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# SCTA Quarterly Report

## CY21 Quarter 1

Progress Achieved on the CY2021 Strategic Plan  
January - March 2021

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## South Carolina Telehealth Alliance (SCTA)

### CY2021 Q1 Report

### Executive Summary

South Carolina Telehealth Alliance (SCTA) partners remained busy through the first quarter of calendar year 2021 (CY21Q1), sustaining and optimizing existing telehealth services, and taking the first steps in operationalizing the new Statewide Strategic Plan. As noted in the CY20Q4 report, the Statewide Strategic Plan has been optimized to focus on service-oriented strategy domains with cross-cutting support tactics in the areas of telehealth education, advocacy and awareness, technological and broadband infrastructure, and outcomes. In March, **MUSC Health, Prisma Health, McLeod Health, SC Department of Mental Health (SCDMH), and Palmetto Care Connections (PCC)** convened to discuss plans for future telehealth programs in the various strategy domains, as well as outline collaborative needs from the SCTA support partner groups. These conversations helped inform next steps in the implementation of the new strategy format, and work will continue into CY21Q2 to develop a tactical workplan with milestones through CY2022.

The structure of the quarterly report will also pivot to reflect the new strategy format, with clinical partners reporting progress on their telehealth programs by service strategy domain. Support partners will continue to report telehealth-related activities, which will focus on the needs outlined by service partners once solidified in the tactical workplan document. SCTA partners' willingness to embrace a new strategy format and reporting process during an already trying year demonstrates their strong commitment to the collaborative expansion of health care access in South Carolina through telehealth.

# SOUTH CAROLINA Telehealth ALLIANCE

South Carolina Telehealth Alliance (SCTA)

CY21Q1 Report

## **SCTA Strategic Plan - Tactical Workplan and Milestone Development**

CYQ121 marked the launch in the first steps toward operationalizing the new strategic plan format. In February, SCTA clinical hub partners were provided a template tool for outlining future plans for telehealth program expansion and support needed from SCTA support partners. A virtual retreat was held in March for partners to share their respective ideas, and inform the development of a tactical workplan. The conversation was very productive with the smaller group, and next steps include engaging and socializing further with additional clinical partners and SCTA support workgroups. The first two quarters of CY21 will focus on the continued development of the workplan, with milestones outlined through CY22.

## **Sustainability and Reimbursement Advocacy**

During CY21Q1, the SCTA and **Palmetto Care Connections (PCC)** released a letter signed by 25 of South Carolina's major health care systems and associations asking the SC General Assembly to make insurance coverage for telehealth permanent beyond the COVID-19 public health emergency (**Appendix A**). The **Sustainability Workgroup** engaged a health system-neutral consultant to assist with an aligned SCTA approach to telehealth advocacy, and to facilitate conversations with state lawmakers and health plan leaders around the future of telehealth payment policy. Discussions will continue with statewide telehealth stakeholders and champions next quarter, in hopes of solidifying the changed telehealth reimbursement landscape post-COVID-19.

## **SCTA Doxy.Me**

The SCTA continues to partner with Doxy.Me to offer its free, premium-level membership statewide to facilitate the use of telehealth across South Carolina. The SCTA Doxy.Me instance has over 1,200 users, completing almost 70,000 visits during CY21Q1. The SCTA aims to continue this offering for the foreseeable future, given the demonstrated ongoing satisfaction from providers in the state.

### **eConsult Pilot Program – Partnership with ReferWell**

The SCTA is excited to partner with ReferWell to expand access to specialty care across South Carolina through streamlined referrals and eConsults. Using the ReferWell platform, providers in SC can easily search for and refer to specialists for in-person visits, and request eConsults with participating pilot providers. The eConsult program will allow SC providers to communicate asynchronously with specialty providers to receive guidance on next steps in a patient's care plan. During CY21Q1, the SCTA launched a robust outreach effort to engage providers and grow the pilot program and overall use of the platform. Feedback will be collected from participating providers and health care organizations to continuously assess and improve the use case in the state.

