

BREAKOUT SESSION



12TH
ANNUAL
TELEHEALTH
SUMMIT
OF SOUTH CAROLINA

OCTOBER 28-30, 2024

General Track:

**Enhancing Access to Specialty
Care through the Virtual Specialty Program**
Wednesday, October 30 • 10:00 AM - 10:45 AM



Cortney Belton, MBA, BSN, RN
Medical University of South Carolina



James McElligot, MD, MSCR
Medical University of South Carolina

ENHANCING ACCESS TO SPECIALTY CARE THROUGH THE VIRTUAL SPECIALTY PROGRAM

Center for Telehealth, Medical University of South Carolina

- Cortney Belton, MBA, BSN, RN
- James McElligott, MD MSCR

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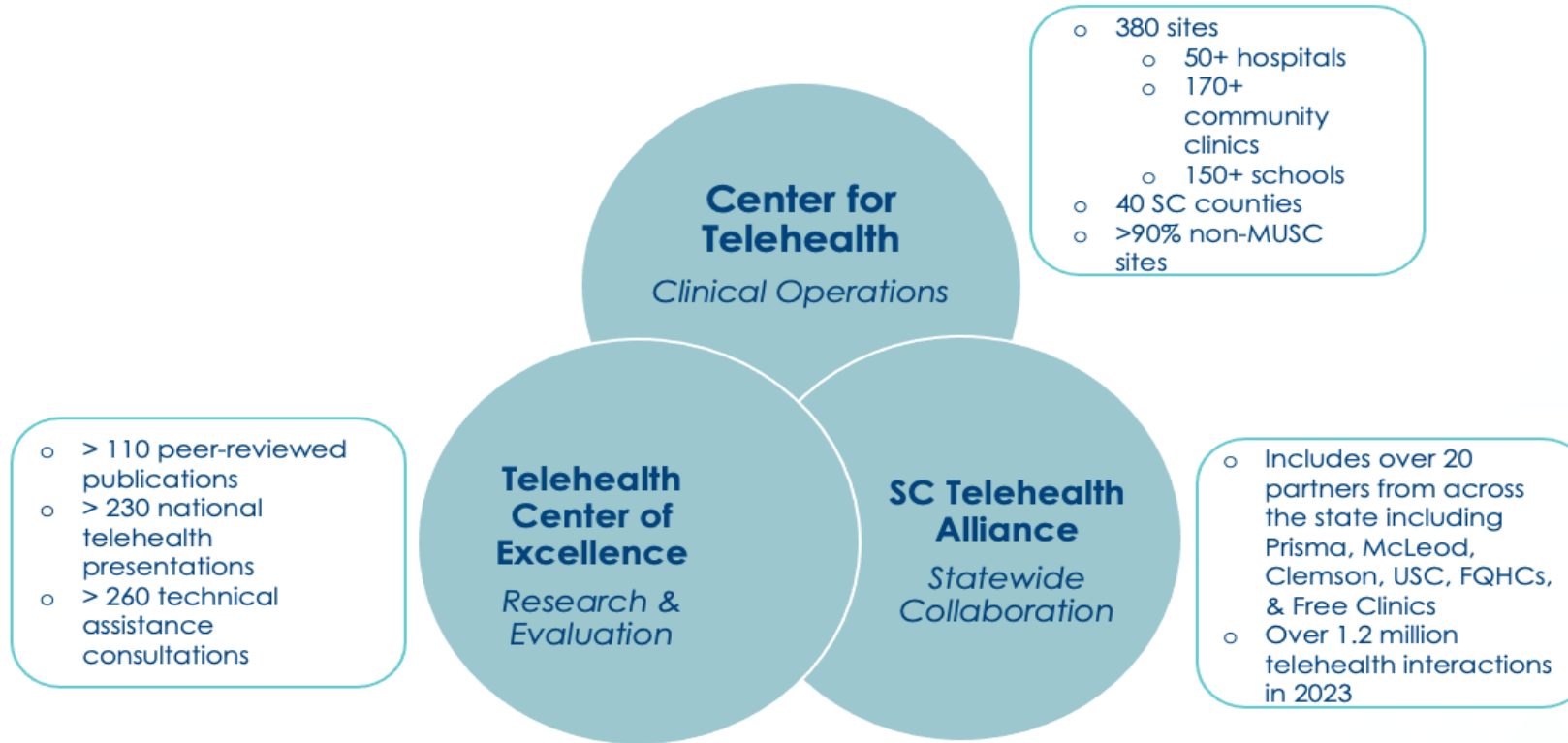
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MEDICAL TECHNOLOGY

