projects with an overarching objective of collecting preliminary data for subsequent submission of extramural grant applications as well as publication and dissemination of their research findings. We place a premium on interdisciplinary and/or interprofessional (ID/IP) team science, and cross-institutional and/or organizational collaborations. Therefore, if you are applying for this grant mechanism, you are strongly encouraged to take an ID/IP team approach and include investigators from more than one South Carolina institution/organization. This RFA does not preclude submitting new and innovative project ideas from existing investigator teams. However, the novelty of the research direction needs to be clearly distinguished from the Principal Investigator's and research team's past and current research. Further, we encourage submission of applications that may have resulted from SCTA collaborations and/or South Carolina Clinical and Translational Research Institute (SCTR) held scientific retreat/s.

[1]*Telehealth may be defined as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf*

- Applications that are responsive to select priorities outlined in the SCTA Strategic Plan (http://www.sctelehealth.org/About/StrategicPlan) will be **prioritized** including research applications focused on rural health, mental health, education/training, and telehealth outcomes research.
- Applicants are **encouraged to review the SCTA's Vision statements** and develop aligning research proposals. This includes emphasis on underserved communities, quality of care, collaboration, and cost-effectiveness. Full details can be found at:

https://www.sctelehealth.org/About/CoreValues.

- Please note that the Telehealth Pilot Project Grants **will not be awarded** to applicants seeking to establish or sustain telehealth services unless embedded in a rigorous scientific proposal.
- **A Telehealth Research Services Consult** for the potential applicants are available and can be requested via SPARC at https://sparc.musc.edu/ (listed under the MUSC tab, under SCTR).
- **Single Concurrent Award:** Please note that a PI can have only one active Telehealth pilot award at any given time. PIs with an active award are not eligible to apply until the currently awarded project is complete and the project close out progress report is submitted.
- **PIs and Co-PIs with previous SCTA Pilot Project Funding:** PIs and Co-PIs who have been previously funded via a SCTA award and if the project is closed, must submit an updated progress report as an appendix to the new pilot project's Pre-proposal specific aims page (for the Pre-applications) and Research Proposal (for the Full applications). Please see Page 4 of the RFA for more instructions. The report will be evaluated to determine the progress/stewardship of the previous award. Failure to submit a progress report will result in the application being triaged.
- **Submission of Full Applications:** Selected Pre-applicants will be notified to submit Full applications. A Telehealth Research Services Consult prior to submission of the Full application is **required.**
- **Triage Triggers:** Incomplete applications; late applications; applications with no ID/IP team approach (i.e., single investigator applications); or applications that do not have a telehealth component are considered not responsive to the RFA and will not be reviewed. There will be no exceptions.
- **Acknowledgement of SCTA and SCTR Grant:** By accepting SCTA and SCTR resources and support, you acknowledge the requirement to cite both the South Carolina Telehealth Alliance and the National Institute of Health's (NIH) National Center for Advancing Translational Sciences (NCATS) grant support to SCTR in each publication, press release or any other document(s) and presentations similar to the following:

  "This publication (or project) was supported in whole or in part by the South Carolina Telehealth Alliance (SCTA) and the South Carolina Clinical & Translational Research (SCTR) Institute, with an academic home at the Medical University of South Carolina through NIH/NCATS Grant Number **UL1 TR001450**."

OTHER FREE CONSULTATIONS AVAILABLE TO ASSIST WITH PROPOSAL DEVELOPMENT:

The following free consultations are available from the SCTR Institute to help strengthen your pilot project (and other) applications. Please visit https://sparc.musc.edu/ to view consult descriptions and request those of interest.

- Science Consults
- Biostatistics, Design & Epidemiology
- Via SCTR SUCCESS Center: Grant Forms & Budget Services, Regulatory Services, Recruitment Services, Research Navigation Services and Special Populations Navigation
- Community Engagement & Research
- Comparative Effectiveness and Data Analytics Research Resource (CEDAR)
- Nexus Research Coordination and Management
- Self-service Research Data & Feasibility
- Mobile Health and TACHL Center
- Research Data Requests
- Biomedical Informatics Center
- Intellectual Property and Commercialization Resources
- Palmetto Profiles webpage is a great resource for finding collaborators

ELIGIBILITY:

Principal Investigator (PI)

- PI must have a primary faculty appointment (at the Assistant Professor level or above) at a South Carolina research institution.
- Faculty members may serve as the PI or Co-PI of only one application.
- Faculty members from other academic institutions can be a PI, Co-PI or Co-I as appropriate.
- Clinical trainees, post-doctoral and clinical fellows, instructors and individuals with pending faculty appointments **can** serve as the PI of an application.

