
SCTA Quarterly Report

CY21 Quarter 4

Progress Achieved on the CY2021 Strategic Plan
October - December 2021

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South Carolina Telehealth Alliance (SCTA)

CY2021 Q4 Report

Executive Summary

South Carolina Telehealth Alliance (SCTA) partners remained united throughout the fourth quarter of calendar year 2021 (CY21Q4), collaborating through various SCTA-focused workgroups, operationalizing the statewide strategic plan, and aligning data and reporting processes. **McLeod Health, Prisma Health, SC Department of Mental Health (SCDMH), MUSC Health**, and other partners continued to amplify and strengthen existing telehealth programs.

Advocacy efforts around the telehealth coverage and reimbursement landscape post-public health emergency (PHE) in SC continued throughout CY21Q4. SC Medicaid released its [FY21-22 Proviso Telehealth Report](#), providing important insight and recommendations surrounding future telehealth coverage.

The following report provides further details on these and other accomplishments from CY21Q4, and previews content for the 2021 SCTA Annual Report.

SOUTH CAROLINA Telehealth ALLIANCE

South Carolina Telehealth Alliance (SCTA) CY21Q4 Report

Data and Outcomes

The SCTA continuously utilizes accurate and accessible data to optimize telehealth services in South Carolina. During CY21Q4, the data and outcomes team geared their focus toward service extension, developing a heat map of inpatient and outpatient specialty care utilization by county. This map will help guide strategic deployment of telehealth to areas where services are lacking. In CY22Q1, our team will shift focus to other SCTA strategy domains.

Sustainability and Reimbursement Advocacy

Telehealth advocacy efforts in SC progressed during CY21Q4, as SC Medicaid released its [FY21-22 Proviso Telehealth Report](#). This report provides an overview of pre-pandemic coverage, discusses COVID-19 coverage flexibilities and utilization during the pandemic, and shares recommendations to the SC legislature for telehealth coverage post-pandemic. SC Medicaid considered recommendations from Medicaid Managed Care Organizations (MCOs) and the [SCTA's Payer Priority Report](#) in drafting the recommendations for future coverage, which are based on areas of alignment. Some notable recommendations include allowing the patient's home as an originating site location, expanding behavioral health provider types, and coverage for audio-only telehealth in specific situations.

eConsult Pilot Program

The SCTA continued its partnership with ReferWell in CY21Q4 to extend access to specialty care in South Carolina through eConsults – an asynchronous, provider-to-provider communication connected primary care providers with specialists. CY22Q1 will focus on continued engagement with participating and interested referring and consulting providers, to share best practices, understand pain points, and continue to improve and streamline the eConsult process.

SCTA Doxy.Me

The SCTA continues to partner with Doxy.Me to offer free, premium-level memberships of the telehealth video platform to facilitate the use of telehealth across South Carolina. The SCTA Doxy.Me instance has over 1,650 users, completing over 18,500 visits during CY21Q4. The SCTA aims to continue this offering for the foreseeable future, given the demonstrated ongoing satisfaction and usage from providers in the state, particularly those in smaller rural or community health center settings. Due to continued, widespread use among providers in SC, the SCTA Doxy.me instance now has a designated [resource section](#) on the SCTA website.

Medical University of South Carolina
Telehealth Service Updates and Progress
October – December 2021

Service Extension

CY21Q4 was a busy, yet remarkable quarter for MUSC service extension programs. In October, a new client platform for ambulatory video visits was introduced to 10 family medicine and cardiology departments across the enterprise. This platform aims to enhance the overall video visit experience by using several automated features. To ensure a smooth transition, several MUSC nurses have dedicated their time to triage patients to the new platform via our EMR system. With a high demand, completing over 1,200 successful visits this quarter, MUSC plans to expand the use of this new platform to additional departments in CY22Q1.

Hospital Support

MUSC's hospital-based telehealth services continued to strengthen partnerships in CY21Q4, completing a total of 2,438 consults across SC hospitals. Inpatient services at MUSC Midlands continued to expand, as MUSC Kershaw implemented tele-palliative care, and MUSC Columbia North East and Fairfield FSED introduced tele-acute stroke and tele-neurology consults. In addition, as part of an ongoing pilot collaboration, MUSC's first Rehabilitation Hospital expanded its scheduled services to include tele-neurology, tele-infectious disease, tele-psychiatry, and tele-palliative care. Looking ahead to CY22Q1, hospital-based services will continue to focus efforts on strengthening and expanding relationships across hospitals in SC.

Convenient Care

During CY21Q4, MUSC's virtual urgent care program continued its efforts to provide convenient care to SC, conducting 13,639 virtual urgent care visits. In an effort to drive members to utilize this service for low-acuity visits, MUSC is in alignment with business partners to conduct promotional marketing campaigns. Mirroring current trends, MUSC expects to experience an increase in COVID-19 virtual care visits during CY22Q1. The virtual care program is prepared to meet these demands, demonstrating the value of the service to the state.

