In early October 2017, the Health and Human Services Department’s Health Resources and Services Administration (HRSA) announced that two health systems would be designated as the nation’s first Telehealth Centers of Excellence: the Medical University of South Carolina (MUSC) and the University of Mississippi Medical Center (UMMC). The primary purpose of HRSA’s new program is to examine the effectiveness of telehealth services in rural and urban areas via public academic medical centers.

According to HRSA, eligible applicants for the designation include public academic medical centers located in states with high chronic disease prevalence, high poverty rates, and a large percentage of medically underserved areas. Furthermore, aspiring organizations must have successful, established telehealth programs with high annual volumes of telehealth visits and be financially self-sustaining. HRSA envisions that Telehealth Centers of Excellence will serve as clearinghouses for telehealth research and provide technical assistance to programs across the country, based on demonstrated success in the telehealth arena.

As part of the Center of Excellence distinction, MUSC and UMMC will each receive a $600,000 grant in the first year of participation and up to $2 million per year for an additional two years. Leaders at MUSC and UMMC view this designation as an affirmation that their programs are two of the most comprehensive and well developed in the country.

Medical University of South Carolina (MUSC)

Background

MUSC’s first telehealth program launched in 2005 with a maternal-fetal medicine program that treated women with high-risk pregnancies in underserved communities. Building on its success, the health system opened a telestroke program in 2008.

“The inception of telehealth at MUSC was grass-roots-driven. Individual clinicians who saw a need tried to meet those needs with telehealth technology,” says Dee W. Ford, MD, MSCR, professor of medicine, Division of Pulmonary, Critical Care, Allergy, and Sleep Medicine, at MUSC. “Early on, we
didn’t have the institutional support to develop a full-
fledged program."

But MUSC’s improved outcomes and demon-
strated benefit to its community captured the attention
of the state legislature, which approached the health
system and asked what more MUSC could do if the
health system had substantial funding. As a result, the
state has provided MUSC with annual allocations.

“That was a huge catalyst for us,” says Ford. “Our
ability to demonstrate innovation in the telehealth
arena garnered support from the state.”

By 2013, MUSC was able to lay
the foundation for a robust, high-
volume telehealth program that not
only touches MUSC’s community but
impacts organizations throughout the
state. MUSC currently provides 77
unique telehealth services to more
than 200 sites in 27 South Carolina
counties. In addition, MUSC’s aggre-
gate number of annual telehealth
interactions has grown from 1,078 in
2013 to more than 235,000 in 2017.

“Our reach today is sweeping,”
says Ford. “We provide telehealth support to nearly
30 hospitals, more than 100 community clinics, 50
schools, and alternative sites such as nursing facil-
ties, prisons, and patients’ homes. MUSC’s tele-
health programs have long sought to mitigate South
Carolina’s health disparities, and 78 percent of our
telehealth sites are in completely or partially medically
underserved regions.”

Success Factors

Ford believes that critical to MUSC’s success is the
people working within the telehealth programs who
she believes are fiercely committed to its mission
of better meeting the health care needs of South
Carolina residents.

“Some health care organizations might view
telehealth as a way to grow their market share or
increase revenue,” she says. “But the mission of
our group since the beginning has been to help the
citizens of the community we serve. We’ve attracted
people who are passionate about the work they’re
doing and who believe that telehealth can bridge
gaps that impede access to critical resources.”

Future Goals

As a Telehealth Center of Excellence, MUSC will
participate in ongoing regional and national collab-
orations as well as the proactive dissemination of
telehealth resources.

“We provide telehealth support
to more than 40 hospitals, 90
community clinics, 50 schools,
and alternative sites such as
nursing facilities, prisons, and
patients’ homes.”

Dee W. Ford, MD, MSCR,
professor of medicine, Division of Pulmonary, Critical
Care, Allergy, and Sleep Medicine, Medical University of South Carolina

“Our role is to help provide consultation and tech-
nical assistance in addressing high-level telehealth
dilemmas,” says Ford. “We also hope to move the
needle in terms of the rigor of scientific telehealth
research to improve its quality and develop sound
analytic tools and models.”

The three topics MUSC will address during the
Center of Excellence project period include:
• Impact of telehealth on federal and local health
care spending
• Provider and patient engagement in telehealth
• Open access network evaluation and best prac-
tice dissemination

“Being named a Telehealth Center of Excellence
is an incredibly honorable designation for our health
system,” says Ford. “But our objective wasn’t just
to achieve that designation. We want to continue
to think carefully and strategically about how to
provide resources and support to other organiza-
tions so that they in turn can achieve ‘next-level’
telehealth programs.”
University of Mississippi Medical Center (UMMC)

Background

To reach the many rural and underserved communities in Mississippi, UMMC launched a tele-emergency medicine program in 2003 to connect several small, rural hospitals to the Medical Center’s Level 1 Trauma Center. What began with just three hospitals 14 years ago has evolved into what is now known as the Center for Telehealth (the Center), which provides remote caregiver access throughout the state in more than 35 specialties. The Center has recorded 500,000 patient visits in 68 of the state’s 82 counties and has expanded to more than 200 sites, not including patient homes.

Given that Mississippi residents have some of the highest poverty and chronic disease rates in the country, UMMC’s leaders believed telemedicine could have a critical impact addressing the unique challenges facing their state.

“The growth of our program has been driven directly by needs. We don’t lead with technology—we lead with needs,” says Michael Adcock, executive director of UMMC’s Center for Telehealth. For example, in 2014 when Mississippi’s rate of Type 2 diabetes became the highest in the nation, the Center’s leaders believed they were in a position to address this growing chronic care crisis. As a result, they initiated the Diabetes Telehealth Network, which demonstrated a tremendous impact on managing a prevalent chronic disease as well as controlling costs.

Success Factors

One reason UMMC has been able to disseminate its telehealth services so comprehensively is that the health system moved from a competitive to a collaborative model. As recently as 2009, UMMC was competing vigorously for patients in the Jackson metropolitan area. But shortly thereafter, as the telehealth program began expanding, UMMC revisited its approach.

“Rather than competing, we began working with primary care physicians in their communities to help them meet the specialized needs of their patients,” says Adcock. “The goal was to work collaboratively in order to deliver high-quality care as close to home as possible through UMMC’s telehealth services.”

Like MUSC, UMMC caught the attention of government leaders who were interested in both the positive outcomes and cost savings that UMMC achieved through the Center for Telehealth. Strong leadership from within UMMC, coupled with commitment from the state and federal levels, helped to grow the Center. Representatives from the Center also worked closely with legislators to have a voice in policy regarding telehealth reimbursement.
Future Goals

Adcock says the Telehealth Center of Excellence designation and the accompanying funding will allow the Center to focus on four work areas:

- Assessing the impact of telehealth on health care spending
- Creating new and/or refining payments methods
- Improving physician and patient awareness
- Expanding its overall research portfolio

“We have always been a group of ‘do-ers,’” says Adcock. “But now we will be able to do more than measure outcomes. With the designation, we are adding a research arm to our efforts that will allow us to build research methodologies on the front end and develop an infrastructure to test new delivery models.”

Adcock is enthusiastic about sharing the Center’s experience and success across the country to help other providers, as well as increasing patients’ understanding about the power of telehealth.

“Our drive to meet the needs of Mississippi residents with innovation has helped us to be recognized as a national leader in telehealth,” Adcock says.

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