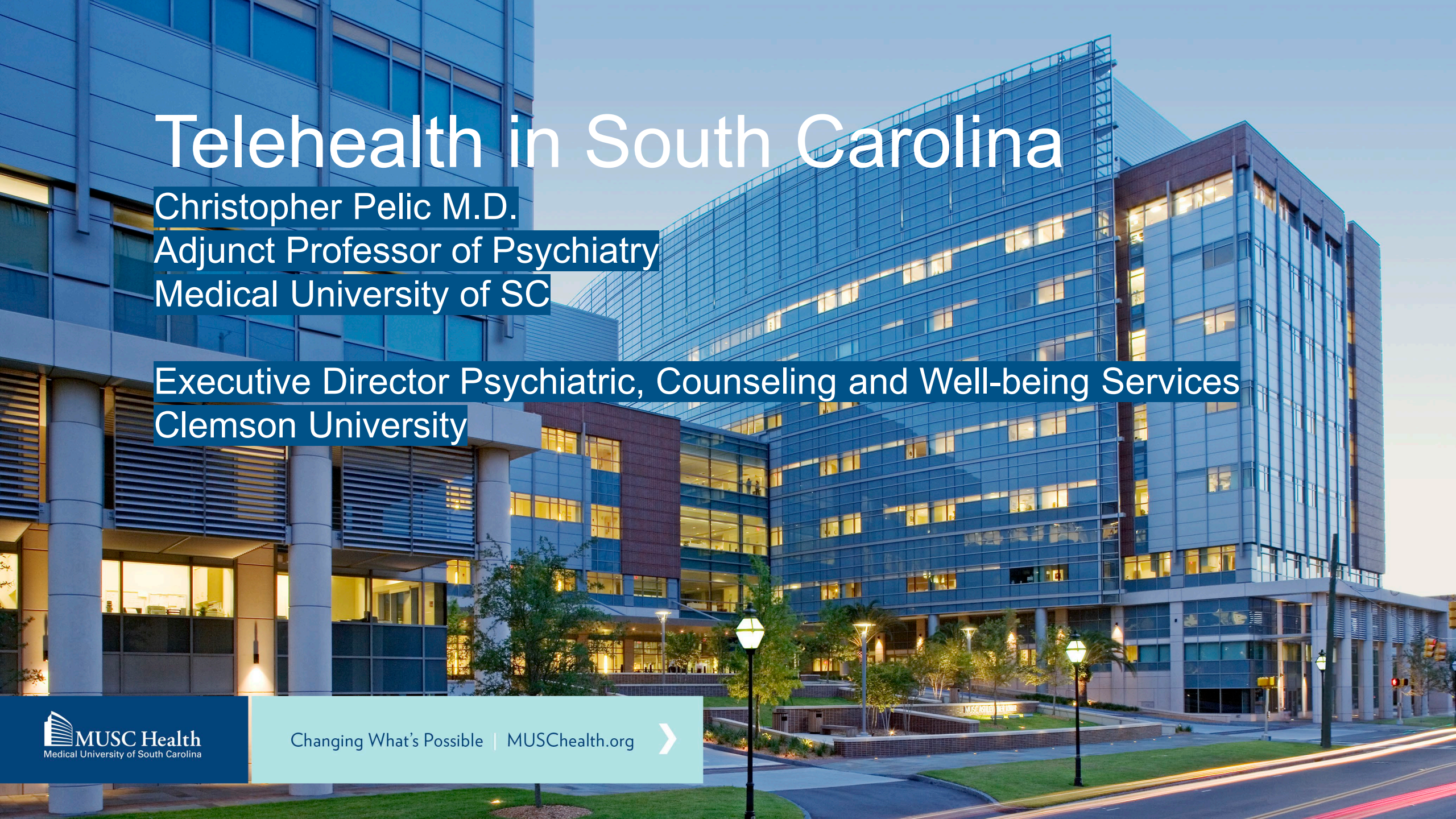
Telehealth in South Carolina
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Medical University of South Carolina
Changing What's Possible | MUSChealth.org

Disclosures

- Employed by Clemson University
- Adjunct Professor of Psychiatry - MUSC

Objectives

- Describe the background of telehealth and definitions of telehealth and telemedicine
- Describe the function of and services provided using telehealth
- Understand how telehealth works and is being used in SC in the treatment of psychiatric conditions and substance use disorders
- Understand the primary principles of the SC Telehealth Modernization Act 2024
- Summarize rules surrounding controlled substances and out-of-state practice in telehealth
- Discuss the pros and cons of telehealth in practice

Telehealth Overview

MUSC Psychiatry Telehealth

What is Telehealth vs Telemedicine?

