

MUSC Center for Telehealth Fiscal Year 2020 Strategic Plan



Executive Summary

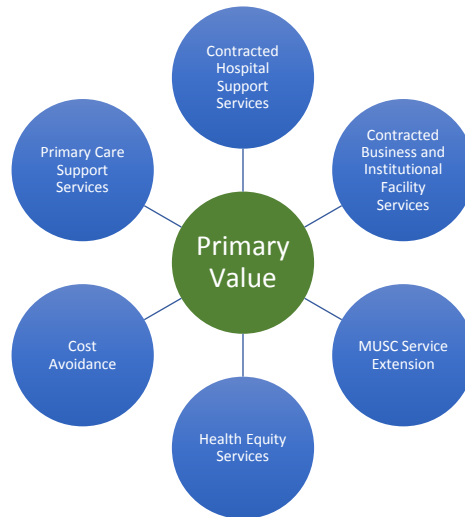
The Center for Telehealth at MUSC is at an exciting and pivotal point in our maturity. Our accomplishments to date are laudable, and the scope of our activity places us among the elite institutions in the country providing virtual care. Across the nation, much has changed for the better in the adoption of telehealth among providers, the telehealth platform industry and in payment models that support these modes of care. With a very positive environment for growth, a notable focus of our Fiscal Year 2020 Strategy is on the sharpening of focus and consolidation of our approach to supporting clinical programs that are of high priority for the Center. A primary focus and drive for our work in the coming year will be in our response to the opportunities provided by MUSC's rapid expansion. As our telehealth activities have always been designed with outreach and partnership in mind, we are well equipped to have an impact on the new MUSC communities. This year's planning also incorporates the first stage of a two-year process of completing and streamlining our virtual care technological ecosystem, as well as advancing our robust attention to the essential elements of education, training, reimbursement and promotion of our telehealth capabilities.

The strategy for Fiscal Year 2020 is intended to place us on a trajectory that allows us to capitalize on the foundation we have built, while acknowledging fiscal realities and other constraints to our future success. From a clinical perspective, telehealth services and their related tactics are grouped under a Primary Value Strategy, intended to give synergistic focus on the services that fall under those strategies. Throughout these clinical strategies there is a consistent pivot towards deploying services in the communities of MUSC's Regional Health Network as well as the unique opportunity to demonstrate our ability to support a rural hospital in the new partnership with Hampton Regional .

An additional key point of emphasis this year will be to delineate the Center's operational support role to the MUSC enterprise as a whole in relation to prioritized programs that the Center will be focusing on in order to maximize our effectiveness in those areas. The adjustment in metrics of success for this Strategy are intended to represent this change in scope of service. Within each Primary Value Strategy there is an increasing focus on the success of established and prioritized new initiatives, and our support scope remains broad for these programs to include administration, clinical operational support, business and marketing provision. Conversely, there is an increasing number of clinical services requesting to use telehealth technologies that may or may not fall under the Center's list of priorities. In order to both serve this need and still maintain prioritization, the Primary Value Strategy of *MUSC Service Extension* will house a defined set of telehealth modalities intended for broad use across MUSC. Telehealth modalities under this umbrella will continue to be robustly supported by the Center in their set up, training and ongoing maintenance. Importantly, our scope of support will not include the clinical operations and financial viability of the services using these modalities, which will be deferred to the traditional clinical oversight mechanisms at MUSC.

A two-year virtual care ecosystem roadmap is introduced in FY 2020. This timeline reflects the need to focus on our existing platforms with a few planned additions, while also acknowledging that the landscape of available technologies will likely need reevaluation at the end of the time period. The distinction of platforms between inpatient and outpatient settings allows for right-sizing of cost to needed functionality while standardizing the workflows and user experience. Key decisions on the modalities of direct-to-patient connections, remote patient monitoring and e-consult are energized by newly introduced reimbursement opportunities in these areas. Upon completion of this two-year roadmap the Center will have a clear designation of tools applied along the patient care continuum, interconnected with standardized workflows and integrations.

