

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

## CY2023 Statewide Strategic Plan

### Mission

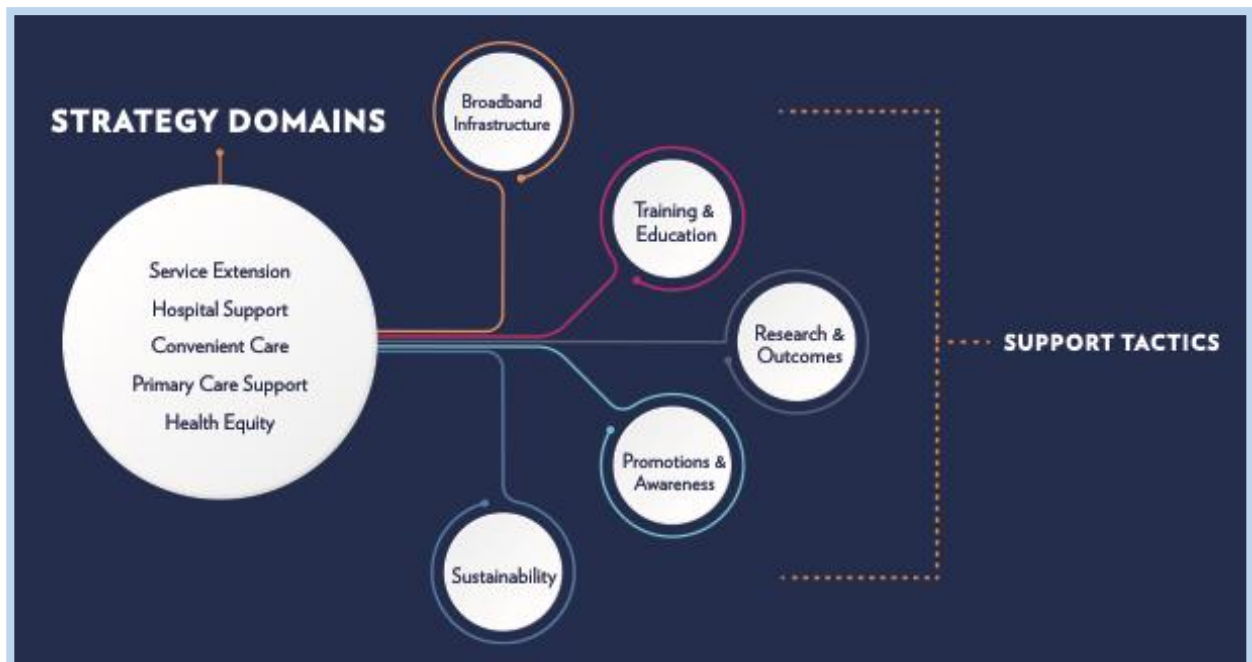
Improve the Health of all South Carolinians through Telehealth

### 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.

### Statewide Strategic Plan

The Statewide Strategic Plan has been optimized to focus on five service-oriented strategy domains with cross-cutting support tactics. This enhanced format centers around our clinical services and allows us to rethink how our tactical support efforts can improve our telehealth program infrastructure and maximize value. The strategic plan is meant as a more enduring document, outlining continuous strategies and goals and annually reviewed and edited tactics.



### For inquiries contact:

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*Strategy Domain:*  
**Service Extension**

All citizens of South Carolina will have equitable access to ambulatory care.

***Example Services:***

- Ambulatory Video Visits
- Regional Telehealth Clinics
- Outpatient Telepsychiatry
- eConsults

**Description**

This strategy represents the use of core telehealth modalities in the ambulatory setting in order to extend the reach of services that would otherwise be limited by travel and related barriers to care. These modalities are designed for broad use across multiple specialties and strive to provide high levels of efficiency and quality in order to support a range of providers and specialties.

**Progress Metrics**

*Growth in percent of ambulatory care delivered virtually.*

*Reduction in geographic and population disparities in access to ambulatory care.*

**CY2023 Tactic**

Demonstrate the ability to expand specialty-advised care in SC with a focus on areas with lower rates of use through Service Extension telehealth programs.

**Tactical Leads:** *McLeod Health, MUSC Health, Prisma Health, SC DMH, SRHS*

*Strategy Domain:*  
**Hospital Support**

Every community hospital in our state will have access to telehealth partnerships that enhance its services and its finances.