- Telehealth includes clinical services, health education, public health interventions, administration and other elements that are part of the healthcare system

- ***While telemedicine refers specifically to remote clinical services***, telehealth can refer to remote non-clinical services such as provider training, continuing medical education or public health education, administrative meetings, and electronic information sharing to facilitate and support assessment, diagnosis, consultation, treatment, education, and care management

*https://www.aafp.org/home.html

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Telehealth Overview

Telemedicine: Categories & Examples

mHealth (Mobile Health)

- Home Monitoring, Wearable Devices & Health Apps

Synchronous

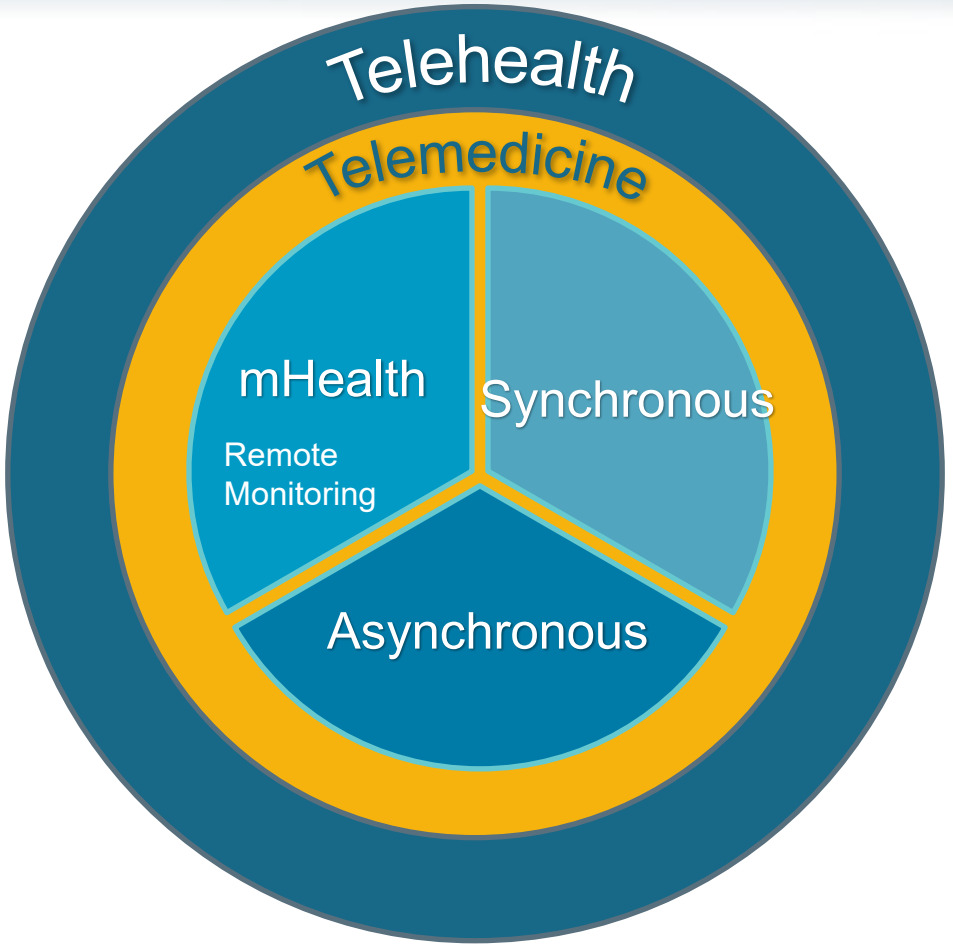
- Real Time Audio-Video interactions with or without additional Electronic Health Information

Asynchronous

- Audio-Video Recordings, Stored Images, and Messaging

Remote Patient Monitoring

- Monitoring vitals, labs, etc. and conducting medical decision making based on data



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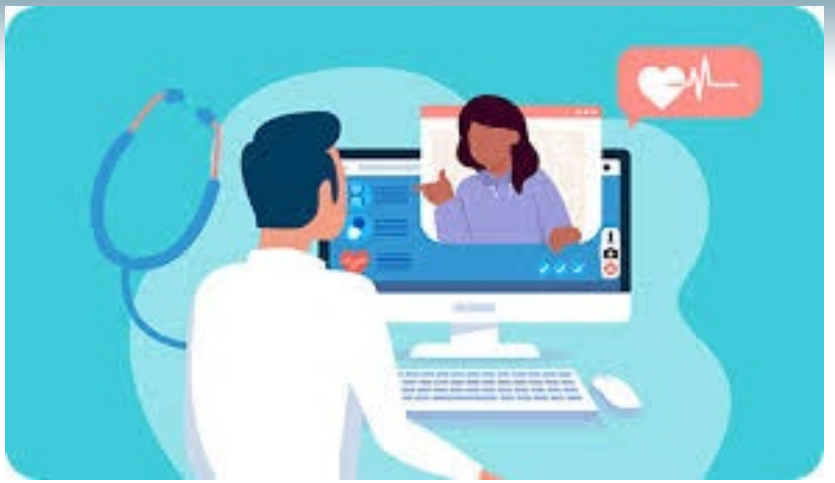
Telehealth Overview



