12TH ANNUAL TELEHEALTH SUMMIT OF SOUTH CAROLINA

PALMETTO CARE CONNECTIONS™
technology. broadband. telehealth.

OCTOBER 28-30, 2024

Pre-Summit Session B:
Telehealth 101 & 102
Monday, October 28
1:00 PM - 3:00 PM

Sonya Ebeling, MPA
South Carolina Telehealth Alliance

Lloyd Sirmons,
Southeaastern Telehealth
Resource Center

Liz Saitz
Palmetto Care Connections

Disclosure

The SETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
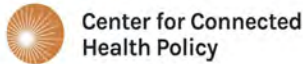
Information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org

Services the TRCs Provide

As a TRC we assist health care organizations, networks, and physicians/health providers in implementing cost-effective telehealth programs.

We also assist with:
- Equipment selection
- Policy
- Practice Guidelines
- Program Development
- Business Models
- Much more!

SOUTHEASTERN
telehealth
RESOURCE CENTER

3 Things We Do

Assist – Technical Assistance

Outreach – conferences, webinars, etc.

Educate - trainings

Mobile Telehealth Learning Center

TRC Resources

www.telehealthresourcecenter.org

www.setrc.us

www.cchpca.org

https://track.govhawk.com/reports/M6gz1/public

https://www.americantelemed.org/

https://www.palmettocareconnections.org

https://sctelehealth.org/

Terminology

- You'll often hear **Telehealth** and **Telemedicine**. These terms are sometimes used interchangeably. What's the difference?

  - Telehealth: Telehealth is an umbrella term, which includes telemedicine and other modalities of communication. It encompasses a broader spectrum of healthcare delivery.

  - Telemedicine: Telemedicine is direct clinical care provided from a distance using electronic communication to provide/support clinical care.

  - Other Terms: You may hear other terms frequently used when discussing telehealth such as eHealth, mHealth, digital care, etc. We will focus on the terms "telehealth" and "telemedicine".

SOUTHEASTERN
telehealth
RESOURCE CENTER

Modalities

- There are 3 primary modalities of telehealth recognized by the NCTRC:

  - **Synchronous**: A term used to describe a live, interactive communication because the transmission of information among parties is happening at exactly the same time period. This is also known as "live" or "interactive" telemedicine.

  - **Asychronous**: A term used to describe "store-and-forward" transmission of medical information. The information is often stored from one platform to another for later review by healthcare providers. This is also known as "store-and-forward".

  - **Remote Patient Monitoring (RPM)**: RPM utilizes technology to collect medical and other forms of health data from patients in one location and securely transmit the information to health care providers in another location.
    - **CCM –** Chronic Care Monitoring
    - **RTM** – Remote Therapeutic Monitoring

Benefits

Improved access to health care

Addresses health care provider shortage

Reduces provider and patient travel time and costs

Patients can receive healthcare locally, especially in rural/heavily populated areas

Challenges

Reimbursement

Understanding the technology

Licensing and credentialing, especially for providers across state lines

SOUTHEASTERN
telehealth
RESOURCE CENTER

TELEHEALTH APPLICATIONS

BEHAVIORAL/ MENTAL HEALTH

Behavioral telehealth may also be referred to as telebehavioral health, telemental health, telepsychiatry, or telepsychology.

Telebehavioral health can break down barriers and offers more privacy protections than face-to-face mental health care.

Services include individual and group therapy, and telehealth treatment of substance disorder.

EMERGENCY SERVICES

The COVID-19 public health emergency has required EDs to adopt or scale up telehealth and telemedicine services for patients. This helped reduce COVID-19 exposure, expand access to care, and address capacity challenges.

Services include tele-triage, tele-emergency care, virtual rounds, e-consults, and follow-up care.

HOME HEALTH

Telehealth supports a variety of clinical uses in home health care, including transitional & palliative care, chronic disease management, mental & behavioral health, and others.

Services include but are not limited to check-ins, patient education, caregiver involvement, immediate medical response, and virtual monitoring.

