"People are struggling in this area:"
Fulfilling the promise of telehealth in S.C.

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Access

South Carolina

- 39th for patient access to health care
- 43rd for primary care physician-to-patient ratio
- All but one county in the state are designated health care professional shortage areas.

Rural residents more likely to report poor health status due to lack of access to quality health care
Telehealth

Recommended by ACOG to address health disparities

Addresses Barriers:
- Travel distance
- Cost
- Shortage of health care providers

High levels of satisfaction (patients and providers)
Purpose

The purpose of the research is to improve understandings of telemedicine in South Carolina in order to increase health care access among women living in rural areas of the state.
Three-Pronged Research Approach

I. In-depth Interviews with Target Audience
II. Interviews with Experts/Stakeholders
III. Content Analysis of the Landscape of Telemedicine in S.C.
Qualitative
In-depth Interviews

- Theoretical Sampling
  - Flyers
  - Social Media
  - Word-of-mouth (churches, libraries)
- Allendale, Beaufort, Colleton, Jasper, and Hampton Counties
- 52 1-hr. Interviews
  - Semi-structured Interview Guide

$25
Data Analysis

- Grounded Theory Methodology (Corbin & Strauss)
- Interviews Transcribed Verbatim
- Coded and Analyzed in HyperResearch 3.7.2
- Constant Comparative Method: Line-by-line open and axial coding
Demographics & Descriptives

Age
18-44 years;
Mean: 32.4±7.0 years

Race/Ethnicity
African American 62%
White/Caucasian 28%

Income
81%: $49,999 or less

Health Insurance
30% Medicaid
13% None

Contraception
None: 43%
Sterilization: 15%
Pill: 11%
Condom: 6%
Shot: 6%
Health Care Provider Credibility

“As long as the staff is qualified, medical wise. Qualified staff is really what you look for.”
“Just doctors that are really down-to-earth and can communicate with their patients. I don’t want to feel judged regardless of why I go to a doctor’s office.”
Relationship-Centered Care

“Maybe the person, the doctor that they’re talking to doesn’t know them on a personal level, so they might not feel as comfortable asking questions, or the doctor might not know their specific scenario or situation so that might be a problem.”
Confidentiality

Seeing Someone You Know
“Definitely confidentiality because in a lot of the cases, in a small town like this, everybody knows everybody.”

Privacy
“Privacy. Because of the fact you’re going to a community center, you don’t have offices where you can sit and see a doctor or talk.”
Benefits of Telemedicine

"I think [women] would appreciate [receiving care at a community location]. We do appreciate things that they’ve done for us, that concern us. We do appreciate it."

Cost

No waiting (for an appointment)

Transportation
“The closer the better, especially from where we live, gas and transportation is always an issue. So having some place closer would be great.”
Contraception as part of a healthy lifestyle

Obesity - Diabetes - High Blood Pressure

1. Concerns about effectiveness
2. Concerns about side effects
3. Doctor: Most trusted source of information
4. Family: Most influential on decision
Expert Interviews & Content Analysis

11 interviews with:
- South Carolina Telehealth Stakeholders (e.g., DHEC, MUSC, PASOs)

Landscape of Telehealth in South Carolina
- Document analysis of archival records and public artifacts, 1-year period between July 2014-July 2015
- Lexis Nexis was used to locate 15 news stories related to telehealth and/or telemedicine in South Carolina
- Online sources including organizational websites and social media (e.g., Twitter) to search for newsletters, blogs, legislation, legal precedents, reports, and bulletins.
Barriers: Resolving Technicalities

- Implementation Costs/Sustainability
- Provider Reimbursement
- Provider Convenience
- 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 on both sides.”
Benefits: Increased Access to Care

- Opportunity/Need in Reproductive Health
- Improved Access

“These women are very appreciative. They don’t have to pack up their kid in car seats and bring them in, you know, come in for just a couple of minutes and then leave. So it’s very convenient for them and so like I’ve said, it’s gotten very positive feedback from those who have participated in it so we just have to determine how to get more people to do this. This way.”
Relationship-Centered Care

Patient-Provider Trust

"In the South, trust is a very very important ingredient in relationship-building."

“In terms of telemedicine the key message is going to be: it’s essentially the same as the face-to-face visit - it’s no less, no less, I don’t know, it doesn’t shortcut anything. It’s just intended to be easier. I think that would be a key message. Probably most important message to create the “buy-in” on the patients end.”
Reimbursement

“There’s also been a request to expand the number of codes that are covered, telemedicine codes, and that’s been suggested and its 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.”
Collaboration

MUSC Center for Telehealth
South Carolina Telehealth Alliance
Palmetto Care Connections

“One building relationships and referral networks. And we’ve also been very clear that we don’t intend the telemedicine equipment be used just for OB encounters but also for education or to connect with any other specialties 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.”
Content Analysis: Legal Issues

- South Carolina prohibits the use of “cell phone video” to facilitate a telemedicine encounter.
- Proposed bills aim to expand the one-state license to a federal interstate health program to maximize the benefits and scope of telehealth.
- Practitioner must satisfy the requirement of at least one interactive video consultation with the patient prior to writing a prescription.
Content Analysis: Sustainability

Insurance Coverage: Private

- 37% of U.S. employers with at least 1000 employees expect to offer telemedicine consultations by 2015, and another 34% are considering it for 2016-2017
- Blue Cross Blue Shield of SC—noted to cover 90% of the privately insured in SC—currently covers three telemedicine specialties: high-risk pregnancies, strokes, and mental health
- The physician must be licensed in South Carolina and located within the SC Medical Service Area (SCMSA)—the state of SC and areas in NC and GA within 25 miles of the SC state border
- The referring site presenting the patient must be located in the SCMSA and be located in a rural health professional shortage area or in a county outside of a metropolitan statistical area
- A telepresenter, a health care professional at the referring site who presents the patient to the physician and remains available as clinically appropriate, is required for all audio-video related telemedicine encounters
## Telemedicine in South Carolina

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<td>Private Insurance</td>
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<td>Medicaid</td>
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### Medicaid Service Coverage & Conditions of Payment:

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<td>Informed Consent</td>
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<td>Telepresenter</td>
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### Innovative Payment or Service Delivery Models:

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<td>HCBS Waiver</td>
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- Bordered by GA which has a parity law. No telemedicine parity legislation introduced in 2015.

**Medicaid**
- Medicaid imposes restrictions on the covered services, patient settings and designates eligible distant site providers as a condition of payment.
- Coverage for interactive audio-video only and RPM for chronic disease management in the home under their HCBS waiver.
- Medicaid requires a telepresenter for all audio-video related telemedicine encounters.

**Innovation**
- State-wide telepsychiatry network.
- OB/GYN Telemedicine demonstration project went into effect in July 2014. The project will leverage telemedicine to enhance access to obstetric and gynecological services for women in 4 rural counties.

*State Telemedicine Gaps Analysis, American Telemedicine Association, 2015*
Implications and Recommendations
Messages

• Convenient, Accessible, Affordable
  • Addresses barriers related to cost, transportation, and overcrowding of health care facilities.
• Private and Confidential
  • Including seeing someone they know and privacy of medical records (Health Level-7).
• Relationship-centered Care
  • Credibility of health care providers and effective patient-provider communication.
• Telehealth as an extension (not replacement of care).
Communication Channels

1. Radio
2. New Media
   • Social Media (Facebook)
   • Email
   • Text
   • Apps*
3. Billboards
4. Word-of-mouth
   • Churches
   • Libraries
   • Beauty Salons
   • Local/community colleges
Questions & Discussion

Women’s Health Research Team

collaborate
innovate
advocate

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