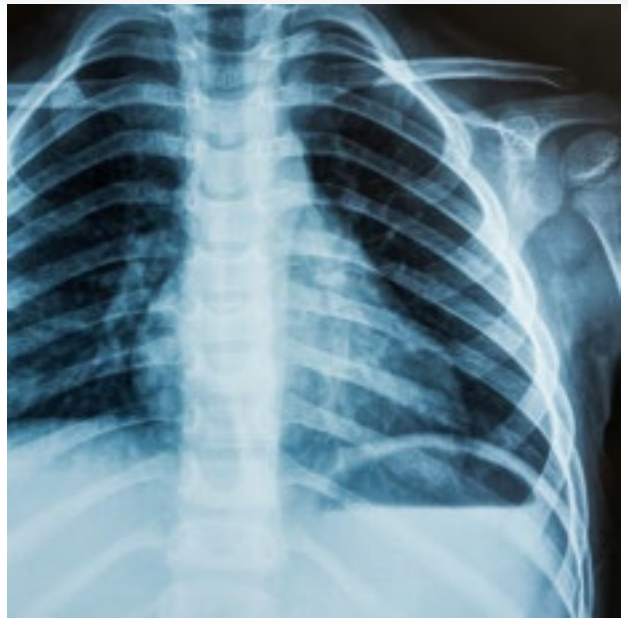
SYNCHRONOUS

- Real time
- Can include video and phone interactions with a provider
- Providers and patients communicate directly, often resulting in a diagnosis/assessment or treatment

Telehealth Overview

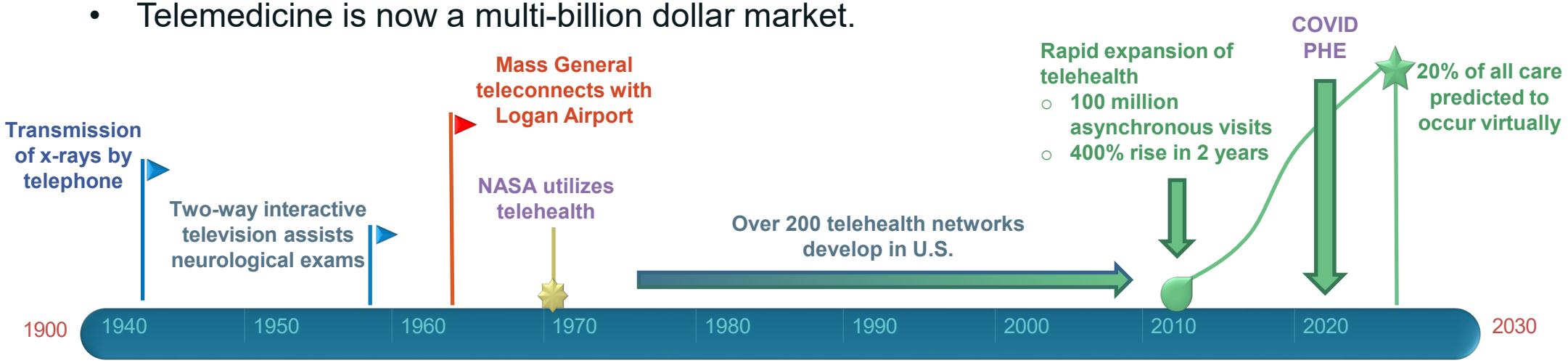
ASYNCHRONOUS

- Store and forward (e.g. radiology, photo is sent to a physician for review, e-consult, secure messaging)
- Allows for flexibility, efficiency, and potential time savings