Primary Care Support

Several MUSC programs, including Project ECHO, Outpatient Teleconsultation (OT) services for psychiatry and nutrition, and Diabetes Remote Patient Monitoring continued to serve a vital role in supporting and empowering primary care practices across the state during CY21Q4. MUSC's OT program was excited to implement a streamlined process for patient scheduling this quarter, resulting in a record number of scheduled appointments. In addition, the OT program introduced a newly enhanced appointment notification system for partnering sites through a new automated web-based software. The primary care support programs at MUSC continue to enhance and improve their services daily, and look forward to new opportunities in CY22Q1.

Health Equity

MUSC programs that aim to close the gap in access to healthcare services that target high-priority health disparities continued to serve our state's most vulnerable populations in CY21Q4. During the quarter, MUSC's school-based telehealth program conducted over 580 visits, all while providing telehealth training to school nurses across the state. The school-based telehealth team looks forward to expansion in CY22Q1, as the process of onboarding several new tele-presenters progresses. MUSC's Telehealth for the Homeless program gained publicity during the quarter as key stakeholders convened to develop goals, parameters, deliverables, and explore funding opportunities. Many other health equity programs, such as Women's Reproductive Behavioral Health, continued to provide immaculate care and support through telehealth this quarter.

TELEHEALTH SERVICE UPDATES & PROGRESS OCTOBER – DECEMBER 2021

SERVICE EXTENSION

CY21Q4: 971 FY2021: 4720

Program Highlights:

The Multi-Disciplinary Review (MDR) program continues to successfully bring together clinicians and technicians across a variety of specialties for a group consultation with our patients. This program has been extremely successful in bringing together all teams and fully involving the patient in their care decisions. The MDR program has improved access to and collaboration of medical experts, resulting in increased levels of care quality, improved diagnosis, treatment, and follow-up to patients irrespective of their location. Our Employee Assistance Program (EAP) counseling is still seeing increased volumes for telehealth sessions. This program has been invaluable in giving our employees the opportunity to discuss stresses associated with being on the front line of care. McLeod Physicians Associates (MPA) continues to deploy technology solutions and expand virtual visits across all service lines to better meet the healthcare need of the communities we serve.

HOSPITAL SUPPORT

CY21Q4: 1,268 FY2021: 5,249

Program Highlights:

McLeod Health has experienced increased utilization of telehealth in our Pulmonary & Critical Care programs as we continue to treat COVID patients. Our TeleICU program continues to expand. In addition to McLeod Dillion, we have added TeleICU platforms to McLeod Clarendon and McLeod Cheraw. We have received positive feedback on the benefits of the program.

CONVENIENT CARE

CY21Q4: 338 FY2021: 1,149

Program Highlights:

McLeod Health successfully implemented a new technology platform that strengthens our ability to customize, adds flexibility for multiple programs, enhances integration throughout the organization, and enriches the patient and provider experience.

PRIMARY CARE SUPPORT

CY21Q4: 250 FY2021: 863

Program Highlights:

McLeod Health Diabetes Education and Pulmonary Nodule Consultation & Education programs continue to offer valuable support for our Primary Care Service Lines. These programs positively impact the clinical outcomes for patients with chronic or critical conditions.

HEALTH EQUITY

CY21Q4: 2,007 FY2021: 6,429

Program Highlights:

The McLeod TeleProbate program continues to be a valuable Health Equity service for the Pee Dee Community. The McLeod Behavioral Health Center admits an average of 80 patients per month. For involuntarily admitted patients, the Probate Judge conducts video release hearings with the patient and counselor to determine readiness for discharge and procedures for returning to the home environment.



Prisma Health
Telehealth Service Updates and Progress
October - December 2021

Service Extension

Prisma Health continues to implement and broaden the use of core virtual care modalities in our ambulatory settings to extend the reach of services that would otherwise be limited by travel and related barriers to care. The continued expansion and use of enhanced virtual care technology has elevated our care teams' ability to screen and monitor our Senior Care patients from the comfort of their homes. This technology continues to be deployed in Primary Care and Pediatric practices for use by non-complex patients and families who may have frequent urgent care or emergency department visits but are otherwise healthy. Satellite clinics in Sumter, Orangeburg and Oconee counties continue to bring specialty care to these rural communities. Our Behavioral Health continues to expand and provide critical services to Senior Care facilities in our Upstate community. During quarter 4 of calendar year 2021 we have conducted ~74K+ ambulatory virtual care visits.

Hospital Support

Our acute care teams have continued and expanded the use of virtual care modalities to consult and treat patients at our hospitals where specialty care services are not available onsite 24/7. In addition to Infectious Disease and non-stroke Neurology consults, Toxicology consults are now available at all Upstate satellite facilities. Acute care video consults will be expanding to Pediatric Specialties in CY21. During calendar year 2021 we have conducted ~3K+ acute care consults.