SCHOOL HEALTH

Many students lack access to healthcare outside the school walls. Telemedicine extends the hands of healthcare professionals to reach children in schools, where they frequent most.

With integrated devices, providers extend pediatric care across acuity levels for both minor medical concerns and chronic conditions.

HOSPITAL INPATIENT / OUTPATIENT SETTINGS

Telehealth isn't just for primary care well/sick and follow up visits anymore. Specialty care providers are breaking into the arena and offering patients new ways to access care.

Specialty telehealth services include but are not limited to audiology, cardiology, dental, dermatology, endocrinology, genetics, nephrology, orthopedic, sickle cell, and more.

TELE EMS SERVICES

Rural Tele-EMS Network (ER-TEMS) – EMORY U

- The ER-TEMS network is the collaboration of a large tertiary healthcare system (Emory Healthcare) with a statewide EMS agency (Grady EMS) and over 35 rural hospitals throughout the state of Georgia.

- EMS currently connects an Emergency Physician with rural EMS crews and critical patients throughout 14 counties of Georgia including Baldwin, Ben Hill, Brooks, Clay, Cook, Decatur, Hancock, McIntosh, Mitchell, Pierce, Quitman, Randolph, Seminole, and Worth counties.

- ER-TEMS enhances early access to specialty care for patients with long transport times to the closest hospital.

- Tele-Emergency physicians will complete virtual evaluations and recommend treatment plans at the point of patient contact. The audiovisual software installed on each region's ambulance can also be used for non-clinical support, such as providing consultation to incident commanders at the scene of a disaster.

- ER-TEMS currently covers 6 out of the 14 Georgia Hospital Coordinating Center Regions. The SRDRS is working to expand the tele-EMS network by engaging new partners so that this capability is available in each of the 14 GA HCC regions.

Technology

BREAK

Key Considerations

Telemedicine is governed at the state level

Know your rules and regulations (state & federal)

Licensure follows the patient at the time of service
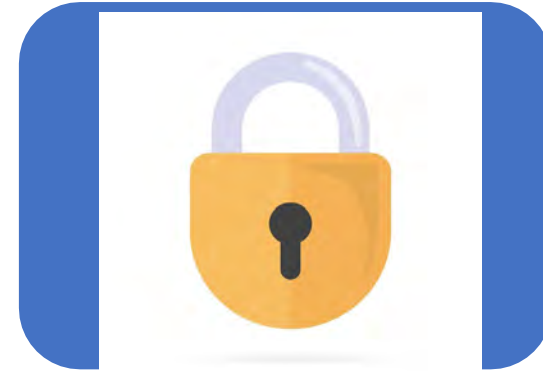
Medicare policy is the same for all states

SOUTHEASTERN
telehealth
RESOURCE CENTER

Federal Telehealth Policy Areas

MEDICARE

PRESCRIBING

HIPAA

SC Telehealth and Telemedicine Modernization Act

Sonya Ebeling, MPA

Director, SC Telehealth Alliance

Disclaimer

Background

- SCTA is a statewide collaboration of many organizations joining forces to expand telehealth across South Carolina

- Founded in 2014 and administered out of the MUSC Center for Telehealth

- Funded by SC State legislature in the state's annual Appropriations Act through both MUSC and the SC Department of Health and Human Services

The Telehealth and Telemedicine Modernization Act (Act 120 of 2024)

Introduced in 2023, passed and signed by Gov. McMaster in 2024

Telehealth volumes have stabilized post-COVID, and remain higher than 2019, demonstrating the importance of a hybrid healthcare delivery system.

Review of existing SC legislation necessitated an update to modernize statutory language to be in alignment with practice advancements.