Medical University of South Carolina  
Telehealth Service Updates and Progress  
January – March 2021

**Service Extension**

During CY21Q1 the MUSC team focused on service optimization and process standardization to sustain ambulatory telehealth services as an integrated part of normal clinical operations. Currently, a pilot project is underway to assist both patients and providers with connectivity issues and troubleshooting, to create a seamless video visit experience. During CY21Q1, over 63,000 ambulatory video visits were completed across Primary Care and many outpatient specialties in the MUSC system.

**Hospital Support**

Hospital-based telehealth services focused primarily on expansion to the MUSC Rural Health Network during CY21Q1, with tele-stroke, neurology, infectious disease, and palliative care all going live at MUSC Lancaster. Additionally, MUSC's partnership with Hampton Regional Medical Center continued to strengthen during the quarter, with the launch of tele-infectious disease consults. MUSC's telestroke program remained strong in CY21Q1 with over 900 consultations taking place during the quarter.

**Convenient Care**

MUSC's Virtual Urgent Care program continued to play a key role in the COVID19 screening and testing process. During CY21Q1 the testing process was streamlined even further through the development of a direct-to-testing option, allowing patients to order their own COVID-19 tests. This function went live in January 2021, and has helped open additional capacity for providers who previously were reviewing and ordering each test. Providers can now focus on virtual urgent situations necessitating clinical judgment, and patients have an easy and efficient way to obtain a COVID-19 test. During CY21Q1, MUSC conducted almost 32,000 virtual urgent care visits.

**Primary Care Support**

Telehealth services that support and empower primary care practices in the state remained strong during CY21Q1. The three Project ECHO programs coordinated through MUSC – Project ECHO Opioid Use Disorder, Project ECHO Pregnancy Wellness, and the newest Project ECHO Peer Support – had a total of 630 attendees during CY21Q1. MUSC's Outpatient Telehealth (OT) Psychiatry program is undergoing a pilot to transition from consultative care to management services in partnership with MUSC College of Nursing, which was enabled by a recent Duke Endowment award. MUSC Diabetes Remote Patient Monitoring (TACM-2) program has also expanded to partner with HopeHealth, a Federally Qualified Health Center in the Pee Dee region.

**Health Equity**

Many of MUSC's telehealth services aim to close the gap in access to healthcare services for high-priority health disparities. Programs such as school-based telehealth, Women's Reproductive Behavioral Health (WRBH), and more serve South Carolina's most vulnerable populations. During CY21Q1, MUSC's school-based telehealth program provided almost 450 visits, with numbers increasing from January through March. MUSC's WRBH program, which offers home-based telehealth visits for pregnant and postpartum women experiencing mental health and substance use disorders, had over 1,000 appointments during the first quarter.



## 2021-Q1 Reporting

<b>Service Extension Programs</b>	<b>3162</b>
Pulmonary Sleep Study Cardiology TAVR EAP Counseling OccHealth Kiosk OccHealth Partner Clinics Multi-Disciplinary Review <i>New program (go-live Feb 2021)</i> McLeod Palliative Care Pediatric Associates of Florence Tele-Visits	
<b>Hospital Support Programs</b>	<b>1380</b>
McLeod Vascular Florence McLeod Pulmonary and Critical Care McLeod Pulmonary Loris/Seacoast Comm Hospital TeleNeuro SCDMH TelePsych (Florence & Dillon) Nutrition Counseling Wound Care <i>New program (go-live Mar 2021)</i> Maternal Fetal Monitoring TeleICU	
<b>Direct-To-Consumer</b>	<b>253</b>
McLeod Convenient Care	
<b>Primary Care Support Programs</b>	<b>10</b>
Pulmonary Inhaler Education <i>New program (go-live Feb 2021)</i> Diabetes Education - Home <i>New program (go-live Feb 2021)</i>	
<b>Health Equity Programs</b>	<b>2620</b>
School-Based Telehealth (Primary Care) School-Based Telehealth (Sports Medicine Concussion Follow Up) USC Genetic Counseling-Cancer Center Oncology Support Counseling <i>New program (go-live Jan 2021)</i> TeleProbate Release Hearings Family Connect TeleVisits Language Line Video Translation Services	