Convenient Care

The use of convenient care services continues to be a popular choice of Prisma Health patients. Our eVisit platform was integrated with Epic MyChart to allow patients 18 and older, to access this care seamlessly using their MyChart account. During quarter 4 of calendar year 2021 we have conducted ~4K+ on demand video and eVisits.

Primary Care Support

The use of primary support services continues to close the gaps in care for patients between office visits, while also helping our care teams to have a holistic view of the patients' care journey. A pilot for at home health monitoring for hypertension continues to expand using a phased approach in our internal medicine practices. Our diabetes management team continues to help patients manage their condition at home using remote monitoring technology. We continue to expand our programs with adding additional patients as they are identified by our clinical teams.

Health Equity

Health equity continues to be a focus for Prisma Health. Regional access points in our rural communities provide access to specialty care that would otherwise not be available. Our school-based care programs continue to provide both in person and virtual care. All schools have been upgraded to enhanced video and peripheral technology and are ready for the new school and in-person learning. During calendar year 2021, ~122 school-based care visits have been conducted.



State of South Carolina

Department of Mental Health

MENTAL HEALTH COMMISSION:

L. Gregory Pearce, Jr., Chair
Louise Haynes, Vice Chair
Alison Y. Evans, PsyD
Bob Hiott

2414 Bull Street • P.O. Box 485
Columbia, SC 29202
Information: (803) 898-8581

Kenneth M. Rogers, MD
State Director

South Carolina Department Of Mental Health Telehealth Service Updates and Progress October – December 2021

Service Extension

The South Carolina Department of Mental Health (SCDMH) Community Telepsychiatry Program continues to utilize direct-to-consumer (DTC) telemental health. Feedback on DTC services has been positive, with patients and their families enjoying the convenience. DTC services totaled approximately 23,000 in quarter four (4); while the Community Mental Health Centers provided approximately 19,300 services in-house.

The Highway to Hope (H2H) Outreach Program is providing telehealth services and continues to explore ways to expand telehealth services. H2H serves patients at local businesses and community organizations within the Pee Dee (Florence, Darlington, Marion); Tri-County (Chesterfield, Dillon, Marlboro) and Waccamaw (Georgetown, Williamsburg, Horry) regions. The mobile clinical care team includes an adult mental health professional, child mental health professional, a registered nurse, and a nurse practitioner. Psychiatric Telehealth services are available.

Hospital Support

The Emergency Department (ED) Telepsychiatry program will soon be bringing on additional locations. The program currently has twenty-four (24) hospital partners. Quarter four(4) brought a 19% increase in services over last year in the ED program, equating to approximately 2,400 services. SCDMH looks forward to the growth and opportunity to service additional patients across the state.

Health Equity

SCDMH is using telehealth services as a platform for school mental health since CMS expanded eligibility for telehealth services in response to the pandemic. Telehealth services are provided by school mental health clinicians and psychiatrists. In quarter four(4) approximately 6,800 telehealth services were delivered to school children.

MISSION STATEMENT

To support the recovery of people with mental illnesses.





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

January 31, 2022

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

Over the last quarter, we began our statewide continuing professional development needs assessment to gather information from learners and stakeholders across the state on the current training needs for health professionals. The needs assessment will conclude in late January and will help SC AHEC & the SCTA determine training topics for future programming that can best support telehealth use and implementation in South Carolina.

SC AHEC Course Registrations and Course Completers
(Date range 10/1/2021-12/31/2021)

1. [Telehealth](#) for High School and College Students – 13 Registrations, **10 Completers**
2. [Telehealth Presenter Certification](#) – 44 Registrations, **34 Completers**
3. [Telemental Health](#) – 42 Registrations, **33 Completers**
4. [Foundations of Telehealth](#) – 15 Registrations, **11 Completers**
5. [Telehealth Implementation](#) – 6 Registrations, **4 Completers**

94 Total Registrations for all SC AHEC Telehealth Education courses/programs awarded to Participants October 1-December 31, 2021.



January 5, 2022

**South Carolina ETV
Calendar Year 2021 Quarter 4 Report
South Carolina Telehealth Alliance**

Support - that's the word used to describe this quarter for the *SCETV Telehealth* Team. The team created 2 new telehealth videos, two radio stories, and supported Palmetto Care Connections in the creation of five award videos for the Annual Telehealth Summit of South Carolina. The video stories were distributed on digital platforms and the SCTA social media channels. The radio story was distributed through South Carolina Public Radio, reaching all major markets including Charlotte, Augusta, and Savannah airing twice per week of broadcast reaching 1.1M weekly listeners.