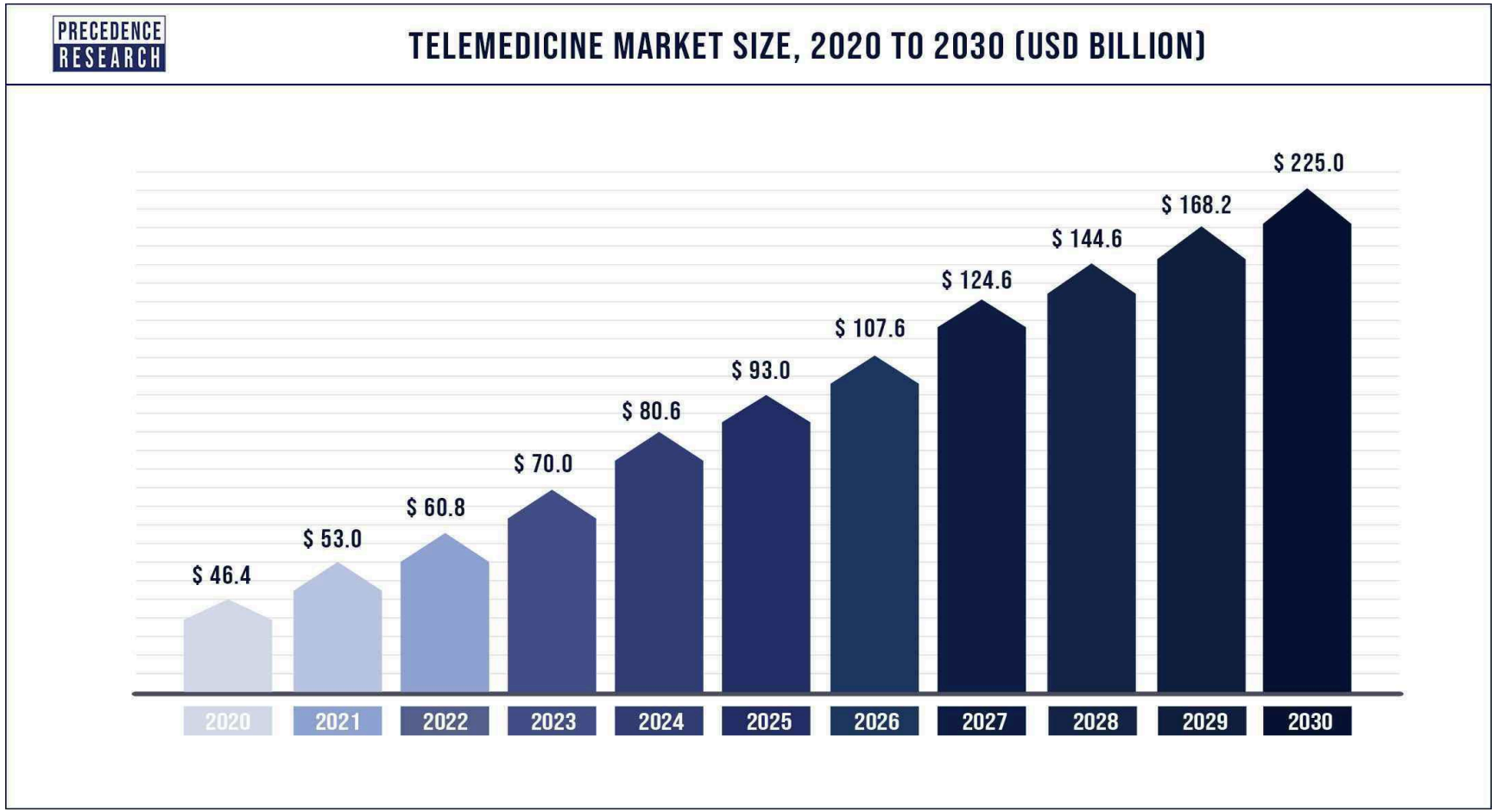
Telemedicine: History & Future

- Telemedicine is not a new concept, and in recent years, its use has grown exponentially.
- Over the next decade, virtual forms of care are expected to become commonplace.
- Telemedicine is now a multi-billion dollar market.



Sources: Institute of Medicine (US) Committee on Evaluating Clinical Applications of Telemedicine; Field MJ, editor. Telemedicine: A Guide to Assessing Telecommunications in Health Care. Washington (DC): National Academies Press (US); 1996. 2, Evolution and Current Applications of Telemedicine. Available from: http://www.ncbi.nlm.nih.gov/books/NBK45445 & http:// www2.deloitte.com/content/dam/Deloitte/global/Documents/Technology-Media-Telecommunications/gx-tmt-2014predictionevisits.pdf; "Virtual Health: Aligning Solutions With Enterprise-Wide Priorities" by SG2 Intelligence, 2014

By the Numbers…..