Early Stage Investigator (ESI) PI:

ESI PIs **must** include the following in their application:

- Qualified senior co-investigator(s) as mentor(s) - include the mentor(s) name, biosketch and support letter(s)
- Dissemination and Implementation plan

APPLICATION SUBMISSION PROCESS:

For Pre-application Submission: Access the SCTR Pilot Project Program webpage and click the appropriate "Apply" link to fill out the online application form and to upload required documents.

For Full Application Submission Weblink (only the invited Pre-applicants can submit the Full Applications): https://musc.inforeadv4.com/#competitionDetail/1787633

FOR ALL DOCUMENTS:

- Font Type and Size — Arial, 11pt.
- Page Margins — No less than 0.5" on all sides (one-half inch)
- Document Type to Upload — PDF Instructions for Grant Applications using PHS 398 is at http://grants.nih.gov/grants/funding/phs398/phs398.pdf

PRE-APPLICATION SUBMISSION INSTRUCTIONS:

The Pre-application should consist of:

o Specific Aims Page (**1-page limit**) should include:

Specific aims page as similar to the NIH format: State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved. List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

SCTR-specific instructions: Each team member's role; how the project will stimulate new and IP/ID collaborations that would otherwise might not have taken place; translational potential of the proposed research; address potential impact on the priorities outlined in the SCTA Strategic

Plan; dissemination and implementation plan, plans to secure future extramural funding including funding agency and mechanism (NIH, Duke Endowment, Health Resources & Services Administration (HRSA) grants or any other).

- Early Stage Investigator (ESI) PIs must include the required additional information detailed on page 3 of this RFA.
- NIH biosketches for all academic investigators are required in the NIH format. Detailed instructions on constructing your biographical sketch can be accessed at https://grants.nih.gov/grants/forms/biosketch.htm
  NOTE: If your project team has non-academic or community members as investigators, they can submit their resume or CV instead of the NIH biosketch.
  Literature Cited should be included at the end of the specific aims page. It is not counted towards the Research Proposal page limit.
- PIs or Co-PIs who have been previously funded via a SCTA Telehealth award must submit an Updated Progress Report (additional 2 pages allowed).

  The progress report should include the following:
  - Funded Project Title/s and each Project Begin/End Dates.
  - Brief Summary of each project including the specific aims, and findings/results of each specific aim, overall results and conclusions.
  - Extramural Funding Activities resulted from the award:
    Please use the subheadings as: Applied, Pending, Awarded etc., as appropriate, and include each grant information in the following order. Name of the funding agency, project title, form of funding (R01, R21 etc.), investigators/team members names, total award amount and duration, grant number – if funds are awarded.
  - Publications resulted:
    Please use the subheadings as: Published, Under review, Submitted etc., as appropriate, and include each publication information in the following order.
    Title of publication/s, Authors, Journal Name, Year, PMCIDs (and/or NIHMS Manuscript IDs, PMIDs as applicable).
  - If applicable, intellectual property rights such as record of invention disclosure to MUSC Foundation for Research Development, Patent and iEdison number etc.

FULL APPLICATION SUBMISSION INSTRUCTIONS:

Pre-Applications that were invited to submit a Full Application should follow the instructions outlined in this RFA to submit the full application.

- All applicants **MUST** submit a SCTR SPARCRequest to set up a **Study ID** (Exhibit A).
- Non-MUSC, External Applicants will require an **External Affiliate ID** in order to submit a SPARCRequest.
- The required **Telehealth Research Services Consult** service will automatically be added during the **Study ID** request.
- A SPARC ID will be assigned once the Study ID request has been submitted.
- The **same SPARC ID MUST** be included in the Full application submission form and any other SCTR consults and/or services requested via the SPARCRequest system for your SCTA pilot project application.
- *Please note that the SPARC ID and Research Master ID are not same.*

For MUSC Applicants who are Submitting the Full Applications:

- Step 1: Submit SCTR SPARCRequest at https://sparc.musc.edu
  (See Exhibit A for step-by-step instructions)
  - On the SCTR SPARCRequest webpage, Browse Service Catalog and Select MUSC>SCTR>Funding Opportunities
  - Select 'SCTA Telehealth Pilot Project Grants' tab and "Add" this service to your cart.

Once added, the "Telehealth Program Design" service will auto-populate in your cart. Please follow instructions in Exhibit A to obtain your Study SPARC ID.
  - SPARC ID will be assigned once the service request is submitted.
- Step 2: Submit Full Application through the web-based, grant application platform, InfoReady, at https://musc.infoready4.com/#competitionDetail/1787633
  - Include the SPARC ID assigned for the Telehealth Research Program Design Service into the application where it is required.