Outside of the clinical strategies, our growth continues in ever-more robust approaches to supporting telehealth services with reliable technical infrastructure, education, training and marketing. These strategies have strong synergies, with metrics of success that provide alignment with the overall plan. An emphasis on financial sustainability is present, which reflects our current stage of maturity as an elite, and long standing, Center for Telehealth.

Value-based Strategies**Tactic 1.1: Leverage MUSC Expertise to Provide Contracted Hospital Support Services**

These services are intended to support the needs of hospitals in a manner that provides benefit, or value, from the perspective of the partnered hospital. The services may be targeted towards the inpatient or emergency room setting and are typically associated with a contractual payment. The services should have well defined business models and strong synergy with other existing hospital services provided through the Center for Telehealth. The services should provide a net profit to MUSC and should have a strong case for return on investment for the partner hospital. Some services that are delivered in the setting of the hospital may not be included under this category if they do not meet the above criteria and thus, their primary purpose is for another Value Strategy, such as Health Disparities.

2022 Ideal Status

By 2022, the hospital contract services value strategy will be comprised of acute care hospital networks participating in the included programs. Network success will be measured through a combination of improved access to the specific programs' specialty services, quality of care measures, and positive financial margins for both MUSC and participating SC hospitals.

Subtactic 1.1.A: Expand the use of contracted, consultative hospital support services

Champion: Ellen Debenham

Medical Directors: C. Holmstedt, A. Parks, C. Pelic,

- **2020 focus:**
 - Optimize the delivery of telehealth services to MUSC's Regional Health Network and affiliate hospitals
 - Launch the new services of Palliative Care and Infectious Disease Support

Subtactic 1.1.B: Increase MUSC tele-ICU activities

Champion: Emily Warr

Medical Directors: D. Ford, N. Nadig

- **2020 focus:**
 - Growth of in-state provider shifts
 - New partnerships and assessments of benefit for affiliate and newly acquired hospitals

Subtactic 1.1.C: Support Rural Hospitals

Champion: Ellen Debenham

Medical Directors: M. Craig

- **2020 focus:**
 - Launch novel telehealth and supporting services to Hampton Regional

Tactic 1.2: Augment the services of Primary Care Medical Homes by leveraging MUSC ancillary and specialty resources as supporting services

These services are intended to support the typical missions of the primary care as a medical home. Services may be provided as a contracted service with the Center for Telehealth or by a MUSC Primary Care entity. The services may be supported by contractual revenue from the primary care entity, grant/appropriations funding or through professional billing. A diverse set of technologies are applied for services in this strategy. The value proposition should primarily be focused on the benefit to the primary care clinic. Some services provided in the primary care setting may not be included in this category if their primary purpose is for another Value Strategy.

2022 Ideal Status

By 2022 MUSC will have services that are centralized virtual care resources for use by primary care practitioners, emphasizing scalability and sustainability in this setting.

Subtactic 1.2.A: Provide consultation in the medical home setting via video consultation.

- **Champion:** Emily Warr
- **Medical Directors:** C. Pelic, C. Guille, M. Jones, S. Hales
- **2020 Focus:**
 - Pilot enhanced alternative care models to optimize the efficiency of available workforce, including piloting an on-demand support model for nutrition services and collaborative care model for behavioral health services

Subtactic 1.2.B: Provide remote monitoring services as a centralized resource extended from MUSC to primary care clinics

- **Champion:** Emily Warr
- **Medical Directors:** E. Kirkland, M. Craig
- **Focus:**
 - Program growth through target areas of disparity and those communities of the MUSC Regional Health Network and affiliate hospitals
 - Program growth through expansion in length of monitoring time
 - Identify a business plan for contracted support of external primary care clinics

Subtactic 1.2.C: Leverage virtual urgent's rapid access capabilities to enhance primary care health maintenance and prevention goals

- **Champion:** Tasia Walsh
- **Medical Directors:** V. Diaz, M. Player, E. O'Bryan
- **Focus:**
 - Link virtual urgent users to preventive care initiatives

Tactic 1.3: Business Health Services

These services are intended to support the provision of healthcare and wellness initiatives of defined populations through contracted arrangements. These populations are typically employees of a business, residents of a long-term care facility or residents of correctional facilities. These services should generate revenue for MUSC and have strong return on investment cases for the partnered employers and facilities.