HRSA National Telehealth Center of Excellence

One of two U.S. National Telehealth Centers of Excellence

- Medical University of South Carolina
- University of Mississippi

Funded in 2017 with Renewed Mission – Cooperative Agreement

- Research & Outcomes Dissemination – 22 subprojects

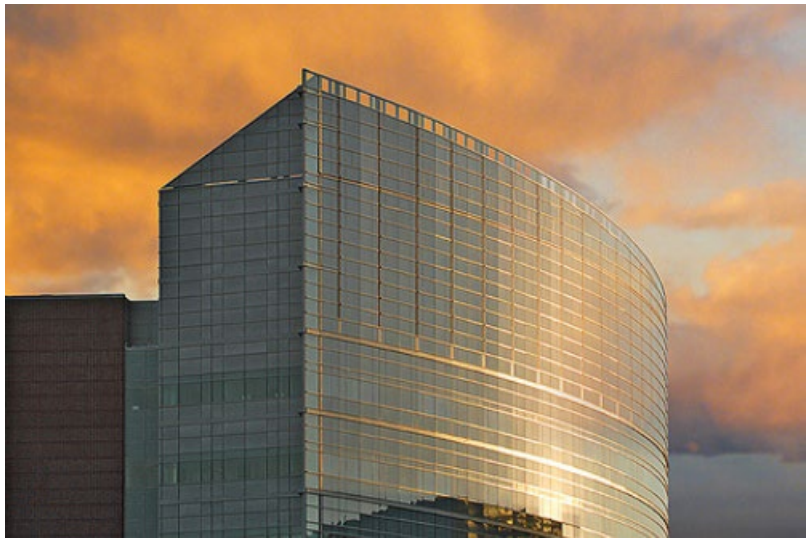
Part of HRSA System of Telehealth Resource Centers

- Technical assistance in the form of policy, infrastructure and education

https://telehealthcoe.org/

MUSC Center for Telehealth

"Telehealth for efficient, effective care"



- 16+ years of telehealth experience
- > 100 + unique telehealth services
  - Telestroke (40 hospital network; ~5,500 annual consults; 14 acute stroke centers)
  - School-based telehealth (90+ schools); 100 community clinics
  - Tele-ICU (partnership with Hicuity Health; 8 SC hospitals)
- 350+ connected sites
- Coordinating entity of the SC Telehealth Alliance
- HRSA-designated National Telehealth Center of Excellence

SC Telehealth Alliance (SCTA)

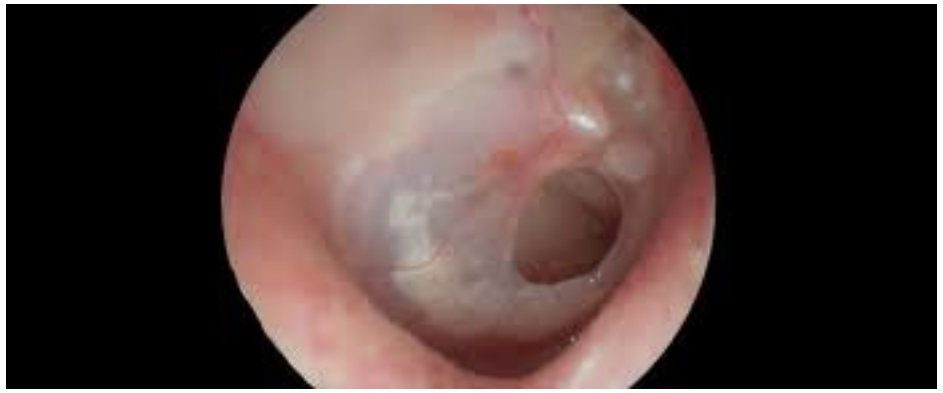
SOUTH CAROLINA Telehealth ALLIANCE

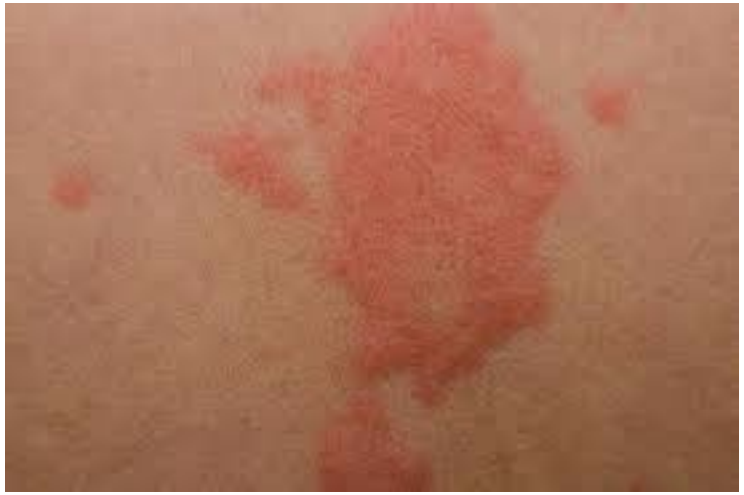
MUSC Health Medical University of South Carolina

- Funded by the South Carolina Legislature in 2013
- Statewide collaboration of many organizations to expand telehealth services
- Administered out of the MUSC Center for Telehealth
- Annual collaborative strategy
  - 450+ connected SC sites
  - 100+ services statewide
  - Legislative reporting
- Creating an open-access telehealth network