***Example Services:***

- Inpatient Specialty Tele-Consultations including:
  - Infectious Disease
  - Psychiatry Palliative Care
  - Hospitalist
  - Cardiology
  - Pulmonology
- Neurosciences
- Tele-ICU

**Description**

These services represent partnerships that extend care between hospitals using telehealth with a focus of connecting resources from larger urban hospitals to community hospitals throughout the state. The services should have sustainable business models and a strong case for the benefit to the referring community hospital.

**Progress Metrics**

*Growth in the average number of service partnerships per hospital.*

**CY2023 Tactics**

Demonstrate growth of Hospital Support telehealth programs in regions with evidence of care bypassing local hospitals.

**Tactical Leads:** *McLeod Health, MUSC Health, Prisma Health, SC DMH, SRHS*

*Strategy Domain:*  
**Convenient Care**

All citizens in South Carolina will have affordable and immediately available patient-initiated virtual urgent and other health system-entry level care from an in-state provider.

*Example Services:*

- Virtual Urgent Care

**Description**

Convenient Care services are designed to engage individual patients through their own available devices in order to optimize utilization and maximize healthcare engagement. The services should both meet an immediate need of the patients and be enabled to achieve patient engagement to enhance population health and preventive care.

**Progress Metrics**

*Increase in percent of population with affordable access to rapid virtual urgent care.*

**CY2023 Tactic**

Evaluate the barriers to use of virtual urgent care telehealth programs in underserved regions.

**Tactical Leads:** *McLeod Health, MUSC Health, Prisma Health, SC DMH, SRHS*

*Strategy Domain:*

## Primary Care Support

All primary care clinics in the state, with emphasis on Health Professional Shortage Areas (HPSAs), will have access to integrated services through telehealth partnerships.

***Example Services:***

- Project ECHO/Telementoring
- Diabetes Remote Patient Monitoring
- Diabetic Retinopathy Screening
- Primary Care Integrated Services:
  - Nutrition Counseling
- Psychiatry

### Description

These services are designed to be integrated into the primary care setting. The services are intended to support the mission of the primary care clinic as a medical home, emphasizing the importance of local health care infrastructure while mitigating gaps in access to supporting resources. Value will be demonstrated through an increased ability for local primary care to serve their populations. Services that leverage state appropriations should preferentially target primary care shortage areas.

### Progress Metrics

*Increase in number of primary care practices accessing a telehealth partnership.*

*Increase in multi-disciplinary and specialty-advised care occurring through primary care.*

### CY2023 Tactic

Enhance the value of existing primary care support services through increased collaboration and integration with primary care offices.

**Tactical Leads:** *McLeod Health, MUSC Health, Prisma Health, SC DMH, SRHS*

*Strategy Domain:*  
**Health Equity**

Targeted, novel initiatives will close the gap in access to health care services for high priority health disparities.

*Example Services:*

- School-Based Telehealth
- Women’s Reproductive Behavioral Health
- Medication Assisted Treatment Telehealth (Tele-MAT)
- Maternal Fetal Medicine
- Health Care for the Homeless
- Pediatric Intensive Care Telehealth
- Telehealth Resilience and Recovery Program

**Description**

These are services whose primary intent is to reduce a health disparity and make progress toward achievement of health equity across the state. The value metric should be a measure of health disparity or related process measure. The service should plan for sustainability, though a diversity of funding sources is often required to achieve this goal.

**Progress Metrics**

*Decrease in access to care inequities for target populations.*

**CY2023 Tactic**

Expand Health Equity programs with a focus on increasing the percentage of geographically covered high-risk areas in SC.

**Tactical Leads:** *McLeod Health, MUSC Health, Prisma Health, SC DMH, SRHS*

# Support Tactics

Cross-cutting tactics supporting all strategy domains which aim to improve telehealth program infrastructure and maximize value.

## CY2023 Tactics:

### **Broadband & Technology Infrastructure**

Continue to provide technology, broadband, and telehealth solutions to healthcare providers and patients in rural and underserved areas of South Carolina.

***Tactical Leads:*** PCC

### **Training & Education**

Disseminate telehealth-focused educational resources to provide adequate training to providers and patients based on areas of need.