For non-MUSC, External Applicants who are Submitting the Full Applications:

- Step 1: **Must** obtain an External Affiliate ID, as directed in the email notification to the applicants, to access the SPARCRequest system. The applicants are required to provide their first and last name, email address, birth date to Dr. Dayan Ranwala at ranwala@musc.edu to process the External Affiliate ID.
- Step 2: Once the External Affiliate ID is obtained, submit a SCTR SPARCRequest at https://sparc.musc.edu
  (See Exhibit A for step-by-step instructions)
  - On the SCTR SPARCRequest webpage, Browse Service Catalog and Select **MUSC>SCTR>Funding Opportunities**
  - Select **SCTA Telehealth Pilot Project Grants** tab and "**Add**" this service to your cart. Once added, the "Telehealth Program Design" service will auto-populate in your cart. Please follow instructions in Exhibit A to obtain your Study SPARC ID.
  - SPARC ID will be assigned once service the request is submitted.
- Step 3: Submit Full Application through the web-based, grant application platform, InfoReady, at https://musc.infoready4.com/#competitionDetail/1787633
  - Include the SPARC ID assigned for the Telehealth Research Program Design Service into the application where it is required.

The Full Application should consist of:

- Specific Aims Page (1-page limit; should be uploaded as a single PDF via the online application form)
- Research Strategy/Proposal (3-page limit, should be uploaded all pages together as a single PDF to submit via the online application)
- Literature Cited, as applicable. It is not counted towards the Research Proposal page limit.
- Early Stage Investigator (ESI) PIs must include the required additional information detailed on page 3 of this RFA and should be uploaded as a single PDF where it is indicated in the online application form.
- Budget and Justification: Applicants **must** use the PHS 398 Form Page 4: Detailed Budget for Initial Budget Period for the budget page, and use the Continuation Format Page for the budget justification. Each budget line item must be clearly justified. Please combine the budget and justification into a single PDF file to submit via the online application.
- NIH biosketches for all academic investigators are required in the NIH format. Detailed instructions on constructing your biographical sketch can be accessed at https://grants.nih.gov/grants/forms/biosketch.htm

  NOTE: If your project team has non-academic or community members as investigators, they can submit their resume or CV instead of the NIH biosketch.

  Please upload all the biosketches/resumes/CVs together as a single PDF file where it is indicated in the online application form.

BUDGET AND ALLOWABLE COSTS:

- **Faculty Salary Support.** Faculty members' effort, related to the proposed pilot project, must be clearly listed in the budget. Support of faculty salary and fringe benefits is allowed up to 5% effort for each faculty member subject to the NIH salary cap. It should be noted that personnel salary requests and all other budget item requests should be clearly justified and appropriate to conduct the proposed research properly.
- **Effort Reporting**. For institutional compliance purposes, it is the PI's responsibility to make sure all faculty effort listed in the budget is in compliance with their institutional effort policy. Investigators are not required to accommodate their effort on the pilot project budget. However, they have to be in compliance with their respective institution's effort policy should they choose to charge the effort to other funding sources.
- **Other Personnel Support.** Salary and fringe benefits are allowed for technical support, such as: Research Fellows, Research Assistants/Coordinators, Research Nurses, etc.
- **Students.** Pilot project funds cannot be used to cover student tuition, fees or health insurance costs, either directly or indirectly as a stipend. If an application proposes a student stipend as undergraduate or graduate student research assistant, funding support will be deemed inappropriate and not funded. If an application proposes a graduate student as a research assistant, you must provide a justification as to why a student is included in the proposed project and how work on this pilot project is related to the student's thesis/dissertation research project. Proposed student(s) – undergraduate and graduate – must be identified by first name and last name (i.e., TBD/TBN is not allowed).
- **Ancillary Personnel.** Salary support for ancillary personnel, such as Mentors and Administrative Assistants is not allowed.
- **Non-personnel Research Expenses.** Some allowable expenses are: supplies, equipment (under limited circumstances), animal purchase cost and care, study subject compensation, study subject transportation costs, in- and out-patient care costs, and statistical and computational services including personnel and computer time. All expenses must be directly related to the proposed research.
- **Unallowable costs.** General office supplies and equipment, computers and laptops (unless specifically requested and justified), membership dues and fees, travel costs to meetings, publication and subscription costs, mailing costs, and rent.
- **Facilities & Administrative (Overhead/Indirect) Costs**. Facilities and administrative costs, also known as indirect/overhead costs, are not permitted.
- **Subawards.** Please indicate potential subaward(s) to other institutions clearly on the budget. No signed documents from subaward institution(s) are needed at the time of Full application submission. If needed, the SCTR Finance Office can assist the PIs and their Business Managers to establish subawards once an application is approved for funding. However, the PI and PI's department will be responsible for establishing the subaward on time to start the project without delay, and managing it. If the subaward is not processed on time and delay is due to the negligence by the PI and PI's department, SCTR may deny the funding for your project
- **Business Manager Responsibilities.** The PI's Department/Division Business Manager is responsible for all human resources, subaward (if applicable), procurement and reconciliation activities, and providing proper finance reports as requested for the funded project account(s).