- SCTA Mission: Improve the health of all South Carolinians through Telehealth

Advanced telehealth





Use of peripherals allows for more detailed examinations

Key points about the use of telehealth in psychiatry

- Not intended to replace in-person care
- It can be used quite effectively for significant mental health issues and substance use
- Unique considerations for patients who are at higher suicide risk, psychotic, or manic
  - Know the exact location of the patient before the visit starts
  - Some patients are not appropriate for telehealth
- Used in ERs and medical/surgical hospitals for consultations
- Can have virtual MD inpatient rounding on psychiatric wards provided by on-site advanced practice providers (APPs)
- AA/NA groups online
- Programs for substance use (e.g. buprenorphine via telehealth)

Legal and Regulatory Considerations

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Telehealth Overview

Standard of Care

- Uphold the standards expected for in-person interactions
- Ensure sufficient information for clinical decisions
- When a telepresenter is utilized, the interpretation of the evaluation is the duty of the licensee at the distant site
- Confirm the identity of patient, location of patient and provider
- Have an emergency plan during the encounter
- Have appropriate policies/procedures as they pertain to the hospital systems, trainees, and compliance/billing
- Must be able to do adequate assessment for appropriate treatment

General Legal Issues

The greatest risk involves programs that stretch the definition of telehealth

Prescribing medication across state lines without examining the patient or inadequate examination

Practical Approach

- Practice within your area of expertise
- Adhere to your standards of care
- Be licensed appropriately and know malpractice
- Ensure your technology is reasonably up-to-date and well-maintained
- Put the health of the patient first

Burke et al. 2015

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Telehealth Overview

Hageseth v Superior Court of California

•A California court held jurisdiction over a Colorado-licensed psychiatrist who prescribed medication to a patient in California over the Internet. The psychiatrist was charged with practicing medicine without a license in California and sentenced to nine months in prison. This case demonstrates the importance of physician education on licensure requirements for practicing telemedicine across state lines.

https://www.justice.gov/criminal/criminal-fraud/telemedicine-case-summaries#:~:text=Beginning%20in%20or%20around%20April,of%20the%20Miami%20Strike%20Force.

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Telehealth Overview

General Legal Issues

Informed Consent: Special consent may be necessary

- Involvement of non-medical staff (i.e. IT, telepresenters)
- Recording of the interaction
- Vulnerability of equipment to failure
- Security risks
- Trainees and shadowing

Security: All equipment must be HIPAA compliant

- Encrypted & private
- Endpoint security

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Telehealth Overview

About the S. 1035: South Carolina Telemedicine Act (2016)

- Had limitations on prescribing, particularly with controlled substances or lifestyle medicines (e.g. Cialis, Viagra)
- It did not address many of the nuances of telehealth
- It was created at a time when telehealth adoption was limited in SC
- Did not allow work from out-of-state MDs unless the provider had an SC license
- It was more restrictive than many other states at the time
- Has been superseded by the SC Telehealth Modernization Act (2024)

SC Telehealth Modernization Act (2024)

- Scope of practice: Licensees can only provide healthcare within their scope of practice.
- Standard of care: Licensees must adhere to the same standard of care as in-person care.
- Professionalism: Failure to meet the standard of care is considered unprofessional conduct and may result in discipline.
- **Telemedicine definition**: Telemedicine is defined as the practice of medicine using electronic communications or other means between a patient and a licensee in different locations.
- Remote prescribing: Physicians can prescribe medication remotely without an in-person exam, but there are limitations. *For example, physicians can't establish a doctor-patient relationship for the purpose of prescribing medication if an in-person exam is necessary.*
- Documentation: Relevant components of telemedicine interactions must be documented as with any other encounter.
- Confidentiality: Patient records must be maintained confidentially and disclosed to the patient in accordance with state and federal law.

SC Telehealth Modernization Act (2024)

- Must be licensed in this State; provided, however, a licensee need not reside or maintain a physical office in this State to be considered actively practicing medicine if the licensee has a valid, current license issued by the applicable licensing board in this State; further provided that a licensee residing in this State who intends to practice via telehealth to treat or diagnose patients outside of this State shall comply with other state licensing boards
- Shall maintain a controlled substances registration with South Carolina's Bureau of Drug Control if prescribing controlled substances.
- Comply with both STATE and FEDERAL rules (whichever is more stringent)
- Provide an appropriate evaluation before providing health care to the patient, which need not be done in person if the licensee determines they are able to appropriately provide health care to the patient via telehealth in conformity with the same standard of care required for in-person care

SC Telehealth Modernization Act (2024)

- Verify the identity and location of the patient and inform the patient of the licensee's name, location, and professional credentials

- Where an in-person physician-patient relationship is established in another state for specialty care and treatment is ongoing by that out-of-state provider, care provided pursuant to an existing treatment plan via telehealth in this State by the out-of-state provider between in-person visits is considered acts incidental to the care of the patient in another state and the out-of-state provider is not required to be licensed in this State.