## SCTA CY21 Q1 Report Statewide Strategies

Prisma Health continues to implement and broaden the use of core virtual care modalities in our ambulatory settings to extend the reach of services that would otherwise be limited by travel and related barriers to care. Video visits continue to be conducted by all ambulatory care providers. The use of enhanced virtual care technology has also elevated our care teams' ability to screen and monitor our most complex pediatric and adult patients from the comfort of their homes. This technology is also being deployed in Primary Care and Pediatric practices for use by non-complex patients and families who may have frequent urgent care or emergency department visits but are otherwise healthy. Satellite clinics in Sumter, Orangeburg and Oconee counties continue to bring specialty care to these rural communities. Our Behavioral Health teams have sustained a virtual first care access pathway which continues to provide these critical services which are so highly needed during this pandemic. During quarter 1 of calendar year 2021 we have conducted 139K ambulatory virtual care visits.

Our acute care teams have continued and expanded the use of virtual care modalities to consult and treat patients at our hospitals where specialty care services are not available onsite 24/7. Infectious Disease and non-stroke Neurology consults are now available at all Upstate satellite facilities. Diabetes education video consults are also now available at all Upstate facilities. During quarter 1 of calendar year 2021 we have conducted 352 acute care consults.

The use of convenient care services continues to be a popular choice of Prisma Health patients. Our eVisit platform was integrated with Epic MyChart to allow patients 18 and older, to access this care seamlessly using their MyChart account. Complimentary on demand video visits were also made available 24/7 during month 1 of calendar year 2021 to patients of all ages. This expanded access produced a 41% increase in visits during the first month. During quarter 1 of calendar year 2021 we have conducted 6,216 on demand video and eVisits.

The use of primary support services continues to close the gaps in care for patients between office visits, while also helping our care teams to have a holistic view of the patients' care journey. A pilot for at home health monitoring for hypertension is being implemented using a phased approach in our internal medicine practices. Our diabetes management team continues to help patients manage their condition at home using remote monitoring technology. During quarter 1 of calendar year 2021 353 patients have been monitored using remote monitoring technology.

Health equity continues to be a focus for Prisma Health. Regional access points in our rural communities provide access to specialty care that would otherwise not be available. Our school-based care programs continue to provide both in person and virtual care. All schools have been upgraded to enhanced video and peripheral technology. This compact technology is highly mobile and aids in the examination of adult and pediatric heart, lung and abdominal sounds, heart rate, visualization of throat, ears, and skin plus provides a temperature reading to the remote care team. During quarter 1 of calendar year 2021 253 school-based care visits have been conducted.





# State of South Carolina Department of Mental Health

## **MENTAL HEALTH COMMISSION:**

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Louise Haynes, Vice Chair  
Alison Y. Evans, PsyD  
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May 12, 2021

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**Kenneth M. Rogers, MD**  
State Director

## **South Carolina Department of Mental Health Calendar Year 2021 Quarter 1 Report South Carolina Telehealth Alliance**

Innovation is the keyword at the South Carolina Department of Mental Health (SCDMH). Beginning in 1996, SCDMH was one of the earliest adopters of video technology, using telehealth to meet the needs of patients. Twenty-five years later, SCDMH is the largest provider of Telemental health services in South Carolina. During the first quarter of 2021, SCDMH is currently averaging 30,730 telehealth services per month, a significant increase over the same quarter in 2020. This increase reflects the rapid response to COVID-19, program expansions, and deployment of direct-to-consumer care. SCDMH has provided more than 523,000 telehealth services since the inception dates of its various telehealth programs, including the Emergency Department Telepsychiatry Program, Community Telepsychiatry Program, EMS Telehealth Program, Inpatient Services Telepsychiatry Program, Nursing Home Program, School Mental Health Program, Highway to Hope Community Outreach Program, and After-ED Discharge Clinic Contract. Telehealth is an integral component of service delivery across SCDMH.

SCDMH is focused on ensuring the safety and well-being its patients, residents, and staff. During this pandemic SCDMH's Community Telepsychiatry Program rapidly ramped up its community-based and school-based mental health services with a new telehealth component to ensure continuity of care for its patients: direct-to-consumer (DTC). All of SCDMH's Community Mental Health Centers (CMHC) have remained open, and are complimented with DTC telehealth services. SCDMH's DTC presence, established a robust supervision and peer consultation regime that ensures the highest standards of care for its patients and their families. Many children and families are continuing to receive services using DTC as a medium. Feedback on DTC services have been positive with patients and their families enjoying the convenience.