List of telehealth features:

Video

- Mentorship program helps doctors treat opioid use disorders
- FCC Announces New Covid-19 Telehealth Program Awards, Including South Carolina Health Care Providers

Radio

- Digital literacy: overcoming isolation in a connected world
- Mentorship program helps doctors treat opioid use disorders

Annual Telehealth Summit of South Carolina

- 2021 Telehealth Pioneer
- 2021 Telehealth Innovator
- 2021 Telehealth Program of Excellence
- 2021 State Telehealth Champion
- 2021 National Telehealth Champion

This content is shared via television, radio, email newsletters, multiple websites, and social media platforms.

In Your Inbox: The SCTA's monthly newsletter held an average open rate of **20.5%** for Q4, up 2.6% compared to last month.

Social Media spotlight: The South Carolina Telehealth Alliance Facebook page has **771** followers up an additional 13 followers from Q3. The SCTA Facebook post on December 10th garnered the most reactions of the quarter with 1,695 people reached, 216 reactions, and 179 post clicks. On Twitter, the SCTA page has **859** followers, up an additional 14 followers from Q3. The SCTA Twitter page received 3,578 profile visits and 9,564 tweet impressions. Our top Twitter mentions for Q4 came from Greenwood Genetic Center and Palmetto Care Connections.

Statewide spotlight on Telehealth in November!

South Carolina ETV's *My Telehealth Team* produced, filmed, and edited the statewide telehealth awards for Palmetto Care Connections 9th Annual Telehealth Summit of South Carolina.

CENTER FOR RURAL AND PRIMARY HEALTHCARE

from Evidence to Impact

SCTA CY21 Q4 Report SC Center for Rural and Primary Healthcare

Project ECHO

The Center is pleased to report our support for ECHO continues. In coordination with Prisma Health's administrative team, we have established resources to expand the project's role. This includes developing and promoting women's health and pregnancy wellness through the project. Other key activities include recruiting new providers and clinics to participate in the ECHO model, especially in rural areas of South Carolina. Data will be collected, managed, and analyzed to assess program impact with this increased capacity.

National Rural Health Association, Annual Rural Health Conference – Abstract Submission

In 2021, The SC Center for Rural and Primary Healthcare built upon the previous work of the SCTA and the Office of the National Coordinator for Health to assess the barriers and facilitators of successful telehealth adoption among smaller rural and primary healthcare practices in South Carolina amidst the COVID-19 pandemic. This work also explored the impact of COVID-19 on telehealth utilization patterns. The Center will be submitting an abstract to the National Rural Health Association's Annual Rural Health Conference. If accepted, we will create a presentation for the research and educational poster session.

Telehealth and Behavioral Health

Integrated Behavioral Health – The Center is in the early stages of expanding integrated behavioral health to a third location. We are working with a rural pediatric practice to embed the model to monitor their pediatric population with diagnoses that include ADHD, anxiety, trauma, and depression. We are excited for this to serve as proof of concept in an independent practice and to observe its evolution to provide these services via telehealth.

Collaborative Care Model – The CCM model continues to gain traction nationwide and within our state. We have engaged stakeholders from Prisma, DHHS, and local policymakers in conversations on how increased model uptake will impact South Carolina. DHHS is particularly interested in how schools can be more involved in this work, emphasizing virtual delivery. As this work progresses, we look forward to bringing a rural lens to these programs to increase the reach of quality programs.



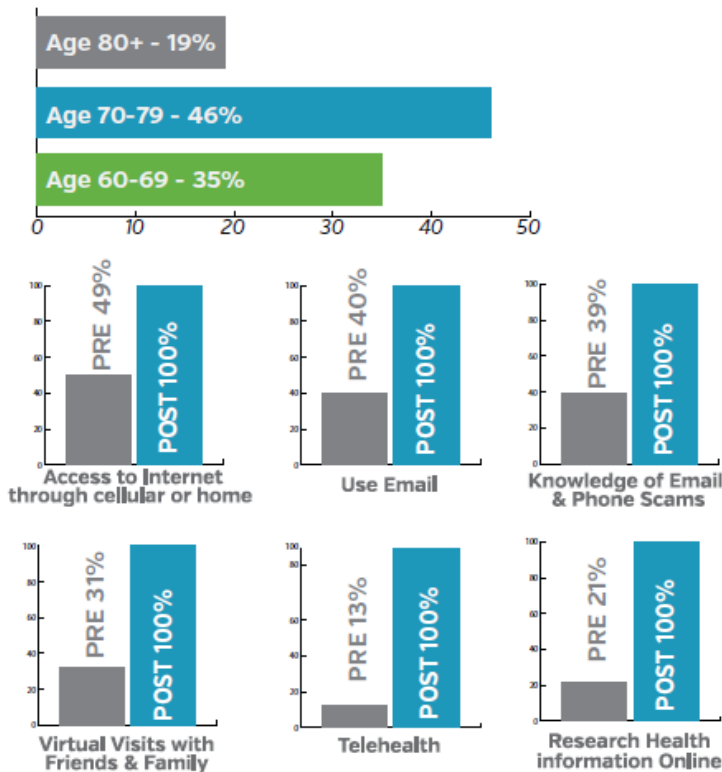
Broadband

FY 2021 broadband subsidy filings were submitted in June 2021. By the end of the month of December, PCC received funding commitment letters (FCL) for approximately 90% of the Funding Requests submitted in 2021 from USAC for just over \$11,000,000 for broadband subsidy for South Carolina Healthcare providers over three years. These subsidies have allowed many healthcare providers to add redundant circuits to increase uptime and/or re-invest those dollars into healthcare services. PCC is preparing FY2022 Funding Requests for the April 30, 2022, deadline.