SC Telehealth Modernization Act (2024) – Controlled Substances

(7) prescribe in compliance with all relevant federal and state laws including, but not limited to, participation in the South Carolina Prescription Monitoring Program in Article 15, Chapter 53, Title 44 and the Ryan Haight Act, within a practice setting fully compliant with this section, and subject to the following limitations:

(a) at each encounter, threshold information necessary to make an accurate diagnosis must be obtained in a medical history interview conducted by the prescribing licensee;

(b) Schedule II-narcotic and Schedule III-narcotic prescriptions are not permitted except in the following instances:

(i) when the practice of telemedicine is being conducted while the patient is physically located in a hospital and being treated by a practitioner acting in the usual course of professional practice;

(ii) those Schedule II and Schedule III medications used specifically for patients actively enrolled in a Medication-Assisted Treatment (MAT) program with a provider who has an established physician-patient relationship when buprenorphine is being prescribed as a medication for opioid use disorder;

(iii) patients enrolled in palliative care or hospice; or

(iv) any other programs specifically authorized by the board; and

(c) prescribing abortion inducing drugs is not permitted; as used in this chapter "abortion inducing drug" means a medicine, drug, or any other substance prescribed or dispensed with the intent of terminating the clinically diagnosable pregnancy of a woman, with knowledge that the termination will with reasonable likelihood cause the death of the unborn child. This includes off label use of drugs known to have abortion-inducing properties that are prescribed specifically with the intent of causing an abortion, such as misoprostol (Cytotec) and methotrexate. This definition does not apply to drugs that may be known to cause an abortion, but which are prescribed for other medical indications including, but not limited to, chemotherapeutic agents or diagnostic drugs. Use of such drugs to induce abortion is also known as "medical", "drug induced", or "chemical abortion"; and

SC Telehealth and Telemedicine Modernization Act Updates

The South Carolina Telehealth and Telemedicine Act has been amended as of March 11, 2024, to include the following major changes:

Previous Act	New Amendment Effective 3/11/2024
An in-person evaluation is required in order to prescribe new C-II and C-III medications (non-narcotics or narcotics) except in cases where an exception has been approved by the SC Medical Board.	Inclusion of the following exceptions that do not require an in-person evaluation in order to prescribe new C-II and C-III narcotics: • when the practice of telemedicine is being conducted while the patient is physically located in a hospital and being treated by a practitioner acting in the usual course of professional practice; or • when buprenorphine is being prescribed as a medication for opioid use disorder; or • for patients enrolled in palliative care or hospice; or • any other programs specifically authorized by SC Medical Board. C-II and C-III non-narcotics are allowable to be prescribed without an in-person evaluation or special permission from the Board.
APRNs may perform medical acts via telemedicine pursuant to a practice agreement.	Amendment to the Nurse Practice Act that an APRN may perform medical acts and prescribe C-II and C-III medications via telemedicine and telehealth pursuant to a practice agreement without having to be licensed to practice medicine in SC.
No definition for telehealth.	Definition of telehealth created as "the use of electronic communications, information technology, or other means to deliver clinical health care, patient and professional health-related education, public health, or health administration between a licensee in one location and a patient in another location with or without an intervening licensee."

For additional questions, please reach out to the South Carolina Telehealth Alliance (SCTA) by emailing info@sctelehealth.org.

Federal Laws related to Telehealth Controlled Substances

- **Previously, the Ryan Haight Act established the rules related to controlled substances**

- The Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) have extended telehealth flexibilities for prescribing controlled substances through December 31, 2025 – as of November 15, 2024

- They had planned to establish new rules by December 2024 but had to extend them further

Ryan Haight

- Requires any practitioner issuing a prescription for a controlled substance to conduct an in-person medical evaluation (with certain specified exemptions). **A conservative recommendation to support compliance with the act is to conduct an in-person exam at least once every 24 months.**

- The Act also describes special circumstances such as covering prescribers and prescribing within a federal health care system (e.g., Indian Health System; Department of Veteran's Affairs). Psychiatrists working in federal health care systems should be familiar with their organization's policy around the telepsychiatric prescribing of controlled substances.

- Psychiatrists need to make sure they comply with other federal, state and organizational rules and policies around the prescription of controlled substances.

Ryan Haight Exemptions

Telemedicine Exceptions to the In-Person Exam Requirement

The Act offers seven telemedicine exceptions to the in-person exam requirement, but they are very narrow and do not reflect contemporary accepted clinical telemedicine remote prescribing practices.[5] They are summarized as follows:

(1) The patient is being treated in a DEA-registered hospital or clinic.

(2) The patient is being treated in the physical presence of a DEA-registered practitioner.

(3) The telemedicine consult is conducted by a DEA-registered practitioner for the Indian Health Service, who is designated as an Internet Eligible Controlled Substances Provider by the DEA.