SCDMH officially launched the Highway to Hope (H2H) Community Outreach Program at the beginning of 2021. H2H is a community outreach program that offers integrated mental health and primary health care to adults and children. The Mobile Clinics will be used in the communities to bring mental health & primary healthcare services to patients/families who do not have easy access to health care. Telehealth services are provided in the mobile clinics, and have proven to be successful in the program's infancy.

The South Carolina Department of Mental Health's highest priority continues to be the safety and wellbeing of its patients, residents, and staff. SCDMH has made exceptional progress adapting to the extremely unusual situation that all in South Carolina and the nation are facing. In the tradition of its past, SCDMH has continued its focus on innovation and adaptation, and remains the leader in the field of psychiatric services and a pioneer in the field of telehealth.

### **MISSION STATEMENT**

To support the recovery of people with mental illnesses.





South Carolina AHEC Program Office  
Medical University of South Carolina  
1 South Park Circle  
Suite 203  
Charleston, SC 29407

May 7, 2021

The SC Area Health Education Consortium has focused on ensuring up-to-date telehealth education resources are available on-demand for all health professionals and future health professionals in South Carolina. SCTA funding has helped to support SC AHEC's Office for Telehealth Education in developing and supporting six online telehealth courses and seven additional telehealth programs including Palmetto Care Connection's Webinar Wednesday and SC AHEC developed programming available for free for health professionals and students in South Carolina via the [SC AHEC online learning portal](#).

On March 17, Jennifer Bailey presented "Telehealth 101 for Nurse Practitioners practicing in South Carolina" to Anderson University's Nurse Practitioner students. The newest course developed and released; Telehealth Implementation has been completed by 11 individuals during this quarter.

SC AHEC Course Registrations and Course Completers  
(Date range 1/1/2021-3/31/2021)

1. [Telehealth](#) for High School and College Students – 1 Registration, **1 Completer**
2. [Telepresenter Certification](#) – 29 Registrations, **25 Completers**
3. [Telemental Health](#) – 29 Registrations, **22 Completers**
4. [Billing & Reimbursement Bootcamp](#) - 23 Registrations, **17 Completers**
5. [Foundations of Telehealth](#) – 62 Registrations, **54 Completers**
6. [Telehealth Implementation](#) – 20 Registrations, **11 Completers**

**169 Total Certificates** for all SC AHEC Telehealth Education courses/programs awarded to Participants Jan. 1 – March 31, 2021.



April 20, 2021

South Carolina ETV  
Calendar Year 2021 Quarter 1 Report  
South Carolina Telehealth Alliance

If quarter 1 for the *My Telehealth* Team at South Carolina ETV was a mission statement it would be **Telehealth bridges gaps in care to provide patient-focused access**. The team produced a total of 11 stories, two radio stories that aired statewide through South Carolina Public Radio and nine video features. All of the content put a major spotlight on patient story and their personal experience. In addition to this content, the team created a video, "Healthcare providers call on S.C. State Legislature to Make Telehealth Coverage Permanent," to urge legislation around reimbursement. The distribution method of this content with an emphasis on a "play anywhere, play everywhere" ethos has evolved to create an increased effectiveness of the SCTA mission of public awareness and education.

List of telehealth features:

**Video**

- [For Charleston Promise Neighborhood, 'telehealth is vitally important'](#)
- [Video Remote Interpretation, an 'invaluable' resource for healthcare providers](#)
- [Telehealth bridges gaps in care to provide patient-focused access](#)
- [Innovative virtual care program provides support for COVID-19 patients](#)
- [Virtual care model helps patient build trust](#)
- [Remote monitoring program gives reassurance to COVID-19 patients](#)
- [Virtual platform benefits kidney transplant patients](#)
- [Telehealth monitoring program provides feeling of safety for COVID-19 patients](#)
- [Virtual imaging system helps detect potential blindness among diabetic patients](#)
- [Trouble kicking the habit? Telehealth can help](#)