MUSC Telehealth Structure



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MEDICAL TECHNOLOGY

MUSC Virtual Care Ecosystem: FY24

Ambulatory

Extend MUSC brand, improve access, offer convenient care

% virtual, capacity management, patient satisfaction, access equity, timeliness, value-based performance, new patient capture, patient engagement & retention

- + - Integration status
- Technology partnership
- Service type
- Service description
- Service scope



Inpatient

Improve access to specialty care and improve hospital-based outcomes

LOS, cost of care, severity adjusted mortality, Leapfrog, core measures, bundle adherence, nursing quality metrics

Population Health

Improve care equity for safety net populations and improve value-based care performance

HTN control, A1c control, ED visits, readmissions, behavioral health therapy compliance, infant well visit compliance



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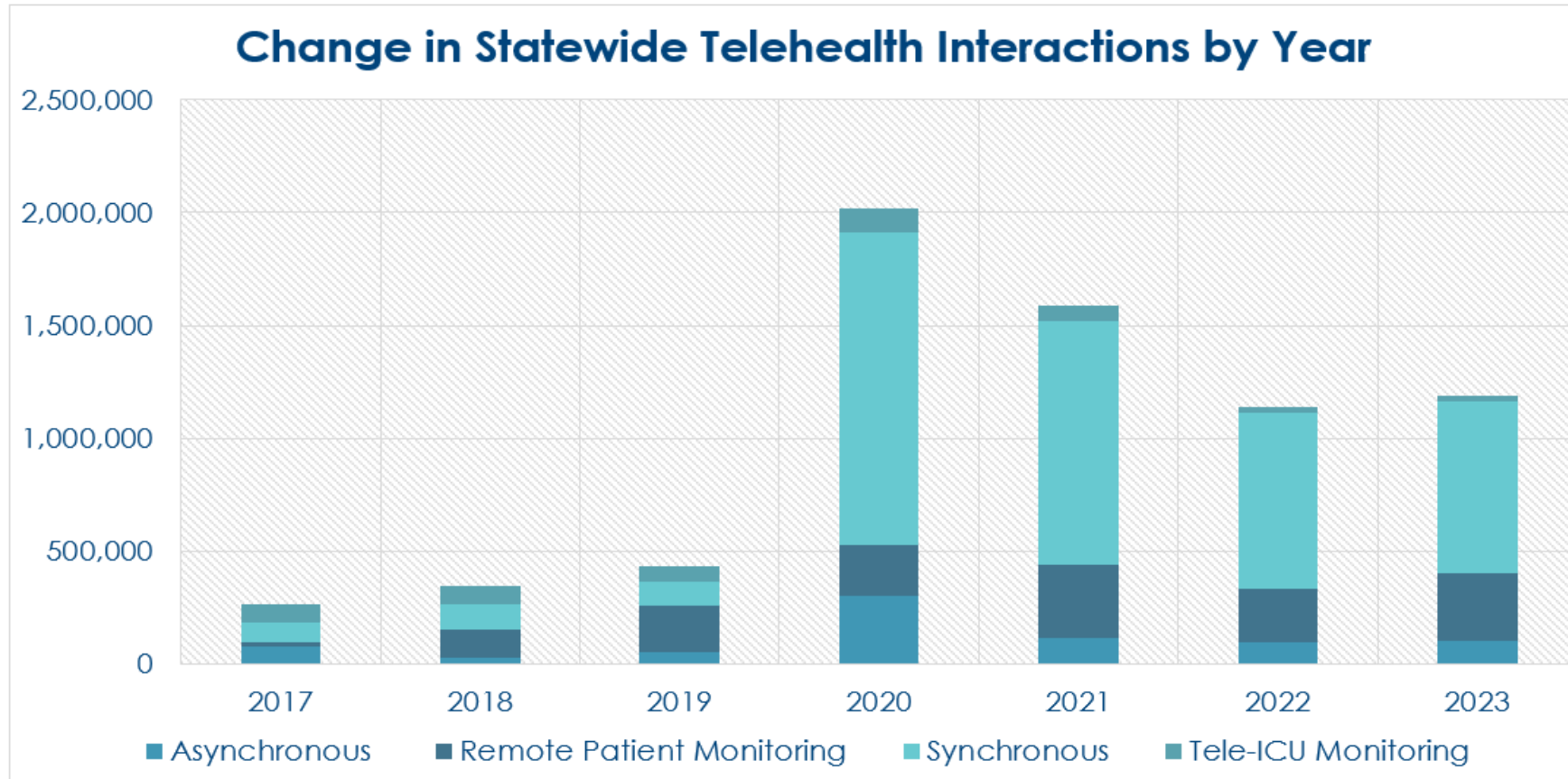
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Telehealth Pre and Post Pandemic