ENACTED: SC Telehealth & Telemedicine Modernization Act

Previous Act	New Amendment Effective 3/11/2024
An in-person evaluation is required in order to prescribe new C-II and C-III medications (non-narcotics or narcotics) except in cases where an exception has been approved by the SC Medical Board.	Inclusion of the following exceptions that do not require an in-person evaluation in order to prescribe new C-II and C-III narcotics: • when the practice of telemedicine is being conducted while the patient is physically located in a hospital and being treated by a practitioner acting in the usual course of professional practice; or • when buprenorphine is being prescribed as a medication for opioid use disorder; or • for patients enrolled in palliative care or hospice; or • any other programs specifically authorized by SC Medical Board. C-II and C-III non-narcotics are allowable to be prescribed without an in-person evaluation or special permission from the Board.
APRNs may perform medical acts via telemedicine pursuant to a practice agreement.	Amendment to the Nurse Practice Act that an APRN may perform medical acts and prescribe C-II and C-III medications via telemedicine and telehealth pursuant to a practice agreement without having to be licensed to practice medicine in SC.
No definition for telehealth.	Definition of telehealth created as "the use of electronic communications, information technology, or other means to deliver clinical health care, patient and professional health-related education, public health, or health administration between a licensee in one location and a patient in another location with or without an intervening licensee."

Additional Policy and Reimbursement Resources

- [2024 Modernization Act resource page](#) (SCTA website)

- [Billing and Reimbursement resource page](#) (SCTA website)
  - [SC Virtual Care Coverage Document](#)
  - [SCTA Payer Scorecard](#)
  - [Telehealth Billing and Documentation Bootcamp](#) module

Contact Us

Sonya Ebeling, MPA

Director, SCTA

frankoso@musc.edu

SOUTH CAROLINA
Telehealth
ALLIANCE

Sign Up for
our Monthly Newsletter!

Temporary Extension for Prescription of Controlled Medications

The full set of telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID–19 PHE will remain in place through November 11, 2023.

Additionally, for any practitioner-patient telemedicine relationships that have been or will be established on or before November 11, 2023, the full set of telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID–19 PHE will continue to be permitted via a one-year grace period through November 11, 2024. In other words, if a patient and a practitioner have established a telemedicine relationship on or before November 11, 2023, the same telemedicine flexibilities that have governed the relationship to that point are permitted until November 11, 2024.

Starting Point

Have a plan – Failure to plan is a plan to fail.

Know your state rules and regulations

Know what services are covered

Choose a vendor/platform

SOUTHEASTERN telehealth RESOURCE CENTER

New and Innovative Telehealth Uses

Ingestible Device Can Remotely Monitor Vital Signs

The Vitals Monitoring Pill (VM Pill) is a capsule-size device that can accurately collect and report vital signs, including respiratory and heart rates. It leverages a custom configuration of integrated circuits and electronic sensors, including an accelerometer, to measure small ballistic movements generated in the gastrointestinal tract each time the heart beats or breathing occurs.

https://mhealthintelligence.com/news/new-ingestible-device-can-remotely-monitor-vital-signs-with-accuracy?utm_source=nl&utm_medium=email&utm_campaign=newsletter

New and Innovative Telehealth Uses
VR

Virtual reality allows the user to be immersed in a computer-generated environment

By 2030, IDTechEx predicts the augmented, virtual and mixed reality market to be over $30Bn. With COVID limiting physical interaction, virtual communication and interaction will be the normal for many years to come. Although seen as futuristic by some, augmented, virtual and mixed reality devices have shown that they have an important part to play in many different industries. They are truly the technology of the future, today.

Source: IDTechEx Research, "Augmented, Mixed and Virtual Reality 2020-2030: Forecasts, Markets and Technologies". For more information please visit www.IDTechEx.com/ARVR (PRNewsfoto/IDTechEx)

New and Innovative Telehealth Uses

Video Games

The beauty of gaming is the versatility of consoles (Wii, Xbox, Nintendo Switch, Playstation, tablets, and so on), the different games themselves, and the ability to grade a game based on difficulty level or content. Gaming requires a multitude of cognitive, physical and social demands that can all be simultaneously improved during treatment sessions when gaming is correctly and purposefully implemented in therapy.

AI in Healthcare

SOUTHEASTERN
telehealth
RESOURCE CENTER

Lloyd Sirmons – Executive Director
lloyd.sirmons@setrc.us

Proud Member of The National Consortium of Telehealth Resource Centers