**Radio**

- [Language Services, Including Telehealth, Help Give a Man His 'Life Back'](#)
- [Virtual Probate System Is a Game Changer for McLeod Behavioral Health](#)

**Legislative Video**

- [Health Care Providers Call on S.C. State Legislature to Make Telehealth Coverage Permanent](#)

This content continues to be shared via television, radio, email newsletters, multiple websites and social media platforms. The SCTA's monthly newsletter held an average open rate of **20.5%** for Q1, comparatively outperforming the previous quarter. The South Carolina Telehealth Alliance social media channels on Facebook and Twitter also saw growth in Q1 2021. Twitter saw 13,478 Tweet impressions with 1,751 profile visits and 39 new followers. March 1st was SCTA's largest Q1 spike in post reach on Facebook, with the sharing of a virtual visit interview. The piece of content with the most organic reach, clicks and reactions was a story about remote patient monitoring.

# South Carolina Center for **Rural and Primary Healthcare**

## **SCTA CY21 Q1 Report**

### **SC Center for Rural and Primary Healthcare**

#### **Telehealth Survey**

In CY21, The SC Center for Rural and Primary Healthcare built upon the previous work of the SCTA and the Office of the National Coordinator for Health to assess the barriers and facilitators of successful telehealth adoption among smaller rural and primary healthcare practices in South Carolina amidst the COVID-19 pandemic. Throughout the pandemic, healthcare providers across the nation have had to pivot to offer some of their services through telephonic or virtual mediums. Fortunately, temporary regulatory and reimbursement changes made it possible for provider to expand telehealth services.

Through quantitative data from surveys administered to health centers and practices in South Carolina, this project aims to largely answer two research questions: *1) How has utilization of telehealth among rural health centers, federally qualified health centers, and other outpatient providers in SC changed during the COVID-19 pandemic?*; and *2) What have been barriers and facilitators (policy, technology, workforce, etc.) to successful adoption of telehealth among these clinics?*

#### **Preliminary Findings**

The telehealth adoption survey was administered from late February through early May. There was a total of 90 respondents representing 5,308 providers statewide. 76% of respondents reported using telehealth services in their practices. The biggest facilitators to telehealth adoption among survey respondents include: increasing access to services for patients during COVID-19 (85.5%); increasing access for current patients (56.5%); improve patient experience of care (42%); and improve patient outcomes and attract new patients (30.4%)

Survey respondents reported the following barriers to using telehealth: concerns of patient's access to technology or connectivity (56.5%); concerns about patient's comfort with technology (47.8%); adequate reimbursement and designated staff to coordinate telehealth visits (28.9%).

#### **Benefits and challenges of telehealth services**

Survey respondents reported the following benefits and challenges of telehealth services, specifically video visits: increased convenience of the visit for the patient (81.2%); increased access to healthcare services for patients (78.2%); and increased the efficiency of the visit for the provider (62.3%). One challenge noted was the decreased ability to gather vitals or other pertinent clinical information (55%).

In the next quarter, the SC CRPH will conduct key informant interviews to collect qualitative data to better understand the reality of current practices and inform future policy changes and resources needed to support telehealth services for rural South Carolina.

#### **Evaluation**

The Center is wrapping up support for the evaluation of ongoing telehealth programs in the Midlands. Established telehealth programs will no longer be automatically evaluated as part of our cooperative

South Carolina Center for  
**Rural and Primary  
Healthcare**

work with the SC Telehealth Alliance. Instead, evaluation will be conducted as needed by the Center on new or innovative programs. The Center will continue to work collaboratively with Dr. Narasimhan and her group to develop and test strategies to expand telehealth services to rural South Carolina, with a focus on primary care services and the Midlands area of the state.

**ECHO**

The Center continues to participate on the statewide ECHO collaborative group to ensure that ECHO programming in SC is optimized and are reaching rural providers. The Center is working to provide enhanced support for women's health initiatives led by Dr. Berry Campbell. Support will allow this work to be sustained and expanded to support access to maternal fetal medicine and obstetrical care expertise to rural and primary care providers throughout SC.