SOUTH CAROLINA
Telehealth
ALLIANCE



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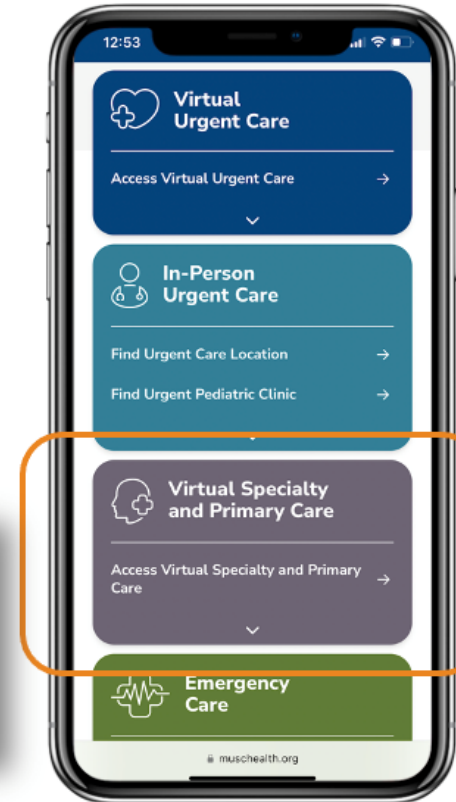
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What is the Virtual Specialty Practice?

- **100% virtual practice** seeing new and return patients in high demand **specialties and primary care** across the state
- Fully staffed virtual 'clinic' with dedicated **RNs, LPNs, and registration** supporting pre-visit and post-visit experience, follow-ups, and **ancillary service** referrals

7 specialties offered today:
Primary care
Endocrinology
Rheumatology
Benign Hematology
Neurology
Pulmonary
Sleep Medicine



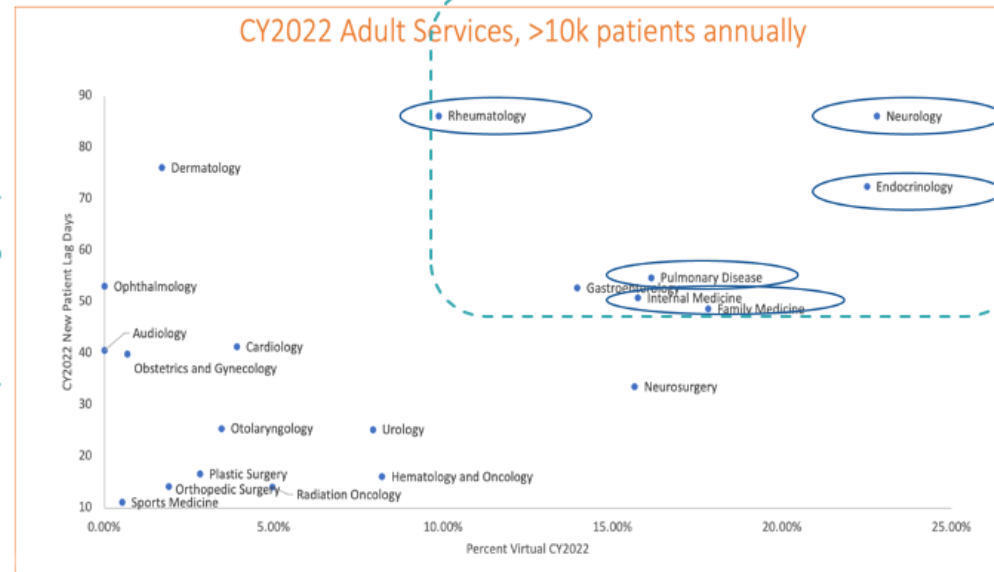
musc.care



Why did we build the Virtual Specialty Practice?

