



SOUTH CAROLINA  
**Telehealth**  
ALLIANCE

# Telehealth in South Carolina

HOW IT CAN INCREASE  
ACCESS TO CARE FOR  
OPIOID USERS

# Palmetto Care Connections

Established in 2010 as a 501©(3) non profit telehealth network for South Carolina

Purpose: Increase access to care in rural/underserved communities throughout SC through use of telehealth

PCC is a partner of the SC Telehealth Alliance and serves as the Co-Chair along with James McElligott, MD, Medical Director of MUSC Telehealth

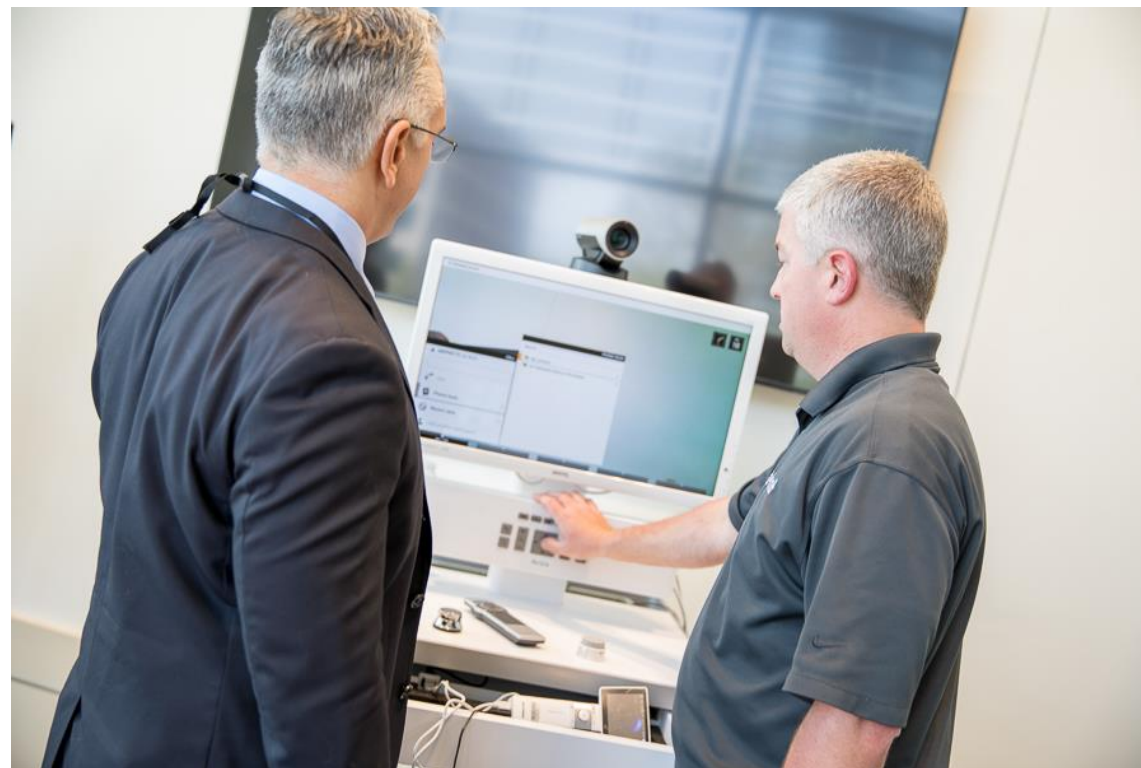
PCC- Advocate and voice of rural/underserved/ Serves as technical arm of SCTA in the community

SCTA – Works with health systems and providers to make specialty care available to rural/underserved communities

Serves on Leadership Panel for SC Behavioral Health Coalition

# What is Telehealth

► While telemedicine refers to remote clinical healthcare services using innovative technology, telehealth refers to both clinical and nonclinical services such as provider education and training.