Entering the second year of the COVID-19 Pandemic, telehealth and broadband is an integral part of conversations on national, state, and local levels. Palmetto Care Connections (PCC) continues to serve as a leader of telehealth and broadband support in rural South Carolina. The growing use of technology has presented the need for broadband expansion, digital literacy, telehealth technology and more.

As the leader of the South Carolina Broadband Consortium, PCC leads broadband expansion for health care providers through the Federal Communications Commission's (FCC) Healthcare Connect Fund. PCC has also been working to educate patients about household-based broadband subsidies through the Emergency Broadband Benefit and Lifeline Program. The Healthcare Connect Fund provides broadband subsidy support to eligible health care providers. The filing window for FY 2021 closes on June 1, 2021. This means that all Funding Requests on behalf of health care providers in PCC's Broadband Consortium must be submitted by this deadline. PCC has been working diligently to file for additional funding years on behalf of existing Consortium members but also to submit for new eligible health care organizations. PCC has submitted for 19 new health care organizations with approximately 169 new physical locations. These subsidies will allow health care entities to increase their broadband so that they can provide telehealth services.

The Federal Communications Commission announced the Emergency Broadband Benefit Program to assist low-income households with internet and broadband access. The program will provide a discount of up to \$50 per month towards broadband service for eligible households and up to \$75 per month for households on qualifying Tribal lands. PCC serves as an outreach partner to increase consumer awareness for this program. As an outreach partner, PCC distributed the program information to faith-based communities, social media followers, and partners.

In July 2020, the Health Resources and Services Administration (HRSA) awarded PCC a Rural Health Network Development Grant to establish telehealth virtual access centers in rural, independent pharmacies, churches and a tribal community center. Ehrhardt Pharmacy was the first to connect customers to their health care providers via telehealth. In the first quarter of 2021, additional providers were connected to Ehrhardt Pharmacy, and implementation steps to establish telehealth in other pharmacies, church medical clinics and the Pine Hill Indian Development Community Center continued. PCC partnered with SC Thrive, a non-profit organization that specializes in health care resources such as Medicaid, SNAP and Long-term Care and Disability Insurance, so that uninsured pharmacy customers could apply for health insurance, establish a medical home and receive telehealth care.

PCC was awarded a \$19,500 Rural Local Initiatives Support Corporation (LISC) grant and an additional \$25,000 pledge from the S.C. Office on Aging to implement a digital inclusion pilot program for seniors in Allendale, Barnwell, Clarendon, Lower Richland and Williamsburg counties. The funding will help up to 100 seniors who live in rural communities, aged 65 and older, with basic digital training, a free computing device and free cellular service for 12 months. The goal is to connect seniors not only to telehealth, but also to a variety of quality of life resources, such as special S.C. Arts Commission programs, to combat the social isolation that many have faced during the pandemic. The Rural LISC grant and the S.C. Office on Aging funding resulted from participation in the S.C. Office of

Rural Health's Digital Equity workgroup that includes representatives of Rural LISC, S.C. Office on Aging, S.C. Arts Commission, SCTA and others.

PCC assisted with telehealth implementation at Vorhees College in Denmark, SC. Telehealth equipment was installed in their infirmary and students can now connect with the Family Health Centers (FQHC) at Latta Elementary School, Spartanburg Regional Health System, Vorhees College, Hope Health, and Pickens County Behavioral.

Palmetto Care Connections partners with telehealth and technology experts around the state of South Carolina to host educational events such as Webinar Wednesdays, the Telehealth Regional Symposium, and the Annual Telehealth Summit of South Carolina. In Quarter 1, PCC hosted three webinars with over 100 participants. The webinar recordings are available on PCC's website [www.palmettocareconnections.org](http://www.palmettocareconnections.org).

#### **Quarter 1 Webinars:**

- Cybersecurity Best Practices in Health Care
- The Telehealth Outreach Program: Using Technology to Address the Needs of Trauma-Exposed Youth in Schools
- COVID-19 Vaccination Update

PCC is planning to host a virtual **Telehealth Regional Symposium** in April in partnership with Lowcountry AHEC and the SC Telehealth Alliance to highlight telehealth programs in the Lowcountry region of South Carolina.