- To **address patient demand** and access issues
- To meet patients where they are and **start treatment plans**
- To **successfully recruit specialists** for our growing system and state needs

How did we decide where to start?



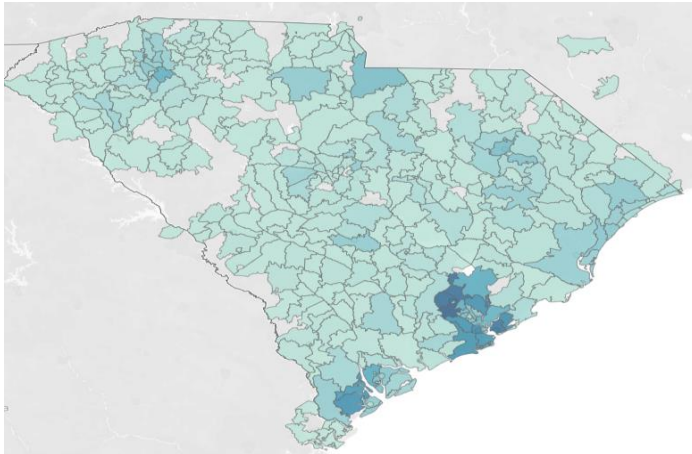
% virtual = historical amenability

FY24 Volumes

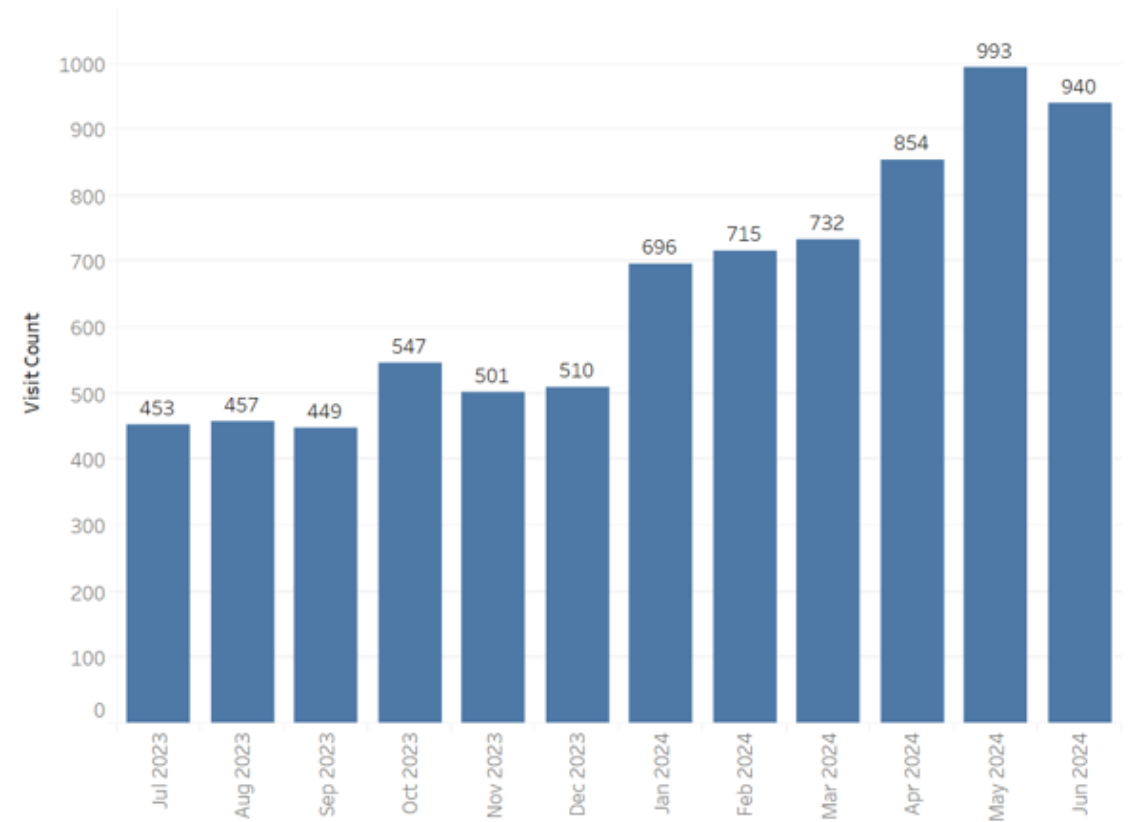
Total Number of Visits

7,836

Patient Home Location



Monthly Volumes



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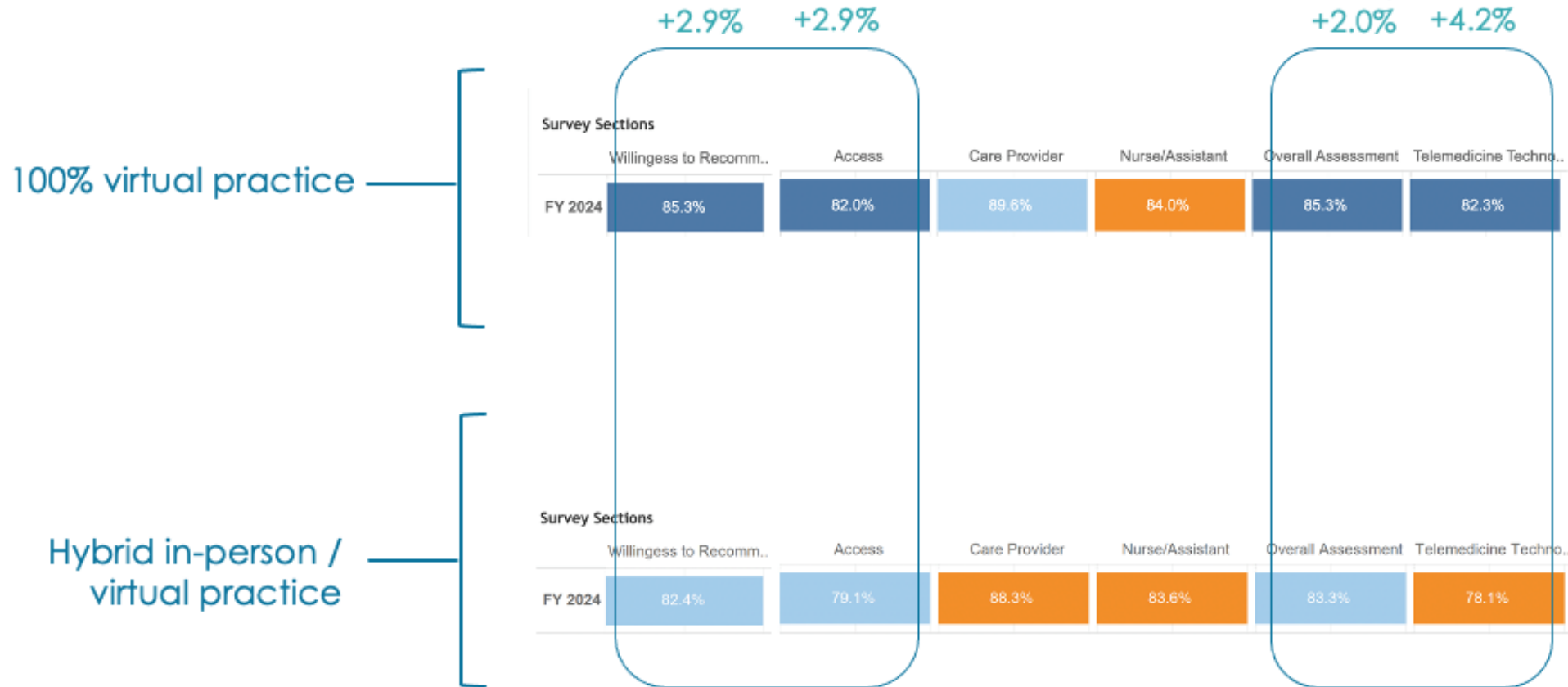
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MEDICAL TECHNOLOGY

Results: Improving Patient Experience



Questions?

Ross' story...



- Early virtual practice patient seeking rheumatology care
- Activities of daily living were impacted, and he needed to be seen to start treatment
- Was seen via virtual specialty the next day and was immediately impacted, prescribed medications started
- **Ross' story is not unique.**



To watch Ross' experience with Virtual Specialty Care, scan the QR code.