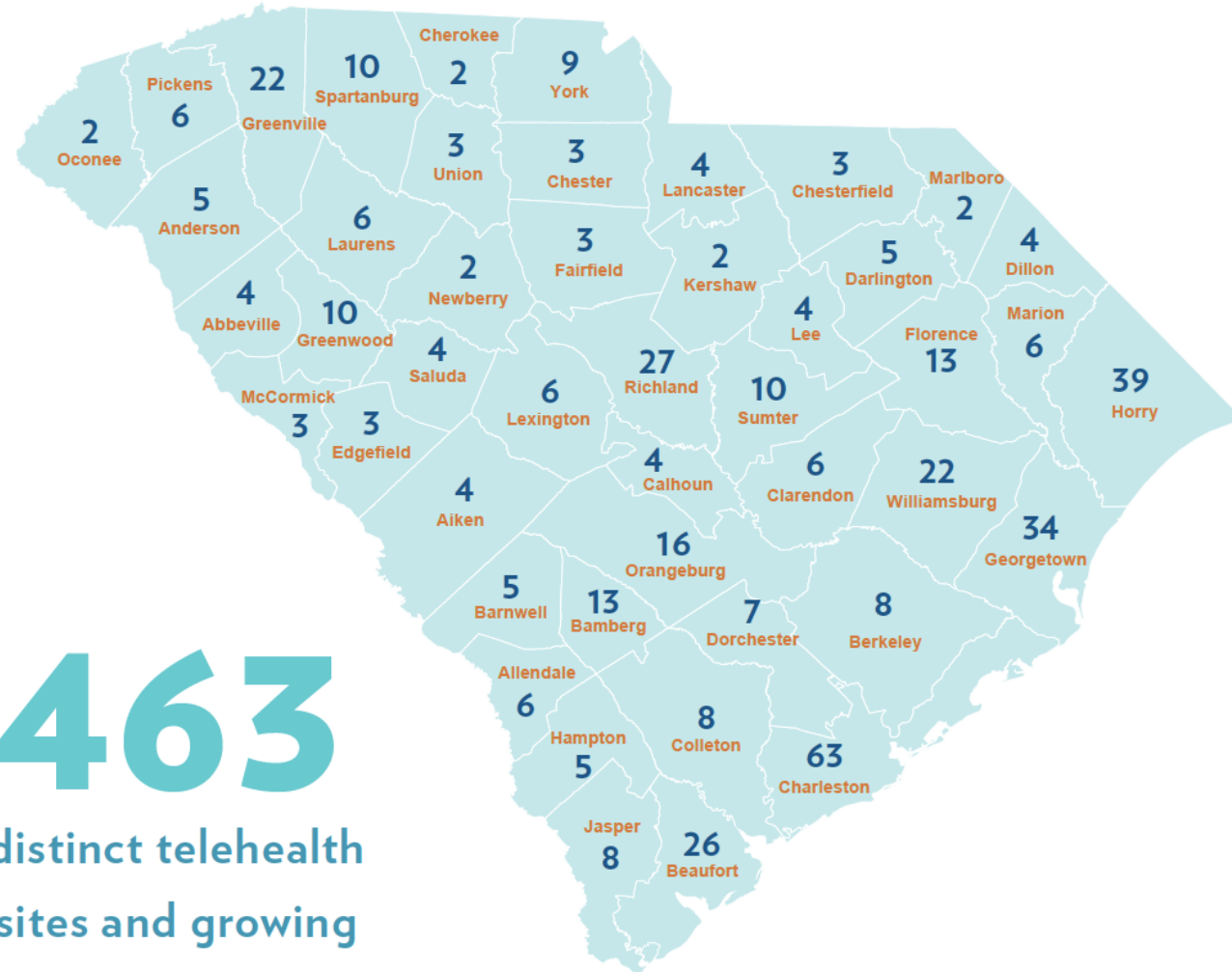


# The Need for Telehealth

- ▶ Clinical Shortages
- ▶ Access in Rural/Underserved Communities to Primary/Specialty
- ▶ Aging Population
- ▶ Millennials – Tech Savvy, Convenience, No Waiting
- ▶ Travel Time, Costs, Absenteeism
- ▶ Delayed Treatment
- ▶ Clinical Education Programs (Project ECHO)