Digital Inclusion

Palmetto Care Connections was awarded a Rural Local Initiatives Support Corporation (LISC) grant and additional funding from the S.C. Office on Aging to implement a digital inclusion pilot program for senior citizens (age 65 and up) in five counties (Allendale, Barnwell, Clarendon, Richland, and Williamsburg) in South Carolina. To date, PCC has trained 100 senior citizens. Below are our pre and post assessments results.

**BARNWELL, ALLENDALE, RICHLAND,
WILLIAMSBURG & CLARENDON COUNTIES
100 PARTICIPANTS**



Education

In observance of Cybersecurity Awareness Month (October), PCC hosted a **Digital Safety Bootcamp** to help the community avoid cyber-attacks. This event reached more than 100 community members.

On November 9-10, 2021, there were more than 350 participants in the **9th Annual Telehealth Summit of South Carolina**.

Telehealth Award Winners:

National Telehealth Champion: *US Senator Tim Scott*

State Telehealth Champions: *Dr. Kent Jones* and *Dr. Cady Williams*, Ferlauto Center for Complex Pediatric Care

Telehealth Program of Excellence: *Southeast Viral Interactive Case Conference*

Telehealth Program of Excellence: *Project ECHO Opioid Use Disorder*

Telehealth Innovator: *The Navigation Center*

Telehealth Pioneer: *Dr. Michael Lyons*, Greenwood Genetic Center

Poster Award Winners:

Scientific Award Winner: *The Financial Performance of Rural Hospitals*

Programmatic Award Winner: *Telehealth Technologies, Data and Process Improvement to Drive Innovation*

People's Choice Award: *Microsoft Teams for Clinical Telehealth Collaborations*

In partnership with the Medical University of South Carolina (MUSC), PCC hosted the second webinar of the series ***Telehealth Research and Reports*** on December 1, 2021, featuring Ryan Kruis, MSW, LISW-CP, Director, External Affairs & Research, MUSC Center for Telehealth and Dr. Jimmy McElligott, Executive Medical Director, MUSC Center for Telehealth.

Appendix A

Telehealth in SC:

Provider Interviews

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SC Center for Rural and Primary Healthcare in partnership with the USC School of Social Work conducted stakeholder interviews with health care providers across South Carolina to better understand the reality of current practices, inform future policy changes, assess the impact of COVID-19 on telehealth use, and identify key resources needed to support telehealth services for rural South Carolina.



UNIVERSITY OF SOUTH CAROLINA
COLLEGE OF SOCIAL WORK

Telehealth in South Carolina: Provider Interviews



King, L.B., DeHart, D., Browne, T., Iachini, A., Reitmeier, M., & Elana LeCler. (September, 2021). *Telehealth in South Carolina: Provider Interviews*. Submitted to University of South Carolina School of Medicine. Columbia, SC: University of South Carolina, College of Social Work.



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Introduction

Throughout the COVID-19 pandemic, health care providers across the nation have had to pivot to offer some of their services through telephonic or virtual mediums. Fortunately, temporary regulatory and reimbursement changes made it possible for providers to expand telehealth services.

In early 2021, the SC Center for Rural and Primary Healthcare (SC CRPH) built upon the previous work of the South Carolina Telehealth Alliance (SCTA) and the Office of the National Coordinator for Health to assess the barriers and facilitators of successful telehealth adoption among smaller rural and primary health care practices in South Carolina amidst the pandemic.

For the first phase of this project, SC CRPH and the SCTA gathered quantitative data from surveys administered to health centers and practices in South Carolina from late February through early May. Survey findings indicated that the biggest facilitators to telehealth adoption include:

1. Increasing access to services for patients during COVID-19 (85.5%)
2. Increasing access for current patients (56.5%)
3. Improving patient experience of care (42%)
4. Improving patient outcomes and attracting new patients (30.4%).

Additionally, respondents identified several barriers to using telehealth including:

1. Concerns of patient's access to technology or connectivity (56.5%)
2. Concerns about patient's comfort with technology (47.8%)
3. Adequate reimbursement and designated staff to coordinate telehealth visits (28.9%)

From July to August, the University of South Carolina College of Social Work, in partnership with SC CRPH, conducted stakeholder interviews with health care providers across South Carolina for the purposes of collecting qualitative data to better understand the reality of current practices, inform future policy changes, assess the impact of COVID-19 on telehealth use, and identify key resources needed to support telehealth services for rural South Carolina.