APPLICATION REVIEW PROCESS:

The Pre-applications is reviewed by the SCTA/SCTR committee only to decide whether the PI should be invited for a Full Application submission or not. A minimum of three scientific reviewers reviews the Full applications. Review critiques of the Full Applications will be sent to the appropriate PIs.

Review Criteria for the Full Applications will be similar to the NIH review criteria and scoring system at https://grants.nih.gov/grants/peer/guidelines_general/scoring_system_and_procedure.pdf

- **Significance:** Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?
- **Investigator(s):** Are the PD/PIs, collaborators, and other researchers well suited to the project? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise?
- **Innovation:** Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions?
- **Approach:** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented?
- **Environment:** Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Additional Review Criteria:

- Potential for successful extramural grant applications that may be generated from the proposed research.
- Plan for dissemination and implementation

CONTACT:

Dayan Ranwala, PhD, Associate Director, SCTR Pilot Project Program and Team Science Program, at ranwala@musc.edu

Exhibit A: SCTR SPARCRequest - How to Obtain a Study ID/ Telehealth Design Services Consult

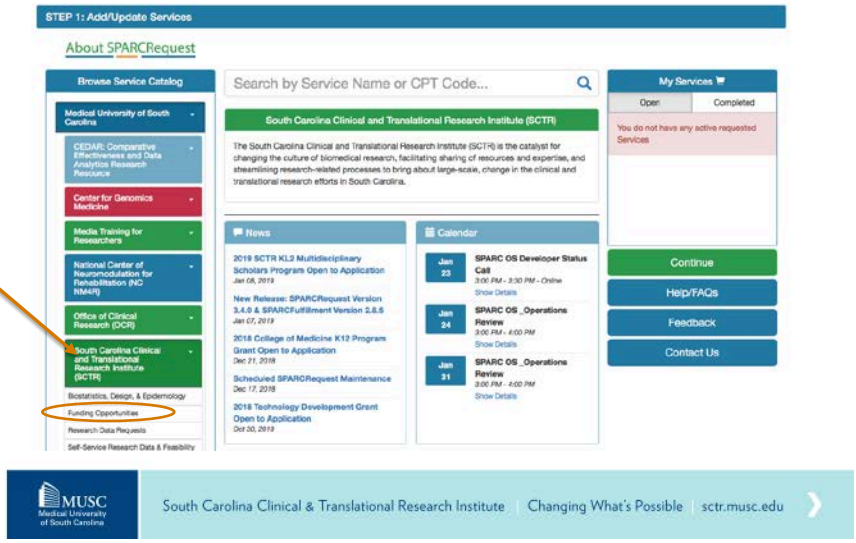
Application Process

*All candidates MUST submit a SPARCRequest to get a **Study ID** for this project before submitting an application*

