SCTA Quarterly Report
CY19 Quarter 3

Progress achieved on the 2019 SCTA Strategic Plan
July - September 2019

SOUTH CAROLINA
Telehealth
ALLIANCE

Executive Summary

In the third quarter of 2019 (CY19Q3), the SCTA continued to make progress achieving the goals outlined in its *2019 SCTA Strategic Plan*. **Palmetto Care Connections** (**PCC**) continued to demonstrate its leadership in the state around broadband and connectivity, most notably through its recent broadband mapping project. The SCTA **regional hubs** and **SCDMH** continued to build and scale their telehealth programs, with new sites and service lines going live this quarter. The SCTA and PCC hosted a large **Telehealth Stakeholder Meeting,** during which new providers of telehealth were showcased and various PCC and SCTA resources were featured. Robust **outcomes analysis** continued under the leadership of MUSC's Center of Excellence and USC College of Medicine, and this quarter MUSC's school-based telehealth program was featured in *JAMA Pediatrics*. Additionally, in collaboration with the SC Translational Research Center, the SCTA awarded four new **telehealth research pilot awards** this quarter. Finally, in efforts to help inform DHHS' coverage policies, MUSC Health—in concert with the Advisory Council and Sustainability Workgroup—provided DHHS with a report outlining **guidance and different use cases for the new CMS payment codes**.

This report provides further details on these accomplishments from CY19Q3 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.

As previously reported in the CY19Q2 report, the **IT Workgroup** reviewed the current status of IT support among SCTA sites and clarified IT support roles. The workgroup is scheduled to meet in the beginning of Q4 to determine the focus for next year's plan and the role of the workgroup moving forward. Early discussions include pivoting toward more of a user group format and developing a standard approach to equipment maintenance. (**1.1, 1.2**)

Progress continued with the **centralized credentialing pilot** in CY19Q3, led by **Palmetto Care Connections** (**PCC**). In August, credentialing professionals from five rural hospitals, SCDMH, and MUSC participated in a training and demonstration webinar about the Telehealth Centralized Credentialing Database. PCC distributed a survey requesting feedback from the rural credentialing representatives about the by-proxy credentialing process with SCDMH and MUSC, the information and documentation they receive, and the benefits of the credentialing database. Moving forward, PCC will follow up with each of the five rural hospitals and compile their feedback regarding the pilot, to be reported in December 2019. Determinations regarding whether to continue this pilot will be determined in the upcoming quarter. (**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	Complete	
Establish training criteria for telehealth-related IT support	September	IT Workgroup	Transition	This deliverable will be reviewed as part of 2020 planning to determine whether to include in next year's plan.
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	Complete	
Provide interoperability report to Advisory Council	June	IT Workgroup	Complete	
Establish guidelines intended for IT personnel on best practices to be shared with SCTA leadership.	September	IT Workgroup	Complete	
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	
Report on overall success of pilot and determine feasibility for expansion of program.	September	PCC	Pending	Report will be complete in December.

Driving Strategy 2

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

P**almetto Care Connections** (**PCC**) continues to lead the SCTA's efforts to expand broadband access in rural communities, a necessary piece for the expansion of telehealth. In CY19Q3, PCC and SCHA partnered to create a promotional plan and marketing materials to continue to raise awareness of the necessity of broadband access for hospitals across South Carolina. PCC also partnered with South Carolina Office of Rural Health (SCORH) to educate rural health clinics about broadband and began meeting regularly with the South Carolina Primary Health Care Association (SCPHCA) to keep them updated on broadband information for the Federally Qualified Health Centers (FQHCs) across the state. In addition to a specific focus on connectivity of health care sites, PCC also has been working with South Carolina Hospital Association (SCHA) and SCORH on expanding residential broadband capabilities, beginning with a statewide mapping project to identify connectivity gaps across South Carolina. In addition to the education and advocacy efforts outlined above, in CY19Q3 PCC assisted four communities in applying for a USDA ReConnect grant to buildout fiber capabilities and has also been working with The Aiken Center and The Ernest E. Kennedy Center to file for broadband subsidies. With broadband becoming a major focus in the state, PCC is working to align broadband efforts and is exploring the creation of Central Broadband Office for South Carolina that would serve as an arm of PCC. PCC also will continue its ongoing discussions at the federal level, particularly through Congressman Jim Clyburn's office. (**2.1**)

In CY19Q3, PCC continued to engage community leaders and organizations about the possibility of developing a regional telehealth access center in the Allendale, Bamberg, Barnwell, and Hampton region. PCC has identified the new RMC-owned free-standing ED between Bamberg and Barnwell as a potential site for a regional telehealth access center. PCC has also been engaging independent pharmacies as potential telehealth access points for this initiative. PCC is applying for a HRSA Rural Health Network Development (RHND) grant to implement telehealth in six rural independent pharmacies around South Carolina. If awarded, funds could be used to establish these access centers. (**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	Ongoing	
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	Ongoing	
Broadband promotional plan underway.	September	PCC	Ongoing	
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)				
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	Ongoing	
Establish a proposed plan for a regional access center implementation in the target area and report on feasibility of plan.	September	PCC	Transitioned	This project is still being explored and will be incorporated into the 2020 plan

Driving Strategy 3

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

Supporting Community Hospitals

In CY19Q3, telestroke programs showed continued growth in the state. **MUSC Health** expanded its telestroke programs into 3 new sites, and 3 ambulances are now equipped to begin telestroke consultations while in route to the hospital, as part of the **Hampton County EMS Telestroke Partnership**. In the Upstate, **Prisma Health** - **Upstate** expanded its telestroke program to AnMed in July, further increasing access to vital stroke care across South Carolina. The telestroke workgroup is in planning stages of creating a statewide newsletter slated for launch in 2020 and is also working with SC AHEC to create an educational webinar series (**3.1.A**). Tele-ICU programming also grew in CY19Q3. MUSC's tele-ICU program has continued to expand and will soon be live in 5 additional hospitals in South Carolina, bringing the total number of supported hospitals to 10 in the state. **Prisma Health** - **Midlands** continued progress on launching its intensivist consult program at the Prisma Health Parkridge campus, with go-live scheduled for early November. (**3.1.D**)