2022 Ideal Status

Services to these contracted partners will include a fast, convenient, ultra-affordable emergency and urgent care alternative. The services will have expanded value based, direct patient care services including occupational medicine, primary care, and health maintenance at a more affordable price point than a primary employment of a health care provider. It will also allow flexible access to the entire spectrum of MUSC wellness offerings while adapting to a company's unique needs.

Subtactic 1.3.A: Provide urgent care mobile and site-based telehealth service to contracted employers

- **Champion:** Tasia Walsh
- **Champion:** E. O'Bryan
- **Focus:**
 - Focus on employers in the communities of the MUSC Regional Health Network

Subtactic 1.3.B: Provide supporting clinical services for correctional and nursing facilities

- **Champion:** Emily Warr
- **Medical Directors:** E. O'Bryan
- **2020 Focus:**
 - Introduce specialty services that meet the needs of partnered institutions

Tactic 1.4: Establish and maintain standardized telehealth modalities as resources to extend MUSC clinical services (i.e. MUSC Service Extension)

Services aligned to this strategy are established for the primary purpose of extending their existing in-person clinical services. The services in this category may or may not be priority initiatives of the Center, but rather are priorities for their clinical service line. The value metrics tracked by the Center should be those of the quality indicators associated with the telehealth modality applied. These services utilize a defined set of technologies provided by the Center and should adhere to standardized workflows as much as possible. Some services of other Value Strategies may use these standardized modalities, but are differentiated by their primary value case and priority of the Center.

2022 Ideal Status

Telehealth will be leveraged to optimize MUSC's clinically integrated network, population health initiatives and affiliate relationships. Telehealth service extension capabilities are deployed to assist MUSC as we locally meet the needs of the community and employers, regionally establish a feeder system of services to the main campus and establish a unique and robust presence across the State and beyond.

Subtactic 1.4.A: Establish regional and affiliate specialty telehealth clinics

- **Champion:** Ellen Debenham
- **Medical Directors:** M. Craig, R. Veeraswamy
- **Focus:** Plan for growth in the communities of the MUSC Regional Health Network and affiliate hospitals

Subtactic 1.4.B: Provide a standardized approach to provide case-review based services for referring providers.

KPI: Virtual Tumor Board and Project ECHO interactions

- **Champion:** Tasia Walsh
- **Medical Directors:** D. Cachia
- **Focus:** Optimize Virtual Tumor Board for expanded services and continue to assist with the growth of obstetrical and behavior management ECHOs

Tactic 1.5: Cost Avoidance Services

These services are intended to reduce costs for patient populations for which MUSC has a shared financial risk, such as the Accountable Care Organization agreements with insurers. These services should have value metrics that are aligned with cost reductions relative to usual care.

2022 Ideal Status

The overall strategy for this area will be to develop cost and savings models for a variety of different telehealth program types, utilizing published research data from relevant programs, payer data, CMS data, individual program data, and overall Center for Telehealth data. An Economic Evaluation Group, consisting of experts in telehealth development, research, policy, regulations, analytics, informatics, and population health, will be convened regularly to develop these models. This group will integrate and collaborate with other economic evaluation efforts across the country to provide the most accurate information, most relevant outcomes, and best dissemination capabilities.

Subtactic 1.5.A: Leverage virtual care approaches to avoid unnecessary emergency room visits and hospitalizations in MUSC shared-risk insurance plans

KPI: Virtual encounters for target populations

- **Champion:** Tasia Walsh
- **Medical Directors:** E. O'Bryan, C. Pruitt
- **Focus:**
 - Provide virtual care access for patients who are high utilizers of the emergency room and assist with the connecting those patients to ongoing management services

Subtactic 1.5.B: Optimize the value of MUSC to MUSC clinic sharing of ancillary health provider resources

- **Champion:** Emily Warr
- **Medical Directors:** A. Leshner, C. Pruitt

- **Focus:**
 - Optimize the use of MUSC-to-MUSC site connections for pediatric clinics and the Children’s Hospital

Tactic 1.6: Health Equity Services

Health Equity Services

These services are those whose primary intent is reduce a health disparity and make progress toward achievement of health equity across the State. The value metric should be a measure of health disparity or related process measure. The service should plan for sustainability, though a diversity of funding sources is often required to achieve this goal.