## Telehealth Service Connections by County



**463**  
distinct telehealth  
sites and growing

# Telehealth in South Carolina

# Why Telehealth is Important

“Telehealth is emerging as a critical component of the healthcare crisis solution. Telehealth holds the promise to significantly impact some of the most challenging problems of our current healthcare system: access to care, cost effective delivery, and distribution of limited providers. Telehealth can change the current paradigm of care and allow for improved access and improved health outcomes in cost effective ways.”

–California Telehealth Resource Center



# Using Telehealth to Coordinate Care for Substance Abuse Disorders

- ▶ According to The Health Information and Management Systems Society (HIMSS)....
  - ▶ Collaboration among multiple providers and organizations that address the public health issues associated with opioid abuse are critical. When diagnosing and treating opioid abuse, skilled practitioners can provide an array of integrated patient services using telehealth technology. Through telehealth, participants can receive needed treatment, receive needed medications, be taught new skills to prevent relapse and make important connections with others with health care system change. Telemedicine for addiction will only become more mainstream in years to come – so we have only begun to tap into its vast potential to connect millions of underserved people with the help and treatment they need!!



# Telehealth Activities in South Carolina Addressing Opioid Epidemic



All Alcohol & Substance Abuse Centers (301s) have been equipped with telehealth technology (56 locations) and trained on use of the equipment (Equipment purchased with USDA grant funds, ORHP grant funds and Telehealth monies funded through SC Legislature)



301 Telehealth Network uses Open Access Technology so sites can connect with any provider also using Open Access Technology



Because every 301 site does not have a Physician or MAT provider on staff, equipment allows centers to work more closely together with each other and allows for partnerships with health systems like MUSC, FQHCs like CareSouth and private organizations like the Ohio Valley Physicians



# Tele-MAT Services

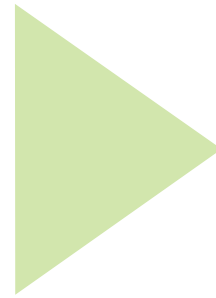
- ▶ To date, (5) 301 Organizations have been connected to Medication Assisted Treatment (MAT) providers via Telehealth
  - ▶ Total of approximately 200 telehealth consults
  - ▶ Tri-County – Orangeburg                      Alpha - Camden
  - ▶ Dorchester – Summerville                      Circle Park - Florence
  - ▶ Phoenix – Greenville

MUSC providing Tele-MAT services to pregnant mothers in 4 OB Practices

- ▶ New sites Connecting to MAT services via telehealth  
Berkeley, Spartanburg, Pickens, Lancaster, Fairfield, Sumter, York

# Opioid ECHO Model using Telehealth

Project ECHO (Extension for Community Healthcare Outcomes) model includes a specialty/primary care knowledge sharing network using videoconferencing to conduct virtual clinics with primary care and community providers.



SC MAT ACCESS is using the ECHO model to provide tele-mentoring support to current and future MAT providers across South Carolina. ECHO clinics feature content about opioid use disorders and office based MAT services and is delivered by national experts. Each session includes a deidentified case presentation of an opioid patient provided by an ECHO participant allowing for open discussion and feedback. Model serves as a way to educate providers on how to better manage their opioid patients. Physicians, mid-levels, nurses, counselors and social workers work together in this model.