With the support of the **SC Children's Telehealth Collaborative** (**CTC**), the four **SC children's hospitals** have continued to advance **specialty telehealth services** to support community hospitals within their institutions. At **Prisma Health** - **Midlands**, 11 pediatric subspecialty groups have been trained for acute inpatient care. Additionally, inpatient support has been added to the Prisma Health Tuomey newborn nursery for locum support and the transport team continues to leverage telemedicine to access intensivists during transport. At **MUSC Health**, the pediatric critical care telehealth program saw a vast increase of appropriate consults in CY19Q3, with volumes more than doubling since last quarter with the transition of the program to a new platform. In August the **CTC** hosted its quarterly meeting during which each SC children's hospital reported on program progress, and in September the CTC held its annual meeting in Columbia where the group discussed operational challenges related to billing and reimbursement and also began planning for 2020. (**3.1.B**)

In addition to these pediatric initiatives, SCTA partners continued to grow other hospital-based telehealth service lines in CY19Q3. **McLeod Health's** planned implementation of its vascular program at McLeod Health Dillon was delayed due to the implementation of a new EMR system, but the program is still slated to go-live by end of year. Additionally, McLeod Health's pulmonary program has continued to experience expansive growth, with a volume increase of 120% this year. **MUSC Health** added an additional site for infectious disease and palliative care consultations in CY19Q3 and also saw growth in teleneurology and EEG programs (**3.1.C**).

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	Complete	
Formulate a plan to address service improvement needs and collection of statewide metrics.	June	MUSC Health	Transition	Addressing service improvement needs and coordinating collection of statewide metrics is an ongoing discussion within the Telestroke Workgroup which meets quarterly
Communicate plan to SCHA members.	September	MUSC Health		
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	Complete	
Implement new services within health system. Demonstrate growth/optimization of pre-existing service lines (i.e. pediatric critical care).	September	Children's Telehealth Collaborative	Ongoing	
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 have begun to report utilization by service line and site on a biannual basis. This process will continue to be refined in the year to come.
Use data to inform further program growth and optimization.	June	Prisma Health, McLeod Health, MUSC Health	Ongoing	

Driving Strategy 3

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

Supporting Primary and Ambulatory Care

As part of its focus on primary care, the MUSC HRSA-funded Telehealth **Center of Excellence** (**COE**) continued its project to evaluate the impact of virtual urgent care on primary care engagement. In CY19Q3, data from MUSC's virtual urgent care platform and electronic health record system were linked and initial data analyses are underway. Ultimately, the team hopes its research will help inform a model for virtual urgent care that is better integrated with a patient's medical home. (**3.2.A**)

MUSC Health's **regional access clinic** at Tidelands Health continued to have high volumes, with new services added to the clinic in CY19Q3. These services include: pre/post-aneurism procedure consultations, heart failure clinic, and endocrinology services. In addition to the discussions PCC is having in the Allendale, Bamberg, Barnwell and Hampton counties (see previous 2.3), MUSC Health is exploring additional sites for regional access clinics, replicating the success of the program at Tidelands. These plans will be incorporated into 2020 planning. (**3.2.C**)

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
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	Complete	
Formulate a plan to further address the state's critical care quality needs, complemented by tele-ICU.	June	MUSC Health	Transition	Metrics have been identified and will be incorporated into future surveys administered by the SCHA. Leveraging telehealth to address SC's critical care needs is ongoing.
Communicate that plan to SCHA members and other key stakeholders.	September	MUSC Health		
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	Complete	Primary Care Telehealth modalities were shared in a MUSC COE technical assistance document. Development of value kit is underway and will be incorporated into future COE/SCTA plans.
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	Transition	MUSC is piloting the use of the new CMS codes in one of its primary care programs. Developing a sustainable model for RPM remains a priority and will be incorporated into 2020 planning.
Establish guidelines for dissemination on best service and business practices for RPM in a partnership model	September	MUSC Health		
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	Complete	
Report findings and begin implementation process for additional clinics where appropriate.	September	MUSC Health	Complete	
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	Transition	The Telementoring Workgroup has discussed various payment models. Continued conversations will be incorporated into 2020 planning.

Driving Strategy 3

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

Supporting other Population-based Settings

In CY19Q3, **school-based telehealth** continued to expand. **Prisma Health** received consents for 365 students in three Midlands school districts due to a robust marketing, education, and awareness campaign using flyers, presentations at school open houses, SCETV videos, and social media. School nurses and lead teachers have been trained and educational programming will continue through next quarter to increase recruitment and engagement. **McLeod Health** had an extremely successful go-live in September for its school-based health program in 5 schools in Florence. Each school saw an enrollment rate of over 50%, due largely to the use of electronic consent forms through the schools' parent portal. Consultations have taken place at all 5 schools, and each of the 3 providers has performed a consult. Building on the successes of these enrollment efforts, the school-based telehealth workgroup will convene next quarter to explore incorporating increased enrollment as a goal for next year's 2020 planning. (**3.3.A**)

The **CTC** continues to work closely with Dr. Olga Rosa to advance **telehealth child abuse pediatric care** (TeleCAP) among the Child Advocacy Centers, piloting the program first at the Prisma Health – Midlands' Orangeburg satellite clinic. As of CY19Q3, the site has been equipped for the service, functional testing is complete, and staff training is underway. Once the staff is fully trained, final equipment testing will take place. The service is projected to go live in CY19Q4. (**3.3.C**)

2019 SCTA Strategy 3 - Milestones

Strategy 3: Build and scale telehealth clinical services and programs that expand access to care.				
Tactic 3.3: 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	Complete	
Formulate plan to increase utilization across school districts.	June	MUSC Health, Prisma Health	Complete	
Implement plan in upcoming school year.	September	MUSC Health, Prisma Health	Complete	
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	Transitioned	These programs are still in the implementation phase, not yet ready for reporting; this will be addressed in 2020 planning.
Use data to inform growth and further optimization.	June	MUSC Health, Prisma Health		
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	Complete	
Implement pilot TeleCAP program.	September	Children's Telehealth Collaborative	In Progress	