***Tactical Leads:*** PCC, SCAHEC

### **Research & Outcomes**

Formulate a data approach to articulate the impact of telehealth demonstrated in South Carolina since the inception of the SC Telehealth Alliance in preparation for our ten-year anniversary.

***Tactical Leads:*** MUSC COE, USC CRPH

### **Promotions & Awareness**

Develop and produce strategy domain-specific content highlighting telehealth achievements in SC since the inception of the SC Telehealth Alliance in preparation for our ten-year anniversary.

***Tactical Leads:*** SCETV

### **Sustainability**

Continue to monitor the telehealth reimbursement landscape in South Carolina, engage in payer conversations, and take part in legislative policy and advocacy efforts as appropriate to support telehealth sustainability in the state.

***Tactical Leads:*** SCTA Sustainability Workgroup

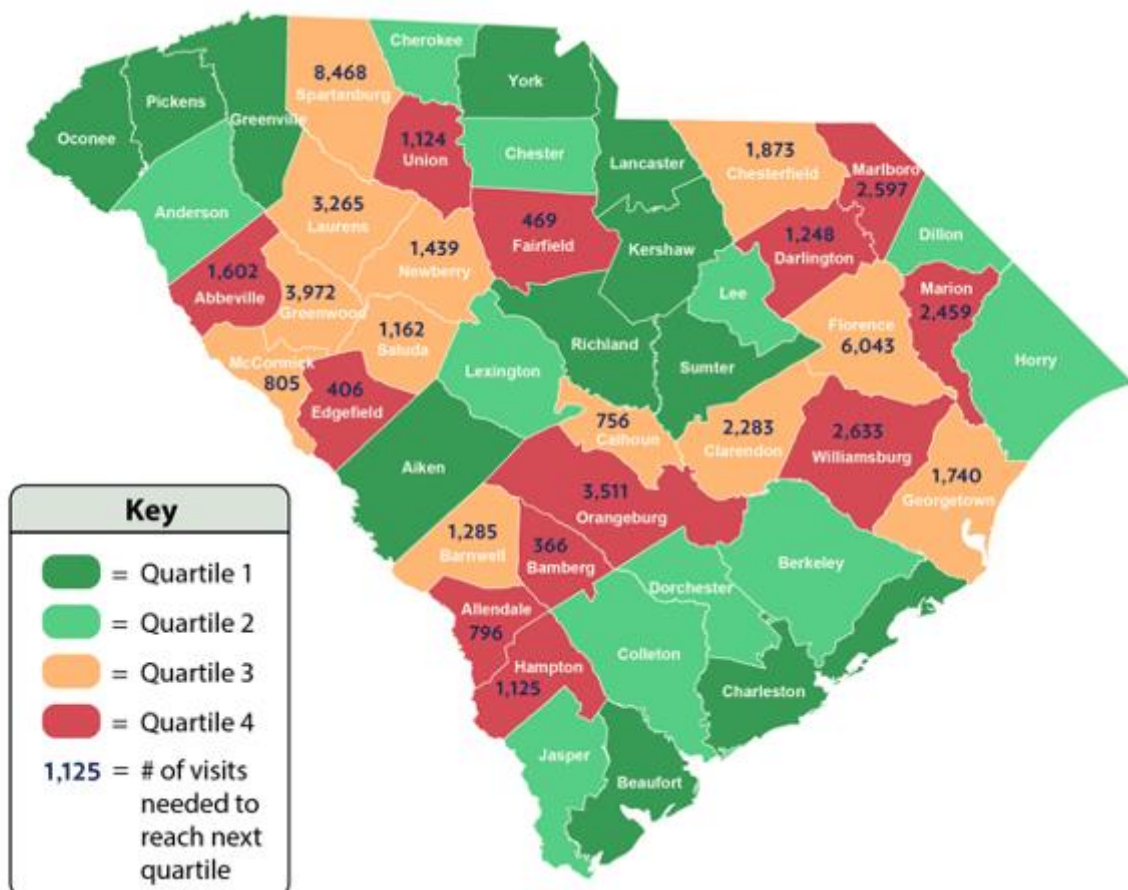
Appendix:  
*Strategy Domain Heat Maps*



# Service Extension

“Specialty Utilization among Medicare Population in SC”