Methods

Sampling

In collaboration with SC CRPH representatives, we recruited key stakeholders to participate in qualitative interviews based on the information respondents provided in the initial telehealth survey administered by the SCTA and SC CRPH. We recruited from a pool of 76 providers across South Carolina who practice in a wide range of settings such as inpatient hospital units, outpatient clinical care, counseling and mental health services, and community and/or non-profit organizations. An initial universal recruitment email was sent to all survey respondents on July 14th, with eight providers expressing interest in an interview. A second individualized recruitment email was sent on August 16th to 14 survey respondents whose workplaces and demographic characteristics would further diversify the sample, yielding an additional four providers willing to interview. A third recruitment email was sent on August 26th to the remaining survey respondents who had not yet participated, and two more providers agreed to interview.

As providers expressed interest, each was promptly scheduled for a one-hour interview via zoom video or zoom telephone according to their preference. Providers received an informed consent letter prior to the interview and a \$25 visa gift card once the interview was completed. Ultimately, 16 providers were willing to do an interview about their telehealth experiences in South Carolina. The provider interviews ranged in length from 35 to 86 minutes, with a mean interview length of 51 minutes. Lastly, a follow-up email was sent to each provider within two weeks of their interview to thank them for their time and ensure they received the gift card.

Analyses

Demographic data were analyzed using SPSS v.28 (IBM). Interview data were analyzed using MaxQDA v.21 (Verbi) for qualitative content analysis. Qualitative content analyses are used to systematically describe the meaning in qualitative data (Cho & Lee, 2014; Schreier, 2012). Our qualitative content analyses entailed a combination of deductive and inductive approaches. For the provider interviews, we established a preliminary codebook of provisional codes guided by our interview prompts and the telehealth survey questions administered to South Carolina providers. After establishing the preliminary codebook, we used inductive, open-coding and paraphrasing of participant narratives to elucidate and describe emergent themes (Saldana, 2009). Themes discussed in this report are those with wide coverage across the data set as well as those of practical significance for shaping future research, practice, and policy. Excerpted quotations from interviewees have been lightly edited for clarity and to remove potentially identifying idiosyncratic speech patterns (e.g., "you know").



16 Total providers interviewed

Findings

Participants

We interviewed 16 providers out of the pool of 76 providers from across the state provided by SC CRPH. The providers we interviewed identified as male (n = 4) and female (n = 12). They identified as African American (13%) and white (88%). All providers reported having a bachelor's degree (n = 1) at minimum, with most providers reporting a graduate degree, with professional degree as their highest level of education (n = 15). Providers reported a variety of practice fields including social work (n=5), counseling or therapy (n = 3), health administration (n = 3), public health (n = 1), nursing (n = 1), primary care (n=2), and special education (n = 1). Providers also worked in a variety of settings including a community non-profit organization (n = 4), a children's hospital (n=2), hospital community services (n = 2), community health clinic (n = 1), mental health services (n = 4), rural health practices (n=2), and Veteran Health Administration services (n = 1). The providers' practice locations spanned across Columbia (n = 4), Charleston (n = 3), Fairfield (n=1), Spartanburg (n = 2), Murrells Inlet (n = 4), Hartsville (n = 1), Union (n=1). Providers' experience working in their professional field ranged from 2 to 20 years or more with the mean length of time being between 10-20 years.

Variable (n=16)	n	%
Gender		
Male	4	25.0
Female	12	75.0
Ethnicity		
African American or Black	2	12.5
White	14	87.5
Highest Level of Education		
Bachelor's Degree	1	6.3
Master's Degree	14	87.5
Professional Degree (MD)	1	6.3
Field of Practice		
Social Work	5	31.3
Counseling/Therapy	3	18.8
Health Administration	3	18.8
Public Health	1	6.3
Nursing	1	6.3
Special Education	1	6.3
Primary Care	2	12.5
Practice Setting		
Community Non-Profit	4	25.0
Children's Hospital	2	12.5
Hospital Community Services	2	12.5
Community Health Clinic	1	6.3
Mental Health Services	4	25.0
Rural Health Practice	2	12.5
Veteran Health Administration	1	7.1
Practice Location		
Columbia	4	25.0
Charleston	3	18.8
Fairfield	1	6.3
Spartanburg	2	12.5
Murrells Inlet	4	25.0
Hartsville	1	6.3
Union	1	6.3
Time in Practice		
0-1 Years	0	0.0
2-5 Years	1	6.3
6-9 Years	3	18.8
10-19 Years	4	25.0
20+ Years	8	50.0

Findings

Facilitators & Barriers to Telehealth Use

Qualitative analyses revealed a number of facilitators and barriers to telehealth use. The most common facilitators included telehealth increasing patient access to care, the ability of telehealth to attract or retain patients, improved telehealth experience of care, and increased efficiency of telehealth for providers of care. Barriers included patients' lack of access to technology, issues pertaining to reimbursement of services, and concerns that quality of care would be compromised by telehealth. We describe each of these themes in more detail below.