Driving Strategy 3

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

Supporting Direct-to-Consumer Telehealth

In CY19Q3, the **Direct-to-Consumer Workgroup** was joined by representatives from PCC, ACHE, and SCETV to discuss how to properly address barriers to direct-to-consumer adoption among patients, providers, legislators, and payers. SCETV will distribute the educational content created from these discussions to the community at large, and ACHE will provide the content to providers, in hopes of educating around and alleviating barriers to adoption. (**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 another convenient location, and in CY19Q3 all sites continued working toward developing their respective service lines. **McLeod Children's Hospital** created a speech pathology program with their rehab services department to address the physical, occupational, and speech therapy needs of their pediatric population, with go-live slated for the coming year. At **Prisma Health-Midlands Children's Hospital**, 11 pediatric subspecialty groups have been trained on a platform for complex ambulatory care, and progress is being made to begin a rheumatology program that will partner the Prisma Health – Midlands & Upstate providers to see patients. **Prisma Health-Upstate** is working towards finalizing contracts and workflows for complex care telehealth visits in conjunction with its Ferlauto Clinic. **MUSC Health** is focused on a telehealth program for chronic vent-trach patients, building on their already existing pediatric cardiology monitoring program. The CTC supported the development of all these programs, working closely with physician and operational leadership to develop the appropriate workflows. (**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	Complete
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	Complete
Utilize SCTA structure and workgroups (e.g. Sustainability Workgroup, Education Workgroup, Advisory Council) to disseminate target messaging to stakeholder groups.	September	Prisma Health	Complete
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	Complete
Implement the pilot service for medically complex children.	September	Children's Telehealth Collaborative	In Progress

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 CY19Q3, SCDMH identified and actively marketed its services to 3 new hospital systems to include in the **Emergency Department Telepsychiatry Program**. To date, SCDMH has provided over 51,000 comprehensive evaluations within the ED Telepsychiatry Program since the program's inception. Through structured check-in calls with its participating hospitals, SCDMH has identified potential future program opportunities that will support continued growth and expanded access. (**4.1.A**)

Through the **EMS Telehealth Project** at the Charleston-Dorchester Community Mental Health Center, mental health clinicians support emergency responders responding to individuals in psychiatric crisis, assisting in de-escalation and providing linkages to ongoing treatment and other resources. As of CY19Q3, the project provided more than 1,400 assessments since the program's inception. The program has shown a significant reduction in the amount of time needed to complete the intervention, allowing for the ambulance to quickly return to service without needing to transport the patient to the emergency department. Savings generated by the project in its first 13 months is approximately $1.15 million. (**4.1.B**)

SCDMH has continued to build its partnership with an outpatient clinic in Charleston to provide telepsychiatry services to its patients. This location is one of the first of SCDMH's partners outside of the SCDMH ED Telepsychiatry Program to deploy SCDMH's in-house, cloud-based information sharing platform. SCDMH continues to explore opportunities to partner with primary care and related-care providers. Such partnerships depend upon 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. To this end, SCDMH and Palmetto Care Connections continue to partner to address specific areas where connectivity can be challenging. (**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. Subsequently, SCTA quarterly reports will include updates on the EMS Telehealth Pilot Project, not the statewide crisis intervention efforts.
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		
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 CY19Q3, SCDMH continued its **provider recruitment efforts**. As of September 2019, the ED Telepsychiatry Program had a roster of 22 telepsychiatrists in both full- and part-time capacities, of which 11 were child and adolescent psychiatrists. Additionally, SCDMH continued to recruit APRNs to provide telepsychiatry services, which has proven to be an extremely successful effort. As of CY19Q3, SCDMH had deployed 5 APRNs in full- and part-time capacities to provide telepsychiatry services. SCDMH is also currently expanding an effort to include physician assistants in its physician extender roster of clinical providers, which would further expand the provider capacity of its programs. (**4.3**)

The SCDMH Office of Network Information Technology opted to develop an in-house, cloud-based **information sharing platform** to be deployed by the ED Telepsychiatry Program. As of CY19Q3, the product has been tested, and an instructional brief has been written to assist participating hospitals in IT Risk Assessments of the telepsychiatry web interface. Initial implementation and real-time use are pending identification of a hospital ready to participate. (**4.4**)

SCDMH's **Pee Dee Community Mental Health Center** continued to partner with MUSC Health, 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**. The program went live in 2019, and as of CY19Q3 SCDMH has broadly deployed the APRN to multiple school site locations. Seven additional SCDMH Community Mental Health Centers are capitalizing on this early experience to deploy telepsychiatry in their own school districts. One of the seven has successfully deployed telepsychiatry as a component of its school mental health program and is actively providing services. (**4.5.A**)

As of CY19Q3, SCDMH identified seven areas of opportunity beyond its traditional telepsychiatry programs where telepsychiatry and mental health might be extended. Further discussions and evaluation are pending to determine the feasibility and strategic emphasis of each area of opportunity, and details will be incorporated into 2020 strategic planning. (**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	Complete	
Implement a software solution to effect real-time information sharing across business-associated healthcare entities.	September	SCDMH	Pending	Implementation pending
Tactic 4.5: Identify, support, and coordinate other statewide telehealth initiatives that address mental health and related clinical services and programs.				
Tactic 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	Complete	
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	Complete	
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	Transitioned	Further discussions and evaluation pending to determine feasibility and strategic emphasis

Driving Strategy 4

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

To better coordinate state efforts to extend access to **medication assisted treatment** (**MAT**) through telehealth, the Tele-MAT Workgroup continued to meet and provide updates on expansion and utilization of services. In CY19Q3, the group was able to share Tele-MAT utilization data from across the County Alcohol and Drug Abuse Authorities, using the BHSA electronic health records. Over 500 Tele-MAT visits have occurred since the program started, the majority of these telehealth visits be conducted by **MUSC Health**. With Ohio Valley Physicians (OVP) providing a considerable amount of in-person MAT services to the County Authorities, DAODAS and BHSA have noted that the provision of these services *via telehealth* is less urgent. Next quarter the workgroup will discuss other ways telehealth might be leveraged to support care provided by the County Authorities, and these will be incorporated into the 2020 plan. (**4.6**)

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, County Authorities, MUSC Health	Complete	
Identify key issues or policies that require clarity, education, and/or advocacy (e.g. prescribing laws, reimbursement).	June	DAODAS, County Authorities, MUSC Health	Complete	
Work collaboratively with other workgroups (i.e. Education, Content Advisory Team, or Sustainability Workgroup) to address the key issues identified.	September	DAODAS, County Authorities, MUSC Health	Ongoing	
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 County Authorities.	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 County Authorities.	June	MUSC Health (SC MAT ACCESS)	Complete	
Develop a report based on evaluation of tele-MAT models.	September	MUSC Health (SC MAT ACCESS)	Complete	MUSC's model of TeleMAT is the predominate one in the state, and outcomes from this program are shared as part of the SC MAT ACCESS initiative
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	Transitioned	While additional use cases have been discussed, no steps toward implementation have taken place. This will be incorporated into 2020 planning
Establish clinical and operational workflows and training.	June	DAODAS, SCDMH		
Implement pilot of telehealth service(s).	September	DAODAS, SCDMH		

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 through the creation and dissemination of telehealth educational content. In CY19Q3, SC AHEC continued to promote the four **telehealth modules** it launched in the previous quarter, which are available at no cost to those interested in learning about key areas of telehealth programs. The modules include: *Foundations of Telehealth, Telehealth Billing and Reimbursement Bootcamp, Telepresenter Certification,* and *Telemental Health*. These modules have received positive feedback from attendees and will continue to be promoted across the state.