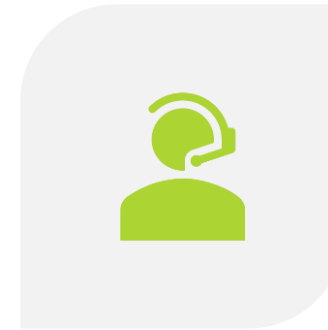
# New Telehealth Projects Coming in 2019



**DIRECT TO CONSUMER  
MAT SERVICES (PROVIDER  
TO PATIENT) TO  
PREGNANT MOTHERS  
USING OPIOIDS – MUSC**



**DIRECT TO CONSUMER PILOT  
PROJECT ALLOWING 301 CENTER  
TO PROVIDE PEER COUNSELING  
SERVICES TO OPIOID RECOVERY  
PATIENTS THROUGH WEB ENABLED  
PLATFORM WHICH WILL ALLOW  
PATIENT TO CONNECT VIA A  
MOBILE APP**



**OCCUPATIONAL TELEHEALTH WILL  
BE PROVIDED BY 301 CENTERS TO  
EMPLOYERS USING THE EMPLOYEE  
ASSISTANCE PROGRAM (EAP) TO  
PROVIDE NEEDED MENTAL AND  
ADDICTIVE SERVICES**

# New Telehealth Projects Coming in 2019

- ▶ Integrate addictive counseling services into primary care homes AS WELL as integrate primary care into 301 centers for purpose of providing whole patient approach in treatment of opioid dependency since often dependency is a symptom of underlying issue



# Challenges/Barriers to using Telehealth to Combat Opioid Disorders



## Telehealth Reimbursement

Currently only physicians, physician assistants and nurse practitioners are reimbursable in SC – In order to treat the whole patient....we need reimbursement for certified counselors, licensed social workers and peer support specialists (all of these services are billable services now)

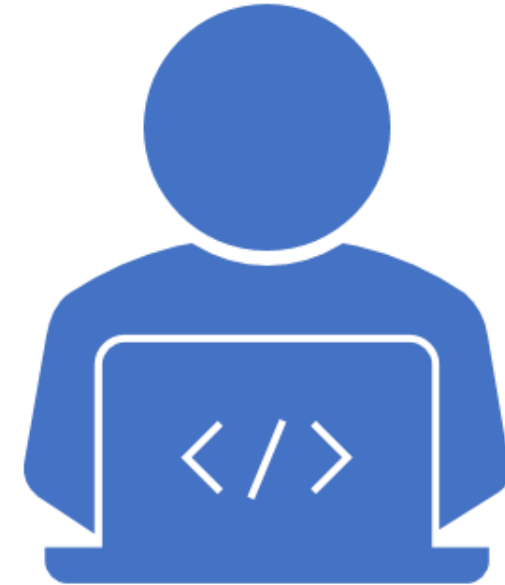


## Telehealth Technology

Telecommunications/Broadband  
Lack of IT support at small & medium sized centers

# Challenges/Barriers to using Telehealth to Combat Opioid Disorders

- ▶ Prescribing Controlled Substances via Telehealth With Required Initial In Person Examination
  - ▶ Federal Ryan Haight Act which requires that physician sees patient via face to face initial visit before using prescribing controlled substances
  - ▶ The “Improving Access to Remote Behavioral Health Treatment Act” and the “Special Registration for Telemedicine Clarification Act” have been released as draft discussion bills allowing certain community mental health centers and addiction treatment centers to obtain registration as a clinic thereby allowing telemedicine providers to prescribe controlled substances to patients present at those sites without the need of an in-person examination



# Challenges/Barriers to using Telehealth to Combat Opioid Disorders

- ▶ Scenario: Axis 1 (301 Center in Barnwell County) has no MAT Provider in community and the local community hospital has closed. Axis 1 would need to contract with MAT provider outside of county to provide services via telehealth. This makes the face to face initial visit very difficult meaning the patients in this community may not receive needed services.

# Recommendations

**Parity Legislation** that includes the stipulation that telemedicine/telehealth reimbursement rates must be equal to in person visits and must eliminate the originating site requirement such that patients can participate in direct to consumer telehealth services from home



Revise SC Telemedicine Act which requires the initial face to face examination in order to establish the provider/patient relationship and prescribe controlled substances before using telehealth such that **initial face to face requirement is eliminated when and if Federal law is changed**



# Contact Information

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