1) Go to sparc.musc.edu

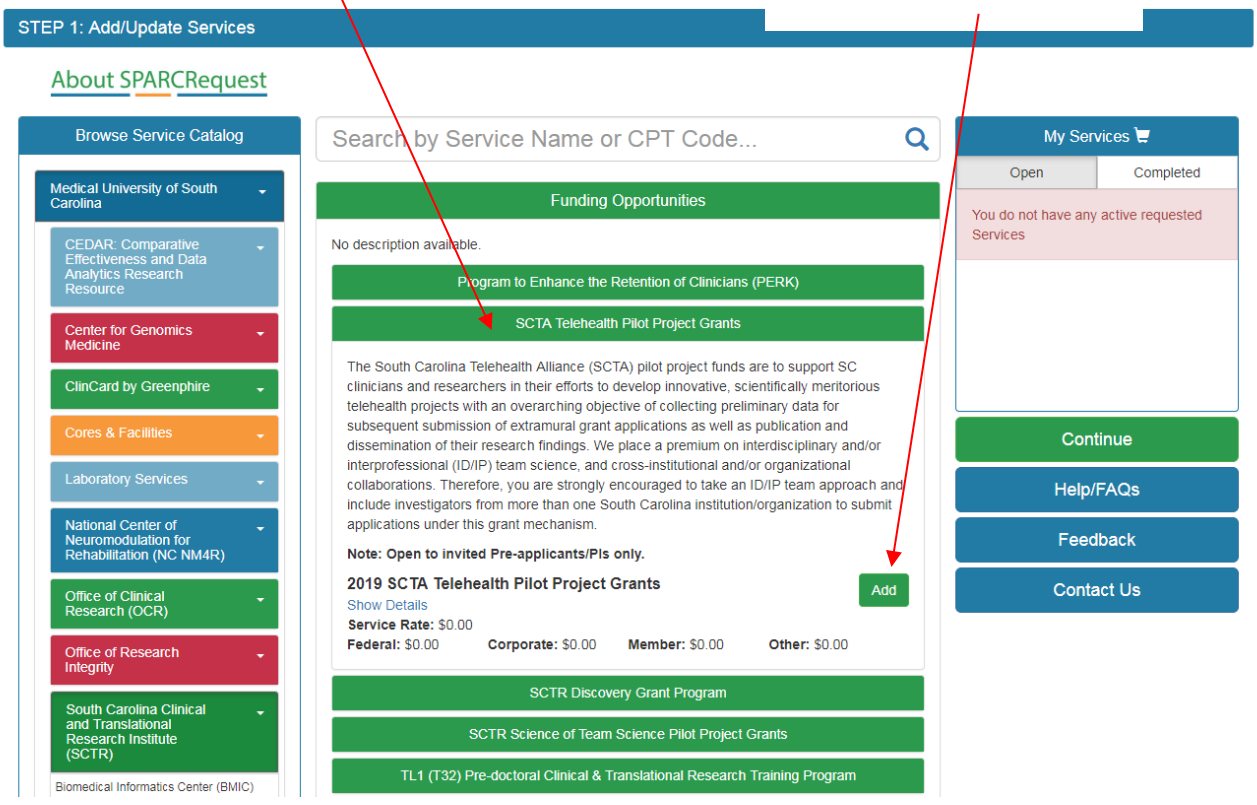
2) Select **"South Carolina Clinical and Translational Research Institute"** from the menu on the left

3) Select **"Funding Opportunities"** from the drop-down menu



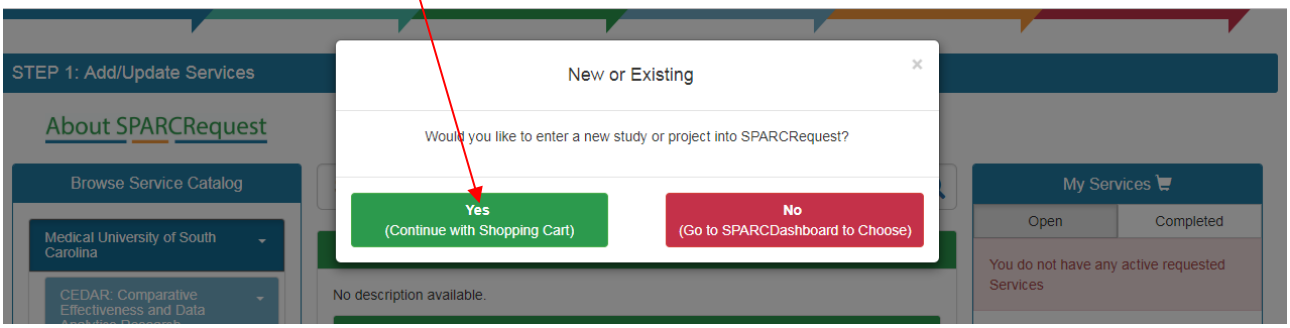
4) From the '**Funding Opportunities**' list, select "**SCTA Telehealth Pilot Project Grants" option.**