PCC and SC AHEC also partnered to host three **webinars** this quarter, including the following topics: (a) billing and reimbursement, (b) successful telehealth program implementation, and (c) 2019 federal policy update. The on-demand format of the webinars and educational modules have proven beneficial to attendees and learners. Additionally, the catalog of telehealth educational resources created by SC AHEC in CY19Q2 is being reviewed by the SCTA Education Workgroup and will be incorporated onto the SCTA website in the coming quarter for ease of accessibility and dissemination. (**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	Complete	
Publish/promote catalog of telehealth educational resources available categorized by core competency	September	AHEC	Complete	
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	Complete	
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	Ongoing	4 modules live, additional modules and resources to be created based on need and identified future topics
Partner with regional AHEC Centers to coordinate at least two regional telehealth meetings by December 2019	September	PCC	Complete	

Driving Strategy 6

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

Continued communication and ongoing stakeholder engagement remain a priority for the SCTA. In CY19Q3, the SCTA continued to support the various workgroups across its structure to ensure progress on strategic plan deliverables. In CY19Q3, the SCTA and PCC held a **joint telehealth stakeholder meeting**, highlighting new telehealth providers with presentations from SCTA partners outside of the established hubs. Presentations included **PH/USC Department of Psychiatry**, **CareSouth Carolina,** and **Darlington County Cares**, a school-based telehealth partnership between Darlington Schools and Pee Dee Mental Health. The stakeholder meeting provided an opportunity for SCTA partners to connect and share best practices, as well as share feedback with the SCTA as it heads into fall strategic planning. (**6.1**)

In terms of establishing unified opinions, the SCTA Advisory Council and Sustainability Workgroup drafted and delivered a document to DHHS to inform the telehealth coverage report it is required to complete as part of the recent SC legislative proviso language. See further in Strategy 8 and in Appendix A. (**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		
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		

Driving Strategy 7

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

Under the leadership of Dr. Meera Narasimhan, **USC School of Medicine** partnered with Prisma Health and McLeod Health to evaluate their **direct-to-consumer virtual care solutions** in CY19Q2, and now the USC team is currently in the process of developing a manuscript for peer-review publication outlining these findings. The USC team also began plans for evaluation of USC's infectious disease integrated care program and SCDMH's EMS pilot project; these evaluations will be worked into 2020 strategic planning. (**7.1**)

As previously reported, 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. Of note, the COE's analysis demonstrating a population health impact of MUSC's school-based telehealth program on the pediatric asthmatic population in Williamsburg County was published in ***JAMA Pediatrics*** this past quarter:

> Bian JK, Cristaldi KP, Summer AD, et al. **Association of a School-Based, Asthma-Focused Telehealth Program With Emergency Department Visits Among Children Enrolled in South Carolina Medicaid**. *JAMA Pediatrics*. 2019;173(11):1041. doi:10.1001/jamapediatrics.2019.3073. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749337

With JAMA Pediatrics being one of the country's most preeminent pediatric academic journals, MUSC's COE and school-based team have received multiple inquiries about its program and how their successes could be replicated elsewhere. The team also has a publication under review looking at population health indicators associated with a statewide telestroke network. (**7.1**)

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	Complete	
Begin collecting data for additional program analyses.	September	USC School of Medicine; MUSC Center of Excellence	Complete	

Driving Strategy 7

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

This year, the SCTA successfully partnered with **SC Clinical and Translational Research Institute** (**SCTR**) to administer the now joint SCTA/SCTR **telehealth pilot grant program**. In response to the RFA released earlier this year, SCTR received 13 pre-applications from potential grantees and, of these, 9 individuals were invited to submit a full application. In CY19Q3, pilot grants were awarded to the following 4 projects and principal investigators:

- *Iterative Intervention Development and Feasibility Testing of a Smoking Cessation E-visit for Individuals Experiencing Homelessness* (PI: Cristin Adams, DO | MUSC Health)
- *A Comparison of Standard Office-based Postpartum BP Monitoring to a Text-based Remote Self BP Monitoring Program in the Management of Maternity Patients with a Hypertensive Disorder of Pregnancy* (PI: Lauren Demosthenes, MD | Prisma Health - Upstate)
- *Improving Pediatric ADHD Management with Virtual Check-ins: A Study of Utilization and Acceptability* (PI: Claire Macgeorge, MD, MSCR | MUSC Health)
- *Stressors of Inter-ICR Transfer: Family Centered Care through Telehealth* (PI: Nandita Nadig, MD, MSCR | MUSC Health)

SCTR and the SCTA will be providing support to these recipients as they get their pilot projects and research started. Building on the success of this initial year of collaboration, the SCTA and SCTR plan to continue this joint collaboration in the year to come. (**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 7.2: 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	Complete	

Driving Strategy 8

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

Building on the work in the previous quarter, in CY19Q3 the **Content Advisory Team** (**CAT**) successfully completed and launched an online Telehealth Awareness Week (TAW) toolkit with images, infographics, flyers ,and other materials to be used across partner sites statewide. South Carolina's third annual TAW will take place next quarter, October 21 -25, during which SCTA partners will hold events across the state and engage in a targeted social media campaign. (**8.1**)

In addition to preparing for TAW, **SCETV** continued to produce impactful content highlighting telehealth in South Carolina, adding 8 new videos to its online library as part of the My Telehealth campaign. The videos can be found at https://www.scetv.org/telehealth. SCTA partner organizations continue to report these videos as invaluable resources for educating and engaging their own stakeholders. To better understand public awareness of telehealth, the CAT created a survey which will be distributed publicly across the state next quarter. Findings from the survey will be reported to the SCTA Advisory Council and will inform the CAT's strategy in the coming year, including TAW activities. (**8.1**)