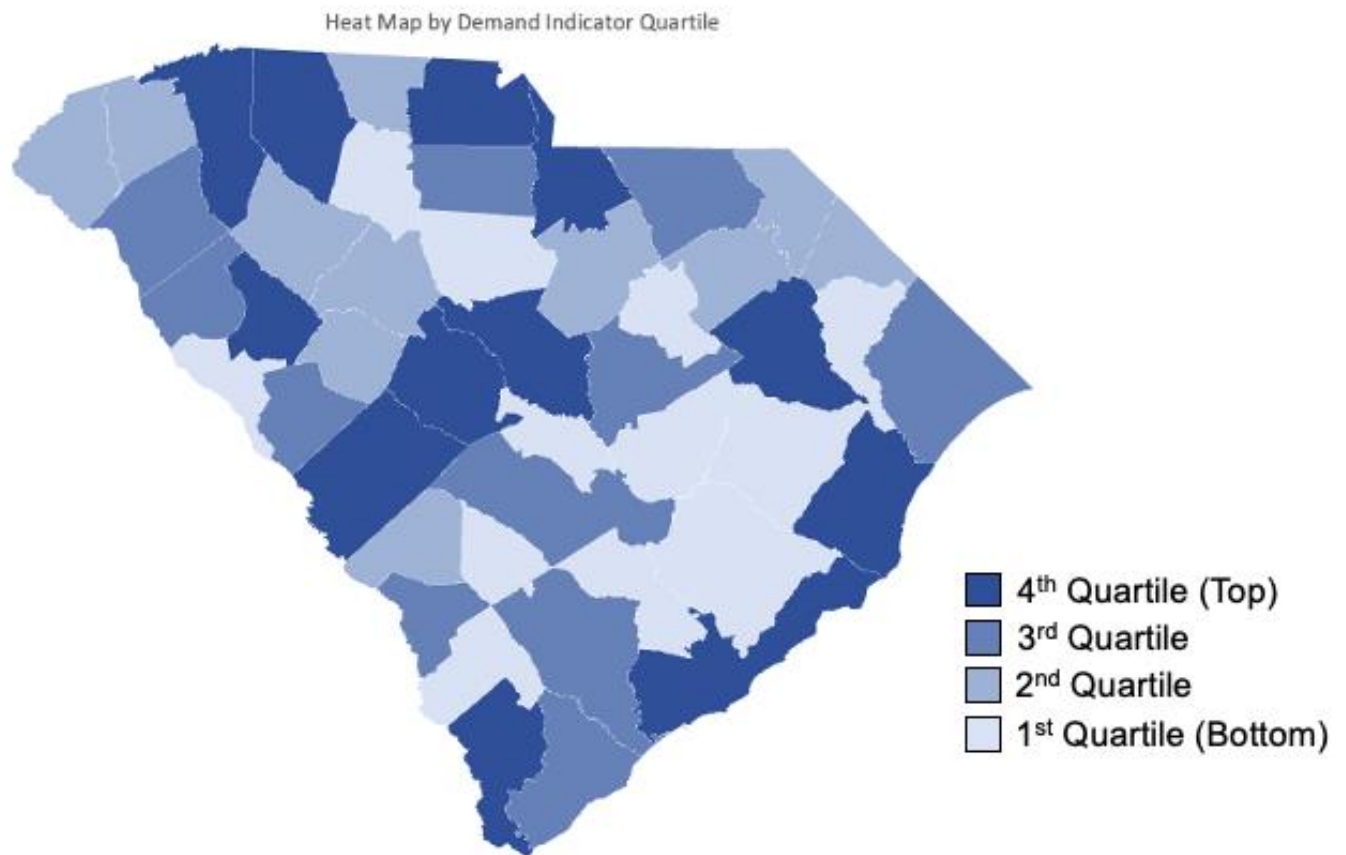
- The amount of specialty care by zipcode in SC using a five percent sample of SC Medicare data. *Surgical services, as well as mental health services, were removed from this sample.*
- The map below displays counties where specialty care access may be limited, and with more investigation can help SCTA partners strategically target where to deploy telehealth programs to increase access.