2022 Ideal Status for Strategy

The Health Equity Value Strategy will demonstrate the value of the State, community and philanthropic investment in programs that address priority health care disparities by exhibiting the measurable impact made on these disparities per dollar invested.

Subtactic 1.6.A: Increase access to medically-underserved children through increased utilization of school-based telehealth.

- **Champion:** Emily Warr
- **Medical Directors:** K. King, M. Player
- **Focus:**
 - Monitor and continue to enhance utilization by leveraging the software assisted shared call pool of providers. Begin expansion to additional schools in the communities of MUSC’s Regional Health Network

Subtactic 1.6.B: Increase access to substance abuse services to geographically underserved populations

- **Champion:** Emily Warr
- **Medical Directors:** C. Guille
- **Focus:**
 - Optimize the existing 301 and ECHO initiatives
 - Support the growth of the direct-to-patient approaches to behavioral health interventions for pregnant women

Subtactic 1.6.C: Increase access to obstetrical services to underserved areas

- **Champion:** Tasia Walsh
- **Medical Directors:** D. Johnson, J. McElligott, C. Guille
- **Focus:**
 - Initiate a software assisted, shared-pool CDE program to support obstetrical sites
 - Optimize the use of behavioural health and MFM consultative services to outpatient sites

Subtactic 1.6.D: Increase access to care for children

- **Champion:** Emily Warr
- **Champion:** K. King, W. Marvin, A. Leshner
- **Focus:**
 - Pilot a virtual newborn home visitation program
 - Optimize the acute critical care work for consultations in affiliate hospitals

Strategy 2:**Provide a high reliability telehealth infrastructure and workflow that promotes effective care delivery****2022 Ideal Status**

By 2022, MUSC will have standardized and robustly supported telehealth platforms and tools that optimize provider-to-provider and provider-to-patient clinical interactions.

Tactic 2.1: Optimize process and technical support team capabilities to maintain a high level of service quality

- **Champion:** Emily Warr, Michael Haschker
- **2020 Focus:**
 - Minimize the proportion of lost interactions due to technical difficulties

Tactic 2.2: Maintain a video infrastructure, integrations and workforce that enables MUSC's clinical operations and our support obligations to SCTA's activities

- **Champion:** Michael Haschker
- **2020 Focus:**
 - Establish standardized recommendations to technology choices and workflows inclusive of all clinical scenarios
 - Establish a technical infrastructure roadmap to optimize performance relative to cost efficiency to the Center as a whole

Tactic 2.2: Applying a common patient-engagement framework, establish a standardized approach to leveraging MUSC's direct-to-patient virtual care tools for the management of chronic diseases and post-operative care.

- **Champion:** Emily Warr, Tasia Walsh
- **Medical Directors:** H. Evans, A. Lesher, V. Diaz, E. O'Bryan, M. Craig, K. King
- **Focus:**
 - Establish four standard modalities to use in addition to Epic functionality (secure texting modality, a mobile application template, a remote monitoring dashboard, and expanded uses of the Zipnosis platform)

Tactic 2.3: Launch e-consult platform with pilot services

- **Champion:** Tasia Walsh
- **Medical Directors:** V. Diaz, M. Player, A. Parks
- **Focus:**
 - Launch e-consult pilot as a CMS Interprofessional Collaboration eligible service

Strategy 3:**Evaluate and disseminate evidence relating to the utilization, quality and value of telehealth at a local, state and national level****2022 Ideal Status for Strategy**

By 2022, MUSC's national presence as a leader in virtual and digital forms of healthcare delivery will be supported by robustly evaluated and disseminated knowledge.