In CY19Q3, MUSC Health developed a brief on behalf of the SCTA Advisory Council to help influence the reports being developed by DHHS and PEBA on how they intend to broaden coverage for telehealth services. The document describes the newly released CMS telehealth codes and outlines scenarios in which incorporation these codes would improve healthcare quality, access, and cost (**Appendix A**). The Sustainability Workgroup will meet next quarter to discuss 2020 plans for coordinated advocacy for increased payer coverage, particularly in the areas outlined in the SCTA Payer Priorities. (**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	Complete	
Complete online TAW marketing toolkit	September	SCETV	Complete	
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	Complete	
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	Ongoing	
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	Ongoing	
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:
Informational Document on Telehealth Reimbursement Prepared for the S.C. Department of Health and Human Services

2019

Informational Document on Telehealth Reimbursement Prepared for the S.C. Department of Health and Human Services

MUSC Health

On behalf of the South Carolina Telehealth Alliance (SCTA)

8/29/2019

Dear South Carolina Department of Health and Human Services Colleagues,

We appreciate the opportunity to partner with you to provide clinical scenarios and resources in support of your consideration of coverages named in the Proviso 117.126 General Provision (GP): South Carolina Telemedicine Network, Section C of the 2019-2020 Appropriation Act.

Section C: The Department of Health and Human Services and the Public Employee Benefit Authority shall each review federal additions to telehealth coverage established under the Bipartisan Budget Act of 2018, the SUPPORT for Patients and Communities Act, and other recent federal legislation and/or regulation. No later than October 1, 2019, both of these agencies shall submit a report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on how they intend to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.

We invite you to review the following document which outlines recent federal changes to Medicare coverage for the expansion of telemedicine services, specifically:

- Virtual Check-ins
- Chronic Care Remote Physiological Monitoring
- Interprofessional Internet Consultation (e-Consults)
- SUPPORT for Patients and Communities Act for opioid use disorder (OUD)

In addition to these recent federal expansions of telemedicine coverage, the SCTA is providing clinical scenarios and resources pertaining to the addition of CMS approved distant site practitioners, specifically registered dieticians, clinical psychologists and clinical social workers.

The Medical University of South Carolina, lead organization of the South Carolina Telehealth Alliance, recognizes the benefits of the above stated coverage additions and requests your adoption of these coverages. If there is any additional information or resources we may provide to assist you with your submission due to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee, later this year, please let us know and we will provide it.

Sincerely,

James T. McElligott, MD, MSCR
Executive Medical Director, MUSC Center for Telehealth
Co-Chair, South Carolina Telehealth Alliance Advisory Council

Contents

Recent Federal Change: Virtual Check-ins for Medicaid Patients in South Carolina

Billing Code: G2012

Description of services:

- Brief technology-based interaction between patient and provider to assess their health status and determine if an in-person visit is needed
- Provided to established patients (seen by practice within last 3 years)
- Billing practitioner performs service
- Not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

Use Case Example:
An 8 year old child is being seen by his primary care provider for inattention, and the decision is made to prescribe a low dose stimulant. Appropriate care and alignment with the relevant HEDIS measure indicates that he should be followed up within one month. Also, the provider suspects that he will need a higher dose to be effective, but wants to start at the lowest possible dose and monitor for side effects. The patient is scheduled for a return in-person visit in one month as usual, but the provider also offers the parent the option of checking in via a "Virtual Check-in" if there is no benefit or if there are side effects. A week later, the mother initiates a Virtual Check-in by requesting a video-visit through the health system's patient portal. A secure video connection is established from the patient's own device to the provider. In this video session, the child, his mother and the provider discuss his response to the medicine and they decide to proceed with a slightly higher dose. The provider documents this encounter and submits for reimbursement via the G2012 code. By the next scheduled in-person visit the family is seeing great results with minimum side effects, and no further changes are recommended.

National supporting evidence:
In the US, in 2014, an average of 12 outpatient visits were made among patients with 3-4 chronic conditions, while patients with 1-2 chronic conditions average 6 outpatient visits a year. Patients with 5 or more chronic conditions average 20 outpatient visits a year. As of 2014, 60% of US adults have at least 1 chronic condition. 16% of US adults have 3-4 chronic conditions, and 12% have 5 or more. While common disease areas of focus for direct-to-patient telehealth are heart failure and obstructive lung disease, the positive feasibility of these technologies are now being reported across a wide range of conditions and specialties**.**

South Carolina experience and supporting evidence:
In 2015, 3.1 million people in SC had at least one chronic disease; 1.3 million had 2 or more. 2.5% of SC Medicare beneficiaries currently use billable telehealth services. MUSC primary care patients

currently engage in virtual visits to receive urgent care. In a current MUSC primary care practice, about 3.5% of patients have used virtual care to address acute care concerns.

Projected Utilization:
In an average primary care practice with around 4000 patients, we would project utilization to steadily grow over 3-4 years to about 20% of patients leveraging virtual check ins, resulting in about 1600 virtual check-ins a year for that practice.

Recommended optimizations for the codes:
Reducing restrictions on the timing of the check-in relative to in-person visits would allow for improved management of acute exacerbations of chronic diseases. Additionally, allowing for asynchronous interactions and provision under the supervision of the billing provider would help increase uptake.

Recent Federal Change: Chronic Care Remote Physiologic Monitoring

Billing Codes: 99453, 99454, 99457

Description of services:

- Chronic disease management though remote patient monitoring (RPM) of symptoms or physiologic measures
- Measures are transmitted to providers and case managers in real time
- Allows for direct feedback, support adherence and medication adjustment

Use Case Example:
A mother who is currently pregnant at 20 weeks' gestation has been diagnosed with gestational diabetes, though her laboratory results suggest that she may have had diabetes or pre diabetes for some time. Her physician prescribes a diabetes remote patient monitoring program, and the office staff provides education to her about the program and a kit of small devices to go home with. For the next week she takes her blood sugars with the glucometer in the kit provided and continues to take her medication as was previously prescribed. At the end of the week she receives a call from the clinic nurse, who says that after her physician reviewed her glucose trends, the physician has ordered a change to the care plan and adjustment to her medications. The nurse also asks about other elements of the care plan, such as monitoring of diet and any symptoms. The following week, the nurse calls back to inform her that her blood sugars have been excellent over the past week, and she provides her with positive reinforcement.

In the clinic, the nurses assigned to the monitoring program review a dashboard of patient results daily, with built-in alerts to identify patients whose blood sugar results are outside the target range. The physician assigned to the patient also reviews the results of individual patients on a periodic basis. The physician documents and bills the appropriate code as determined by time of reviewing and whether the patient is new to the program or not.