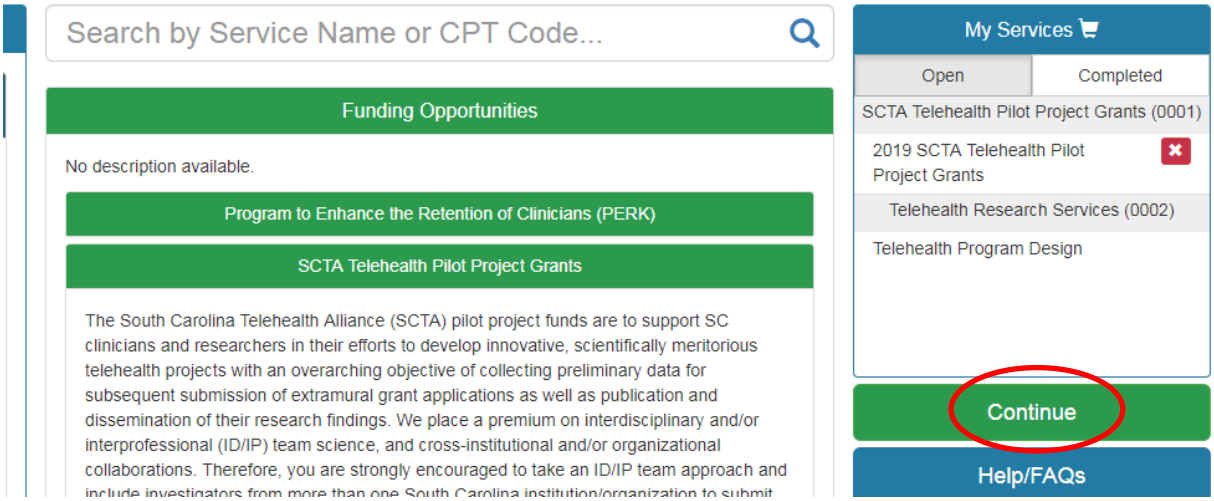
5) Select '**Add**' to include the service into your shopping cart



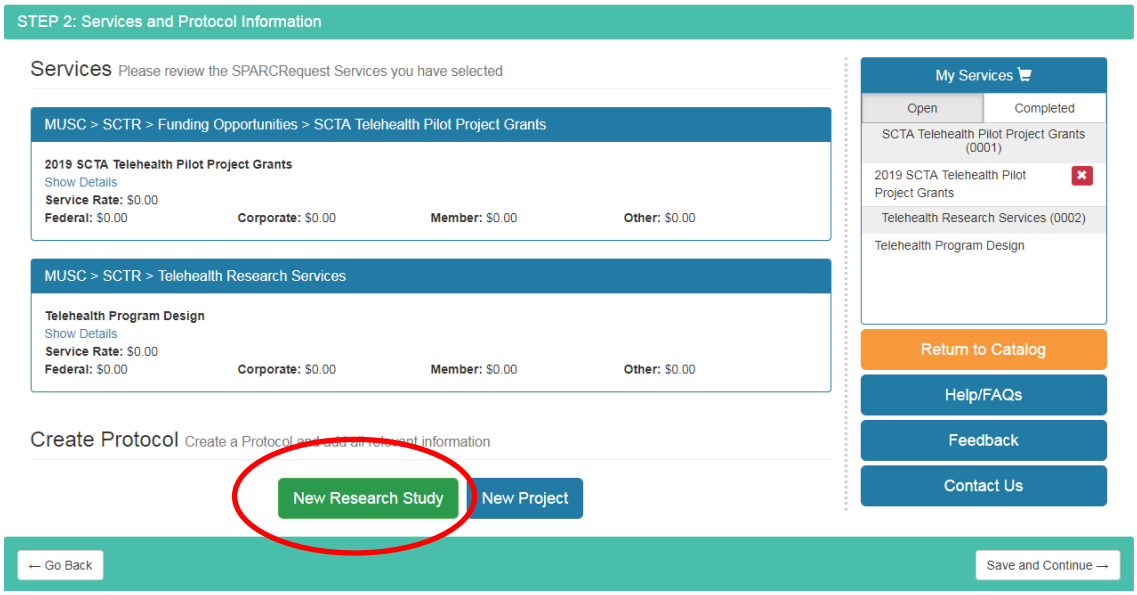
6) **Select** "Yes" to enter a new study"

7) The required "**Telehealth Program Design**" consult service will automatically be added to your cart. Select **"Continue"**