FACILITATORS	BARRIERS
Telehealth increased patient access to care	Lack of access to technology for patients
Telehealth attracted and retained patients	Issues pertaining to reimbursement of services
Telehealth improved patient experience of care	Concerned that quality of care would be compromised by telehealth
Efficiency of providers increased when using telehealth	

Findings

Facilitators

1 Increased Patient Access to Care

Every provider interviewed mentioned that telehealth increased patient access to care. This referred to providing geographic access to patients who previously could not visit as well as improving convenience of access through saved time or saved visits.

"I'm licensed in South Carolina, all of a sudden, I can see somebody in Charleston, that's amazing."
-Participant 001

"It gives clients a lot more opportunity to participate in sessions, and even the summertime, because a lot of families are vacationing, or they're traveling."
-Participant 012

"I'm able to reach more people...I think it's a lot more convenient. Because there were a couple times where, especially like, with college kids that they went home. So instead of them having to come all the way back to Colombia... it was accessible for them to do that instead of trying to schedule. The time saver, because if you've got an hour-long appointment, and depending on where you are, you're going to end up spending about two hours getting there, going into the appointment, going back home."
-Participant 016

Sometimes access may have been compromised by idiosyncratic compatibility issues, user skills, or patient comfort with technology.

"I have one lady...she has a Galaxy 10 which is a current, awesome phone, and she can't get into my therapy notes." -Participant 013

"Some of our children, it was challenging, at first, to have to sit in front of the computer, which they've never done before. But they learned how to do that because of school as well and it was a whole different world for them."
-Participants 004, 005, & 006

"The first time you logged on with someone, you just knew it was going to take 45 minutes. And then I got more and more detailed on the way that I'm going to explain it....This is going to be hard. We're going to follow step-by-step and work together to get it....Click this link. You're going to try it on your phone, or you're going to try it on your computer, and there's going to be a problem. You need to download it, and your internet is too slow or. There's always so many of those problems." - Participant 008

Telehealth also allowed for increased access to services for underserved populations such as individuals who speak languages other than English or persons with disabilities.

"We have a number of bilingual staff. And so for us, we also targeted not just rural kids or kids who are not able to get into services, but we targeted kids that had language access barriers and were able to use telehealth to extend that arm as well across the state." -Participant 013

"Families email me from all over about how to build a community for people with disabilities, and I get to talk to them, helping them in all different states, which is so nice." -Participants 004, 005, & 006

Facilitators

2 Attracting & Retaining Patients

Most providers described telehealth as a tool that could attract new patients as well as assist with retention of existing patients.

"We're seeing a lot of kids across the state, but we definitely increased our reach with adults."

-Participant O13

"If you're thinking about canceling because you can't get out here, telehealth is still an option for you. So I do remind them of that. And that gives them more flexibility. And it really helps me to be able to retain clients, because sometimes you lose them." -Participant O12

"What we found was that we have a lot of patients who prefer counseling, or behavioral health services via telehealth, either phone or video." -Participant 009

3 Improved Patient Experience of Care

Most providers perceived telehealth as improving the patient experience of care, particularly when services were directed at families.

"Typically, it might just be the mom or the dad, so telehealth has made it made it easier or more conducive maybe to doing the whole family." -Participant O16

"Families that in terms of learning social skills to be in a meeting or be in a discussion with a doctor or a healthcare provider, a lot of people with autism or the virtual environment need to really take advantage of the turn-taking that occurs. You can't talk over each other and there's embedded set of rules in this virtual conference, which makes them way more successful than if they're in person. So really for a lot of them, they really liked this environment. Once they got comfortable with it, it really benefited them."

-Participant 004, 005, & 006

4 Increased Efficiency of Telehealth for Providers

A few providers noted that telehealth increased efficiency of services by providers, particularly around time it took to travel and perform administrative duties.

"Every staff meeting right now is still virtual, and it's so easy to get everyone together. Some people are driving their car and some people are sitting in the office, but everyone can make that happen."

-Participant 008

"I just think it's more effective for our administrative stuff. I think it's been more effective for them just because we are able to, like I said, jump into a quick meeting with people from a foundation or a grant that we've applied for, something like that. We never used to do that. They would call and go, "Oh, we have to set up the meeting," and everyone's got to go somewhere and all that stuff. It just took up so much travel time. We saved a lot of mileage during COVID without the having to travel so much."

-Participants 004, 005, & 006

Findings

Barriers

1 Patients Lack Access to Technology

Nearly every provider noted problems with patients' access to technology, either in terms of connectivity (e.g., broadband, wifi) or technology hardware (e.g., smartphones, computers).