National supporting evidence:
Published reviews of the literature regarding remote patient monitoring indicate positive results, though the care models and technologies differ. Research in the successful monitoring of patients in a rural state has been published regarding a robust program operating in Mississippi which has reported improved diabetic control and cost savings to payers of nearly $400,000 in a cohort of just 100 patients.

South Carolina experience and supporting evidence:
Technology Assisted Case Management in Low Income Adults with Type 2 Diabetes (TACM-2) focuses on patients with diabetes mellitus and hypertension. These diseases are among the most common chronic medical diseases affecting US adults, particularly those residing in SC where about one in

eight adults have diabetes. Long-term sequelae of these chronic diseases contribute to the SC's ranking as second nationally in highest stroke-related mortality. Targeting chronic disease management is essential in preventing these devastating long-term outcomes. Currently, the TACM-2 program is monitoring over 900 patients with an average effectiveness of 1.4% A1C drop in a year's time. The program is designed to support rural clinics, with 19 participating sites across 9 counties. The model utilizes nurse case management based at MUSC in partnership with the local clinics. The patients receive a meter that transmits wirelessly, optimizing the ability for rural patients to participate.

Projected Utilization:
TACM-2 applies inclusion criteria that requires an A1C of at least 8% at enrollment. Under these criteria, current experience can be used to estimate that 2 to 5% of a Medicaid population in a given clinic would be enrolled in the program, or around 8-18% of the diabetic patients in the clinic. Clinics are typically slow to enroll in the first year, and these enrollment levels would not be expected until 2-3 years of maturity.

Recommended optimizations for the codes:
Allowances for incident to billing would support the model currently deployed in South Carolina, which enables smaller clinics to participate without staffing investments.

Recent Federal Change: Interprofessional Internet Consultation (i.e. E-Consults)

Billing Codes: 99446, 99447, 99448, 99449, 99451, 99452

Description of services:
The primary use of these billing codes at MUSC would be in support of e-consults, an initiative intended to be launched within the next year with the goal of further enhancing access to specialty care throughout the state. The e-consult approach formalizes and provides payment for communications between referring and consulting providers.

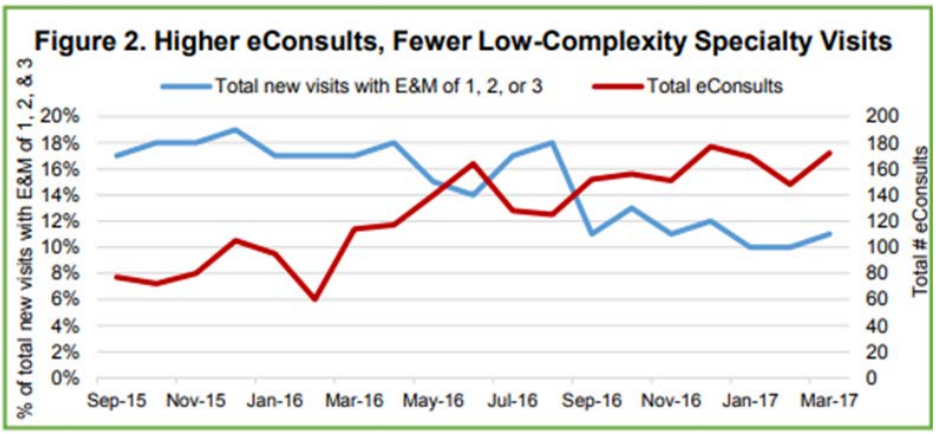
Use Case Example:
A 5 year old child and his caregiver present to a primary care clinic outside of an urban area. The child has a long-standing rash and has been treated for eczema, but despite escalation in steroid cream treatments the child continues to have significant symptoms. The primary provider and the caregiver agree that they would appreciate the advice of pediatric dermatologist. The provider decides to submit an e-consult, a formal online inquiry to a specialist in a nearby urban area. The e-consult contains the patients' history, treatment history and a securely uploaded series of photographs for review by the specialist. The following day, the provider has a response from the specialist advising alternative medications, treatment handouts for the patient and plan for further evaluation for immune disorders if this round of treatment does provide relief. The exchange between primary provider and specialist is maintained in a secure software platform, and both the provider and specialist import the documentation into their medical record systems as documentation to support the billing of the appropriate codes.

National supporting evidence:
E-consults are actively being used in diverse ways across the country, with a notable CMMI supported effort at 27 academic medical centers known as Project CORE (Coordinating Optimal Referral Experiences). Mounting evidence from external experiences supports a reduction in referrals and associated payer savings. However, there is little evidence that the e-consult approach has been applied to address specialty access disparities, which may be a novel opportunity in South Carolina.

Satisfaction of referring and consulting providers is reported as consistently positive. A recent qualitative study identifies barriers to adoption, with primary care compensation and the quality of specialty responses noted as drivers of adoption.

Figure 2. Dartmouth-Hitchcock demonstrated lower referral rates and a decrease in low-complexity specialty visits

Source: Association of American Medical Colleges' Project Core



South Carolina experience and supporting evidence:
To date, no efforts in state have been launched or reported out results. E-consults were adopted into the 2019 SCTA strategy, and MUSC's pilot to include both internal and rural, external sites is planned to launch in early 2020.

Projected Utilization:
E-consults appear to be rapidly adopted, and experience from CORE sites indicates a steady state of referrals at year 3 of adoption. In the academic settings of the CORE site at UC Davis, a rate of 30-40 consults a year per 1000 primary care visits was sustained.

SUPPORT for Patients and Family Act: Home as an Eligible Originating Site for Treatment of Substance Use or Mental Health Disorder

Billing Codes: 90791-90792, 90832-90838, 90846, 90847, 99212-99214

Description of services:
The service will provide evidence-based treatment for those with opioid use disorders, including counseling and pharmacotherapy for the treatment of Opioid Use Disorder (OUD). The patient's home is allowed as an eligible originating site.