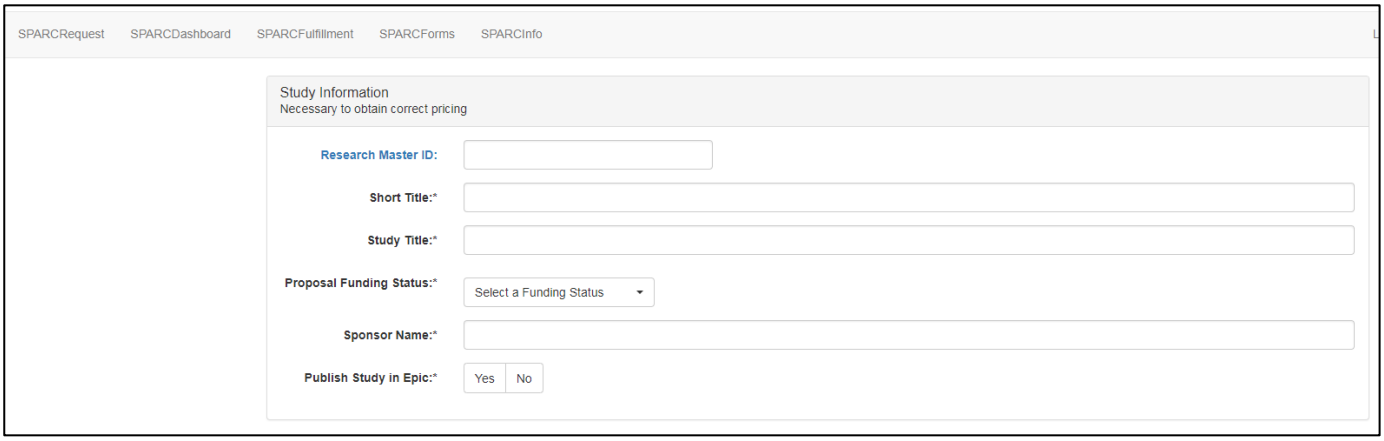




8) Select "**New Research Study**"

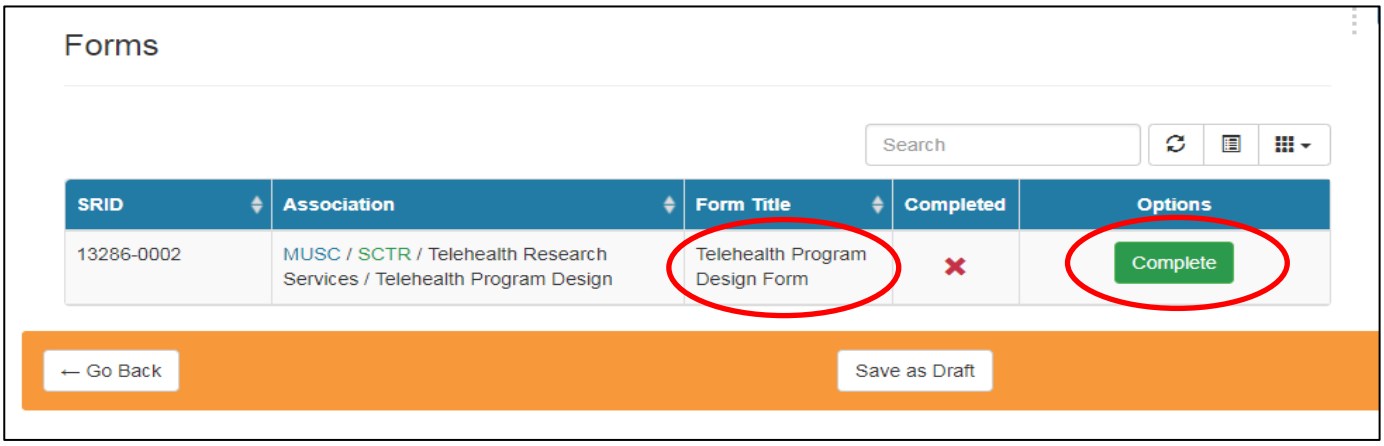


9) Complete all of the **starred** fields the, select "**Save and Continue** "