While there have been tremendous strides made in the advancement of telehealth and broadband in South Carolina, there is still a need for advocacy. PCC continues to advocate for telehealth and broadband expansion through conferences, podcasts, radio shows, webinars, and community events. Some of the organizations PCC partnered with in Quarter 1 to advocate for telehealth include the SC Primary Health Care Association, Blue Cirrus Consulting, South Carolina ETV, and SC Center for Rural and Primary Health Care. PCC also participated in discussions on both state and national levels at the SC Telehealth Alliance Retreat and the Universal Services Administrative Company (USAC) CEO Roundtable sponsored by the SHLB Coalition.

Appendix A:  
Letter to SC General Assembly



Monday, March 15, 2021

The South Carolina General Assembly  
Columbia, SC 29201

**Re: Support for Equitable Telehealth Service and Payment Legislation**

Dear Members and Staff of the South Carolina State Legislature:

Telehealth has been an essential component of COVID-19 preparedness and response in South Carolina (SC), allowing healthcare providers across the state to reach more patients while managing increasing demands on our workforce. Temporary telehealth policy changes amidst this Public Health Emergency (PHE) have greatly increased patient access to primary care, mental health, and specialty services. Many of these advancements in telehealth, however, will revert unless the SC legislature acts swiftly to ensure these policies are enacted long-term. SC Department of Health and Human Services (SCDHHS) has indicated that temporary Medicaid flexibilities will only last through the end of the PHE, and some private payers—including SC Blue Cross Blue Shield—only plan to cover telehealth at reduced rates as compared to in-person care after the PHE.

**As leading healthcare organizations in SC, we unitedly urge the SC General Assembly to pass legislation ensuring that the SCDHHS and private payers operating in SC:**

- **Cover telehealth services.** Health insurers should be required to provide coverage for health care services delivered via telehealth to the same extent the services would be covered if delivered via an in-person encounter.
- **Remove originating site restrictions.** The COVID-19 pandemic has clearly demonstrated the need for telehealth in rural areas, in urban areas, at work, at school, at home and many other locations. Originating site restrictions are obsolete and outdated; the location of the patient should not matter for telehealth.
- **Remove provider type restrictions.** Health insurers should cover the full range of providers that make up the care team and that can deliver telehealth-appropriate services.
- **Provide equitable payment for services delivered via telehealth.** Reimbursing telehealth visits at rates considerably less than in-person care disincentivizes providers and health systems from utilizing telehealth.

Patients in all geographic areas have been empowered during the PHE to seek virtual care, finding that the convenience, privacy, quality, and ease of receiving care virtually can create a more patient-centered experience. Despite being a national leader in telehealth, South Carolina is one of the last states in the country without a telehealth coverage legislation in place. If we

do not advocate for major payers to extend temporary telehealth policies, providers and patients will lose this critical tool in addressing healthcare needs across our state. Enacting legislation that ensures consistent payment for services rendered via telehealth would build on the legislature's long commitment to telehealth and ensure its sustainability into the future and beyond this crisis.

Sincerely,

**Kristen Mason, PT, DPT**  
President  
American Physical Therapy Association,  
South Carolina



**M. LaFrance Ferguson, MD**  
Chief Medical Officer  
Beaufort – Jasper – Hampton  
Comprehensive Health Services, Inc.



**Laura S. Aldinger**  
Executive Director  
Behavioral Health Services Association



**Bill Little**  
Chief Executive Officer  
Carolina Pines Regional Medical Center



**Dave Hamill**  
Chief Executive Officer  
Hampton Regional Medical Center



**James E. Eubanks**  
Chief Executive Officer  
Health Care Partners of South Carolina



**Carl M. Humphries, MSW**  
Chief Executive Officer  
Hope Health



**Tod Augsburger**  
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Lexington Medical Center



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**Maggie Cash**  
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South Carolina Children's  
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**Jason H. Cherry**  
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**HIMSS SOUTH CAROLINA CHAPTER**

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**Jeffrey DiLisi, M.D.**  
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Association



**Graham Adams, PhD**  
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South Carolina Office of Rural Health



**Bruce Holstein**  
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Tandem Health SC



**Elizabeth S. Ward**  
Executive VP & Chief Financial Officer  
Tidelands Health