Use Case Example:
All patients with substance use disorders are ambivalent about treatment. Their disease is constantly reminding them to use, while the pain and loss associated with substance use pulls them to try to stop. Patients reach for their phone which contains the contacts for several dealers who will deliver any drug they desire to their front door. The other 50 contacts on their phone are friends and family that all use and can supply. Until we can make substance use disorders treatment as readily available as drugs, we will not combat the opioid epidemic. Allowing patients to access treatment from their phones or their home devices will greatly increase the likelihood that a patient will get into treatment. An initial evaluation via a home video visit with a physician or APP could be completed and a treatment plan could be initiated immediately. Providing follow up care via home video visits would help retain people in life saving treatment. In addition, home video visits with a clinical social worker or clinical psychologist to provide evidence based psychotherapy for relapse prevention therapy and trauma focused therapy would greatly enhance recovery.

National supporting evidence:
The prevalence of OUD has increased remarkably over the past decade resulting in significant morbidity and mortality and healthcare expenditures. In 2016, in the United States over 2.4 million Americans were diagnosed with OUD and 64,000 people died due to opioid-related deaths, resulting in a $78 billion annual economic burden. Medication assisted treatment (MAT) is the standard of care for OUD, with evidence showing significant reductions in illicit drug use including opioid use, relapse, opioid-related overdose, criminality and infectious disease rates. While treatment facilities have increased their adoption of MAT, it has been estimated that only one-quarter of individuals with OUD access any form of treatment and less than one-fifth access OUD specific treatment in a given year. Lack of access to MAT is a main driver of low MAT utilization rates - **particularly in rural areas of the country** - more than half of which lack access to a physician waivered to prescribe buprenorphine.

An important population that needs to be considered in the opioid epidemic is pregnant women and newborns with in-utero opioid exposure. From 1999 to 2014, the number of pregnant women with OUD in the United States more than quadrupled increasing from 1.5 to 6.5 cases per 1,000 hospital births. The increasing prevalence of perinatal OUD and its effects on pregnant women and infants are

of increasing public health concern due to the significant morbidity and mortality associated with this chronic disease. One of the well-known consequences of opioid use in pregnancy is Neonatal Abstinence Syndrome (NAS). From 2004 to 2014, the rate of NAS increased from 1.5 to 8.0 per 1,000 hospital births, resulting in significant healthcare costs, of which Medicaid pays the majority of.

Telehealth has become a common method for delivering medical services in urban and rural areas, demonstrating significant clinical benefit as well as time and cost savings for patients. Patients with OUD report that the delivery of MAT via telehealth is an acceptable modality of treatment, and patients receiving MAT via telehealth have similar rates of abstinence and retention at treatment compared to those receiving MAT in-person. In one large study, patients receiving MAT via telehealth had higher treatment retention rates, compared to those who received in-person care. While these studies suggest that the delivery of MAT via telehealth may be an effective alternative to in-person MAT, half of patients seen in person or via telehealth relapse to substance use in 90 days and only half are remaining in treatment at one year. A major barrier to the receipt of these services is due to lack of transportation, or inconvenient access. **Easily accessible, inexpensive, scalable solutions that complement existing community substance use programs that support recovery, reduce relapse and increase retention in treatment are greatly needed.** To this end, ability to access treatment from one's own home or place of work with the use of technology is a viable solution.

South Carolina experience and supporting evidence:
The Center of Telehealth at MUSC has successfully implemented two telehealth programs for the treatment of OUD for pregnant women receiving care at an obstetric practice and adults receiving care at a county drug and alcohol treatment center. Both programs have demonstrated feasibility of delivering OUD treatment via telehealth and are without adverse events or drug diversion. Women receiving OUD treatment via telehealth have similar rates of retention in treatment, substance use and newborn outcomes such as Neonatal Abstinence Syndrome (NAS). However, both programs have high no-show rates for their initial appointments often due to transportation issues, inability to get time off of work or other childcare responsibilities. Allowing the originating site to be the person's home would eliminate this barrier and create access to this life-saving treatment.

Projected Utilization:
When reviewing the specific use case for the treatment of OUD for pregnant women, we would expect initial low utilization that would ramp up over a 3 year period and result in a little over 1000 video visits per year. More broadly, OUD treatment in the general Medicaid population would likely ramp up over a 3-4 year period and eventually provide around 3500 in-home video visits a year.

Recommended optimization:
In addition to a patient's home, allowing the originating site to also be the patient's place of work would further increase accessibility of needed care.

Non-Proviso SCTA Priority: Additional CMS Approved Distant Site Practitioners

The following section provides supporting evidence for the approval of additional providers to be eligible for provision of telehealth services. While not specific to the direction of the proviso, these provider types are allowable by CMS and are a high-priority for the partners in the Telehealth Alliance.

Eligible Providers to Add:

- Registered dieticians (RDs) or nutritional professionals
- Clinical psychologists (CPs)
- Clinical social workers (CSWs)

Description:
Registered dietitians, nutrition professionals, clinical psychologists and clinical social workers are currently CMS-approved distant site practitioners who can furnish and receive Medicare payment for covered telehealth services. Allowing these South Carolina-licensed practitioners to receive payment for their Medicaid services supports the growth of resource-efficient and sustainable business models that use interdisciplinary, collaborative care teams and address statewide health epidemics, such as obesity and opioid use disorder.

National supporting evidence:
A recent randomized controlled trial reviewed the efficacy of a registered dietician telehealth program to improve the care of diabetic patients and demonstrated a significantly greater improvement in the number of optimal care measures (e.g. A1c, blood pressure) at follow-up compared to the control group. Likewise, the use of clinical psychologists and clinical social workers to bridge the rural-urban divide of mental health access has long revealed strong and consistent evidence of the feasibility of using telehealth, and more recently has shown positive trends in the terms of cost savings.

South Carolina experience and supporting evidence:
Nutrition counseling is a key intervention needed to combat South Carolina's diabetes and obesity epidemic; however, there is a lack of qualified registered dietitians to provide their evidence-based services consistently throughout our state. Telehealth provides a solution that allows nutrition counseling to be delivered to more patients across the state without the need for patients to travel and leave their respective medical homes. Covering telehealth nutrition consultations for Medicaid patients would also help our state achieve the South Carolina Obesity Action Plan goals (H.1.1b and H.2.7b) to increase the number of adult and pediatric patients that receive nutritional counseling services by a dietitian. With the support of state telehealth funding, telehealth nutrition counseling is currently being delivered consistently to around 40 physician offices, serving the counties of

Bamberg, Barnwell, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Horry, Jasper, Kershaw, Orangeburg, and Williamsburg. Data have shown that nutrition counseling delivered via telehealth has demonstrated better attendance at initial and return visits as compared to in-person services. Telehealth allows for the extension of nutrition counseling into non-traditional care settings, such as the MUSC Heart Health program's partnership with the school-based telehealth initiative. The Heart Health Program recently launched telehealth nutrition services in two schools (Mary Bramlett Elementary in Cherokee and Sanders-Clyde Elementary in Charleston), and if reimbursement can be applied, the services can be expanded to children in schools throughout the state.