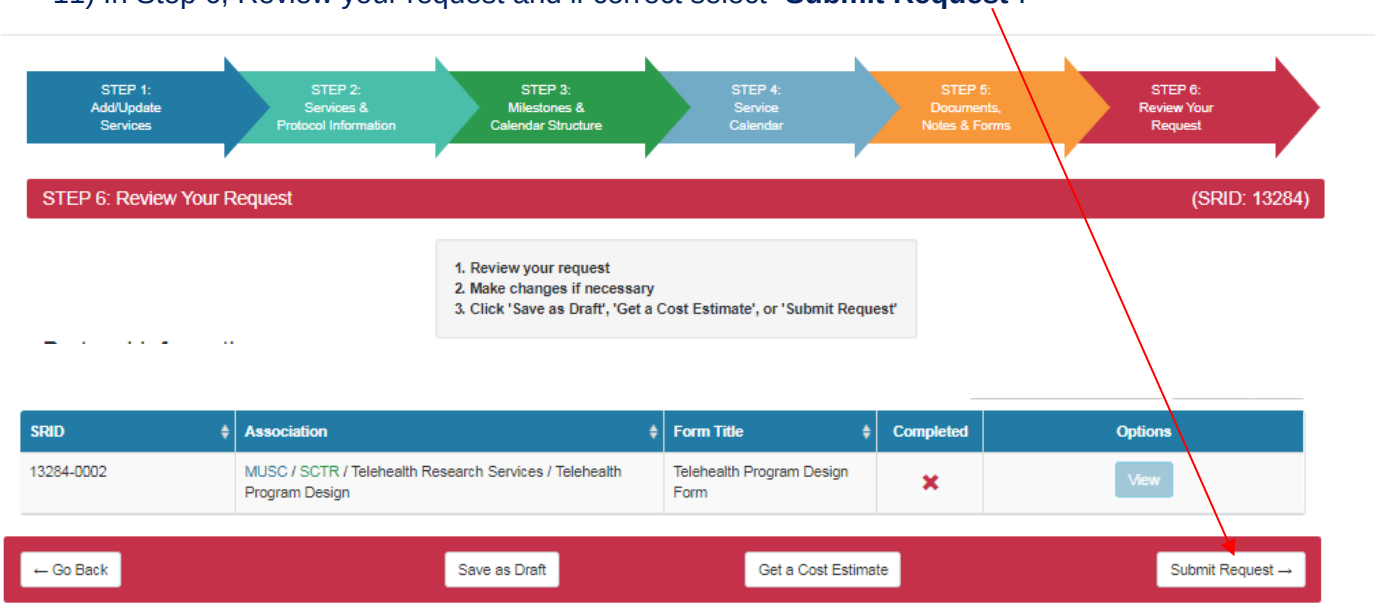


Next, complete Steps 3 - 5 (see additional instructions for Step 5)

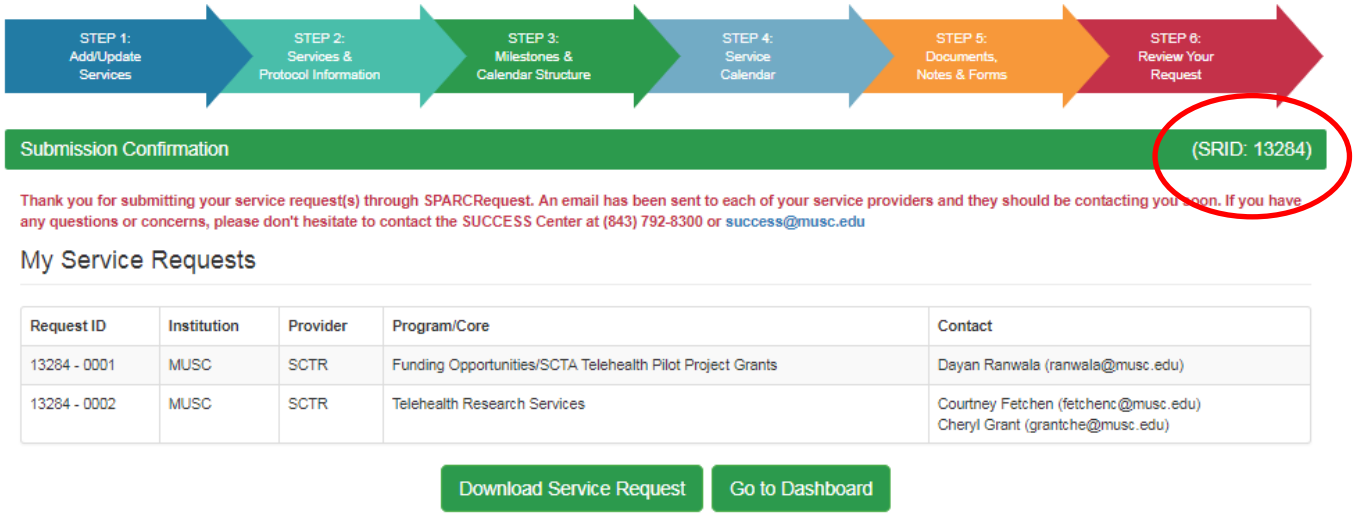
10) In Step 5: Please complete the "**Telehealth Program Design Form**"
Note: Question #2, you may indicate "Reference Grant Pre-Application"
Question #3, enter May 24, 2019



11) In Step 6, Review your request and if correct select "**Submit Request**".



12) You will receive a Submission Confirmation and your **SPARC ID!**



Note: The **same SPARC ID MUST** be included in the Full Application Submission form through InfoReady: https://musc.infoready4.com/#competitionDetail/1787633

For SPARC related questions contact: sparcrequest@musc.edu