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# Fulfilling the Promise of Telehealth

A Case Study of South Carolina

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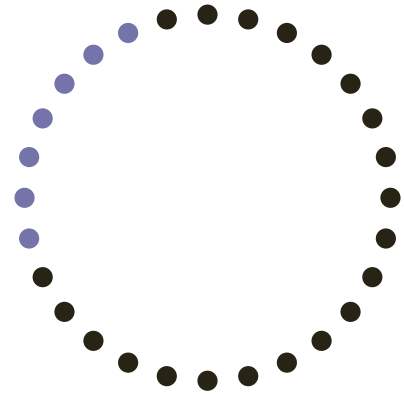
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# Background

## Public Health Problem

- Rural populations face barriers to health care
- South Carolina
  - 41<sup>st</sup> for patient access to health care
  - 43<sup>rd</sup> for primary care physician-to-patient ratio
  - All but one county are health care professional shortage areas



# Background



## Telehealth

- Recommended by ACOG
- Address barriers:
  - Travel distance
  - Cost
  - Shortage of health care providers
- High levels of satisfaction among patients and providers

(Dick et al., 1999; Grossman et al., 2011; Whitten & Love, 2005)



# Background

## Telehealth in South Carolina



- **MUSC Health Maternal Fetal Telemedicine program**
  - Specialist counseling for women with high-risk pregnancies
- **REACH MUSC**
  - Connects neurologists with emergency room physicians
  - Allow for 76% of individuals to be within 60 minutes of a primary stroke center
- **Department of Mental Health Telepsychiatry Network**
  - 20 hospitals throughout the state
  - Served over 20,000 patients seeking psychiatric care



# Purpose



## Case Study

- To improve understandings of the landscape of telehealth in South Carolina
- To identify the key components of a successful telehealth intervention



# Methods

## Case Study Method (Yin, 2009)

- Content Analysis
  - Archival legal records
  - Public artifacts
  - Online sources
  - Lexis-Nexis
- 11 interviews with telehealth experts/stakeholders
  - Purposive and snowball sampling
  - Age range: 22 - 77 years
  - Experience with telehealth: 6 months - 20 years
  - HyperRESEARCH 3.7.3, a qualitative data analysis software

# Results



## Sustainability

- Program implementation
- Provider reimbursement
  - SC Medicaid program requirements
- Provider convenience

“There’s also been a request to expand the number of codes that are covered, telemedicine codes, and that’s been suggested and it’s being reviewed internally. Hopefully as telemedicine continues to grow, hopefully too will Medicaid services grow. Hopefully, it’ll be able to get reimbursed for more services.”



## Results

### Legal and Logistical Considerations

- Licensing
  - Efforts to expand the one-state license to a federal interstate health program
- Medical malpractice coverage
- Prescriptions/pharmaceuticals
- IT/networking

“The biggest issue, the biggest error that we find is having the appropriate amount of connectivity in the rural areas and in the rural sites so you can actually do the video conferencing and it’s a clear picture.”



# Results



## Relationship-Centered Care

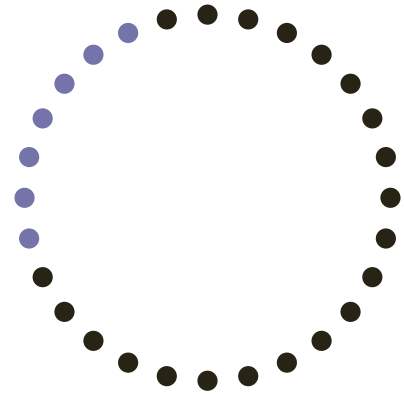
- Patient privacy and confidentiality
- Patient-provider trust
- Collaboration

“Building relationships and referral networks. And we’ve also been very clear that we don’t intend the telemedicine equipment be used for OB encounters but also for education or to connect with any other specialty that they may need to consult with so we want it to be utilized rather than just be used for OB or prenatal care. We want it to be taken advantage of and fruitful.”

# Implications

## Practical recommendations to develop and sustain telehealth programs

- Limit to in-state licensed practitioners and in-state patients
- Consider requirements for Medicaid reimbursement
- Establish trust with providers and patients
- Establish collaboration



# Implications



## For Health Educators

- Address provider and patient concerns with telehealth
- Utilize telehealth as an extension of available services
  - Remote patient monitoring
  - Patient education
  - Provider training and administrative meetings



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# Thank You



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