Telepsychiatry is one of the most successful and highly utilized telehealth services in South Carolina. The South Carolina Department of Mental Health (SCDMH) is a national leader in delivering telepsychiatry services with nearly 125,000 encounters since inception. The SCDMH has produced innovative models in emergent triage care within hospitals and in mobile units. In addition, MUSC has provided telepsychiatry services in numerous settings, including physician practices, skilled nursing facilities, and video visits into the home. Where appropriate, these services can be delivered by clinical psychologists and clinical social workers, and supporting the addition of these providers as eligible distant site practitioners will allow a more cost-effective approach to mental health care in our state, while simultaneously increasing access to those in crisis.

Trauma-focused mental health is another area where counseling could be delivered by clinical psychologists and clinical social workers. The Trauma/Telehealth Resilience and Recovery Program (TRRP) focuses on patients' mental health recovery after they have experienced a traumatic injury. Between 20%-40% of South Carolina's estimated 10,000 hospitalized traumatic injury patients per year experience depression or anxiety in the first year post-injury. These patients often encounter numerous barriers to mental health care, including mobility challenges due to their serious injuries. TRRP provides telehealth services to patients served by four trauma centers in South Carolina: MUSC, Greenville, Palmetto Health, and Trident. It is critical to support the sustainability of these models of care to ensure that patients in need of mental health services have access.

Mental health is also an important area of need for children in South Carolina. Despite the availability of effective treatment, there are average delays of 8 to 10 years between the onset of symptoms and intervention--critical developmental years in the life of a child. The longer the lag time is between symptom onset and treatment, the more difficult and costly mental illness is to treat and the greater the burden becomes on our public health system.

Mental health services are crucial in addressing disease burden and supporting recovery for those with mental illnesses; however, there is a lack of mental health providers across our state. In fact, the majority of counties in South Carolina are designated as mental health professional shortage areas by the Health Resources and Services Administration (HRSA). Although all categories of mental health professionals are in short supply in our state, the steepest deficits are seen for psychiatrists. According to the American Academy of Child and Adolescent Psychiatry, 29 of 46 counties in South

Carolina – or 63% of all counties in the state – lack even a single child and adolescent psychiatrist and 18 of 46 counties (39%) do not have any psychiatrist regardless of specialty (cdc.gov, AMA Master File). There are simply not enough psychiatrists to meet the mental health needs of children in South Carolina. Further, the cost per hour of a psychiatrist's time, as compared with the hourly rate for clinical psychologists, clinical social workers, and licensed professional counselors, is substantially higher. Given the shortage of psychiatrists and increased cost for their services, there is an urgent need to utilize other mental health professionals to provide psychotherapy and other mental health interventions. Clinical psychologists, clinical social workers, and licensed professional counselors are already approved providers for in-person mental health services through Medicaid; however, they are not currently approved as distant site providers. The addition of these providers as eligible distant site practitioners will allow a more cost-effective approach to mental health care in our state, while simultaneously increasing access to those in need of mental health services. Similar to nutrition counseling mentioned above, telehealth provides a solution to allow mental health services to be delivered to children across South Carolina without the need for families to travel long distances to reach a provider.

With the support of state telehealth funding and federal service grants, our Telehealth Outreach Program (TOP) provides telemental health services focused on posttraumatic stress disorder for children and adolescents. Telehealth services are currently being delivered to schools and patient homes in Allendale, Bamberg, Berkeley, Charleston, Cherokee, Dorchester, Florence, and Williamsburg counties. Our clinic's data demonstrate that psychotherapy delivered via telehealth (by clinical psychologists, clinical social workers, and licensed professional counselors) results in higher attendance at initial and return visits as compared to in-person services and clinical treatment effects that are similar to in-person treatment. Approximately 90% of our telehealth patients are racial and ethnic minorities, the majority live in rural locations, and we have a 92% treatment completion rate for our telehealth patients. (The average treatment completion rate for in person mental health services is 50-60% and is even lower for racial and ethnic minorities). Telehealth reduces barriers in access to care and allows us to extend the reach of evidence-based mental health care to geographic areas that previously lacked access. Additionally, telehealth allows us to provide mental health services in non-traditional care settings, such as schools and patient homes, thereby even further reducing barriers to care.

Use Case Example:
A 32-year-old man is admitted following traumatic injury due to a serious car crash. He suffered severe injuries that will require months to heal and will be confined to a wheelchair for the next 2-3 months during his recovery. He experienced nightmares, worry, sadness, and fear during his hospital stay. TRRP staff meets him at the bedside and provides information about mental health recovery and the TRRP program, and provides the patient a symptom-tracking tool and offers to re-contact him for a mental health screen in 30 days. The patient enrolls in follow up screening, as do 96% of patients served by TRRP. During the 30-day screen, it is clear that the patient meets criteria for PTSD. He is offered in-person or home-based telemental health services, and due to his mobility challenges,

strongly prefers home-based telehealth. He is provided weekly evidence-based treatment for PTSD and experiences significant mental health recovery after 8-10 sessions. He acknowledges, like many patients served by TRRP, that he never would have sought (or would have delayed seeking for months or years) mental health services had it not been for our highly accessible model of care.

Projected Utilization:
Telehealth nutrition consultations are in use daily, and growing, in South Carolina with over 2,000 visits completed since 2013, and around 500 of those visits have occurred in just the past year. With reimbursement available, we would project utilization to increase to about 2000 visits a year within the next three years.

Since 2015, TRRP has served over 3,500 adult and pediatric traumatic injury patients. Prior to our launch of TRRP, only about 50 patients per year would have received any mental health follow-up. In 2018, we have also expanded TRRP services to three other Level I and II trauma centers in SC which has allowed us to serve an additional 1,750 adult patients (1,000 at Palmetto Health, 400 at Greenville Memorial, 350 at Trident). As we expand our home-based telemental health services to the pediatric units, these numbers will increase somewhat.

Our mental health program (TOP) provides telemental health visits daily in South Carolina with approximately 580 visits completed in the past year and over 1700 visits completed since 2016. If reimbursement were available, we would expect utilization to increase to approximately 1,500 telehealth visits per year over a 3-4-year period.