Tactic 3.1: MUSC telehealth programs consistently measure and report outcomes

Subtactic 3.1.A: Optimize the centralized collection and dissemination of service outcomes

- **Champion:** Emily Warr
- **2020 Focus:**
 - Prioritize KPI and process metric reporting for mature programs in the domains of utilization, effectiveness in access and quality, experience and finances

Tactic 3.2: Provide support for dissemination of telehealth evidence

Subtactic 3.2.A: Prioritize initiatives of the Center for Excellence

- **Champion:** Ryan Krus
- **Medical Directors:** D. Ford, K. King
- **2020 Focus:**
 - Continue to disseminate areas of research focus to the broader Center team

Subtactic 3.2.B: Standardize university effort and grant support mechanisms

- **Champion:** Ryan Krus
- **Medical Directors:** D. Ford
- **2020 Focus:**
 - Optimize SCTA Award processes through SCTR and the research support mechanisms through SPARC
 - Establish and formalize the scope of the Center's telehealth capabilities and workforce supporting research

Strategy 4: Train MUSC's workforce of today and tomorrow for telehealth

2022 Ideal Status for Strategy

By 2022, MUSC clinicians and students will be identified nationally as having a high proficiency in telehealth relative to their peers.

Tactic 4.1: Deploy telehealth education to students and trainees

- **Champion:** Ragan DuBose-Morris
- **Medical Directors:** C. Pelic
- **2020 Focus:**
 - Review and update the telehealth educational roadmap. Provide a content overview of each module to avoid redundancy and optimize the learners experience
 - With input and validation from the clinical team, revise and standardize the format for the selected modules of the roadmap (see Appendix 2)
 - In coordination with an existing telehealth service and Medical Director, establish a Learning Commons-based educational experience

Tactic 4.2: Provide relevant telehealth competencies for MUSC health care providers

- **Champion:** Emily Warr
- **2020 Focus:**
 - Establish a plan and begin implementation for standardized privileging resources and unique service competencies across the spectrum of telehealth modalities

Strategy 5: Optimize outreach, partnership and marketing opportunities

2022 Ideal Status for Strategy

The activities of the Center for Telehealth will be well known across the region and nation. Partnership opportunities will be in high demand and the Center's activities will be a strong driver of MUSC outreach and expansion.

Tactic 5.1: Increase public awareness of the MUSC Center for Telehealth

Subtactic 5.1.A: Increase the Center for Telehealth's digital presence

- **Champion:** Adrian Grimes
- **2020 Focus:**
 - Increase and improve feeders that drive website traffic such as email marketing and social media marketing
 - Improve alignment with clinical department webpages to ensure two-way promotions (i.e. teledermatology is on dermatology webpages as well as telehealth webpages)

Subtactic 5.1.B: Optimize Center for Telehealth Tours

- **Champion:** Ryan Kruis
- **2020 Focus:**
 - Standardize the tour intake and process to ensure key messages are delivered based on the audience

Tactic 5.2: Facilitate the activities and mission of the South Carolina Telehealth Alliance

- **Champion:** Ryan Kruis
- **Medical Directors:** J. McElligott, K. King
- **2020 Focus:**
 - Per SCTA annual strategic plan

Strategy 6:**Actively pursue reimbursement models to sustain telehealth services****2022 Ideal Status for Strategy**

By 2022, all of MUSC's clinical activities will have reimbursement in place which support the programs.

Tactic 6.1: Provide data to help advocate for and assist in negotiations with insurers to provide reimbursement for telehealth services

- **Champion:** Adrian Grimes
- **2020 Focus:**
 - Facilitate the advocacy for payment reform around the SCTA payer priorities

2022 Ideal Status for Strategy

Tactic: Maintain actual telehealth expenditures on (or below) the budget

Champion: Ellen Debenham

- **2020 Focus:**
 - Monitoring of actual expenditures versus budget

Tactic: Diversify Revenue Sources

• **Champion:** Ellen Debenham

- **2020 Focus:**
 - Increased contracted revenues