"Bandwidth across the state still is something that we struggle that a bit with. And I know the legislature is working on that. But that is definitely something that I think needs improvement so that it's clean, clear, no matter where people are located." -Participant O13

"Reliability of service, and that is so dependent on so many factors. If someone is using a hand-held phone, its memory capacity is not like the computer. So, the computer is going to have a way better system to maintain a signal--maybe it could be the age of the computer." -Participant OO1

"Within the school system, a lot of the kids, they had their iPads they could take home. But I know internet was the issue for that, going to find internet." -Participants 004, 005, & 006

2 Reimbursement for Services

Many providers noted challenges in reimbursement of telehealth services, but some of these had been alleviated by temporary adaptations due to the pandemic.

"Especially with reimbursement--like in the beginning [of the pandemic], we did the business not knowing if we'd even get paid, because things were changing by the week and by the month, especially with CMS and Medicare." -Participant 009

"Our anticipation right now is we will probably see most of our patients virtually--if it works within insurance reimbursement, which is going to dictate some of it unfortunately. Right now, Medicaid is reimbursing. But prior to the pandemic, they didn't pay for social workers or psychologists to see telehealth patients." -Participant O13

Several providers noted the longstanding policy challenges faced in South Carolina.

"And I didn't mention this probably one of the barriers before was just some of the regulations in place--as far as what types of telehealth visits are 1) covered by insurance, 2) what's allowed--what providers can conduct telehealth visits, what types of visits, where the patient can be versus where the provider must be. Payment parity is one...Some plans are not paying at the same rate. So, you know, that does become an issue in the long run. We have business, and we have to take care of patients in order to do that. We have to at least break even or make some money somewhere. So we don't have a payment parity law in South Carolina. And if you're aware of that, some states do. There's no telehealth parity law here. So that's something that we advocate for." -Participant 009

"I do think the good news is like I've been going to the statehouse for every year to advocate on behalf of like Medicaid expansion to cover telehealth, and we get shut down pretty much every year." -Participant O13

Barriers

3 Compromised Quality of Care

Many providers expressed concerns that quality of care could be compromised in the absence of in-person visits. This was usually discussed in terms of serving population-specific needs, like those for young children, teens, or seniors.

"Maybe you could do play therapy, but I think that would be really hard." –Participant O16

"There is one population that it's not worked well with, and that is teenagers. Teenagers have not wanted it. They want to see me in person, and I think I know why. I think it's being at home, there's not privacy."

–Participant OO1

"We had an independent living skills class that was just switched right over online. The problem is that I would assess their abilities and assess their strengths and weaknesses, where I really couldn't do it. We would cook weekly, and I couldn't ask them to do that. And trying to do that... we'd sent the recipe the week ahead, asked everyone to get the stuff and make sure to ask the parents to be involved that first night, because we're gonna use the oven and we're going to bake cookies." –Participant 008



Conclusion

Overall, these interview data help elucidate quantitative findings identified in the original SCTA/SC CRPH survey. As in the survey, our provider interviewees overwhelmingly found telehealth to increase access to care, and they appreciated the geographic access and convenience that telehealth brought to services. Providers discussed this access as particularly helpful in keeping services going throughout the pandemic. They also noted that expanding telehealth technology allowed them to gain new patients as well as to retain those in their current services. Providers described benefits of telehealth to overall service experience, particularly in serving families, in that telehealth was an ideal means of engaging a range of family members in services. Providers also noted that telehealth technologies were helpful in facilitating administrative duties such as staff meetings, reducing time needed for professional travel.

Patients in many areas of the state were described as struggling with connectivity for telehealth services, and providers noted that some patients did not have access to reliable devices on which to connect to telehealth. Patient comfort with technology was also sometimes an issue, with first-time users facing particular challenges.

Reimbursement was an overarching concern for many providers. They noted that pandemic adaptations had alleviated some previous reimbursement issues (i.e., allowing reimbursement for telehealth services that had not been reimbursable pre-pandemic). However, there was uncertainty if these adaptations would continue post-pandemic. There were several providers who underscored the longstanding struggles with legislative and policy change that would facilitate greater telehealth implementation. Furthermore, some providers discussed concerns around quality of care in telehealth. This was mostly focused on services for specific patient populations, such as young children, teens, and seniors.

Collectively, these findings attest to the potential and reach of telehealth for South Carolina, as well as to provider recognition of telehealth's merits. While patient technology access was sometimes ameliorated by technology "loaner" programs (e.g., iPads), patient comfort was described as an issue that could be addressed through real-time coaching and education. The more substantial barriers were statewide access to broadband technology and legislative barriers to reimbursement for services. Thus, advocacy at a policy level is necessary to facilitate change.



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Elana LeCleir, MSW

Lyle Browne