# Hospital Support

## Inpatient Neuro “In County Service Indicator”

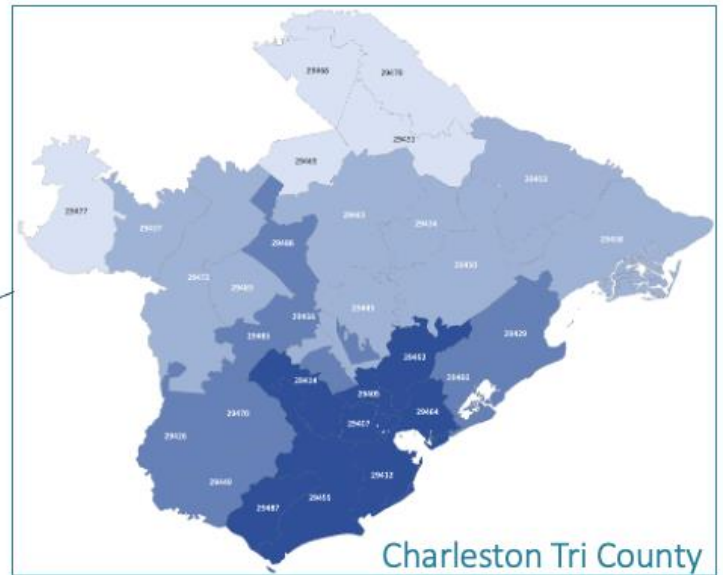
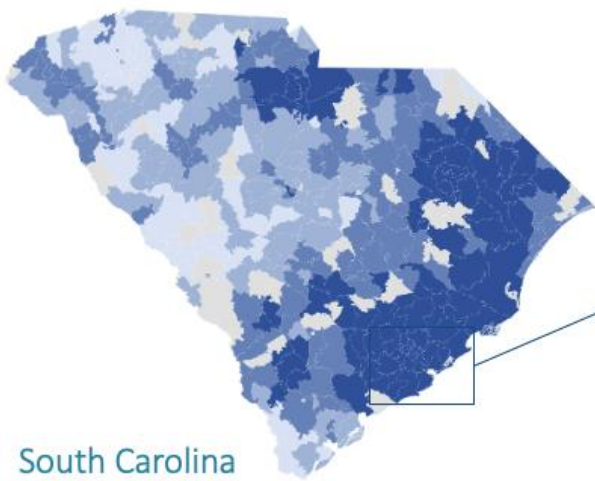
- Two years of Medicare data documenting inpatient neuro admissions by patient county (demand) per capita.
- County hospital admissions per capita (supply).
- County demand – County Supply = In-County Service Indicator



# Convenient Care

“(MUSC) Virtual Urgent Care Visits per Capita by Zip Code”

- The first graphic below zooms in on the Tri-County area, showcasing virtual urgent care (VUC) utilization per capita by zipcode (darker shade = higher utilization).
- The second graphic compares Tri-County VUC utilization (left), to the Tri-County social vulnerability (right). This indicates that the more socially vulnerable areas are not necessarily utilizing VUC as much as the less socially vulnerable zip codes.

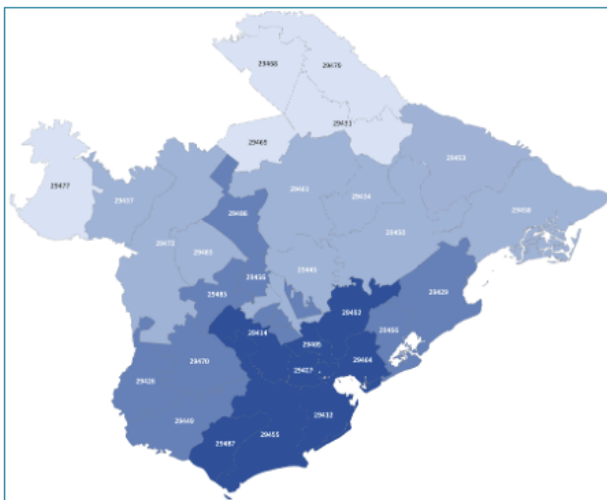


South Carolina

Charleston Tri County

Tri-County Virtual Urgent Care Visits

Tri-County Social Vulnerability



- 4<sup>th</sup> Quartile (Top)
- 3<sup>rd</sup> Quartile
- 2<sup>nd</sup> Quartile
- 1<sup>st</sup> Quartile (Bottom)