(4) The telemedicine consult is conducted during a public health emergency declared by the Secretary of the U.S. Department of Health and Human Services.

(5) The telemedicine consult is conducted by a practitioner who has obtained a DEA special registration for telemedicine.

(6) The telemedicine consult is conducted by a Veterans Health Administration practitioner during a medical emergency recognized by the VHA.

(7) The telemedicine consult is conducted under other circumstances specified by future DEA regulations.

Healthcare Execs Face Federal Drug Charges in Landmark Telehealth Case

By Jonathan H. Ferry, Stephen K. Moulton & Virginia Wright on July 2, 2024

POSTED IN CONTROLLED SUBSTANCES ACT, HEALTHCARE, PANDEMIC FRAUD

Listen to this post

In a first-of-its-kind prosecution, federal prosecutors have charged two healthcare executives with unlawfully distributing controlled substances, such as Adderall, through a telehealth website. These charges demonstrate the Department of Justice's intensified focus on enforcing federal controlled substances laws in the rapidly evolving digital health landscape.

The government bases the bulk of its controlled substances charges on two requirements of the Controlled Substance Act (CSA). First, that a controlled substance "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Second, the "corresponding responsibility" of a pharmacist not to knowingly fill an invalid prescription for controlled substances. The novelty of this case is that neither the doctors who issued the prescriptions nor the pharmacies that filled them have been charged. Instead, the defendants are charged with *causing* the doctors and pharmacists to violate the statute.

The defendants are Ruthia He, founder and CEO of Done Global Inc., and David Brody, clinical president of the closely related Done Health P.C. (collectively "Done").

Substance Use Treatment Nuances

- Buprenorphine is used to treat opioid use disorders
- Before COVID-19, there were significant restrictions with telehealth
- The current opioid epidemic has helped us rethink policy especially given the significant impact on rural/remote areas

- “Prescribing buprenorphine through telehealth visits provides the opportunity to reach remote and underserved communities and patients who may be unable to travel daily to in-person appointments because of distance to the OTP [opioid treatment program], cost, childcare, employment and other factors,” said Dr. Mukkamala, a Flint, Michigan, otolaryngologist.

https://www.ama-assn.org/delivering-care/overdose-epidemic/new-rules-enable-telemedicine-treatment-opioid-use-disorder#:~:text=%E2%80%9CPrescribing%20buprenorphine%20through%20telehealth%20visits,other%20factors%2C%E2%80%9D%20said%20Dr.

Out of State Licensure

- Must have a medical license in the state the patient is in at the time of the appointment (unless state exceptions)
- Many states now require medical licenses in the state provider is in at the time of the appointment as well
- Some states offer licenses for the practice of telehealth (abbreviated process)
- Even telephone calls could be considered the practice of medicine
- No current national medical telehealth license (some professions have agreements across state – e.g. psychologists)

Malpractice – Out of State

- Malpractice limits vary from state to state
- Ensure medical malpractice covers out-of-state care
- Malpractice vs Immunity issues (**Immunity does not follow out of state**)

Insurance

- Some insurance companies will deny claims if the PROVIDER is out of state at the time of the appointment (e.g. Medicaid)

Pros of Telehealth

- Improved access to doctors (particularly specialists)
- Convenience
- Provider satisfaction
- Patient satisfaction
- Reduce costs and time
- Limit exposure to illness
- Potential for cost savings
- Potential to start life-saving treatment faster (e.g. stroke assessment by MD in ambulance)

Cons of Telehealth

- Limitations with examination
- Not all patients do well with tele-interactions
- Some patients have difficulty with technology
- Technical difficulties
- Lack of access to technology
- Privacy concerns
- Some insurance companies are limiting coverage
- ? Higher potential for fraud

Patient Satisfaction: Perceived Care

- Patient satisfaction surveys – indicate that the effectiveness of communication is a critical component of how a patient views their care, no matter the result in purely physical terms[1]

- Showing you care can even protect against adverse outcomes like suicide

Source: 1. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman Med J*. 2014;29(1):3-7.

Importance of “Webside” Manner

“It is unsettling how little it takes to defeat success in medicine. You come as a professional equipped with expertise and technology. You do not imagine that a mere matter of etiquette could foil you. But the social dimension turns out to be as essential as the scientific matter of how casual you should be, how formal, how reticent, how forthright. Also how apologetic, how self-confident, how money-minded. In this work against sickness, we begin not with genetic or cellular interactions but with human ones”

- Atul Gawande, an observer of medical behavior & practice

Why is Webside Manner Important?

- May improve healthcare outcomes

- Enhances the patient-provider relationship
  - Builds trust
  - Eye contact between clinician and patient is positively related to the patient's assessment of the clinician's empathy, connectedness and liking
  - Fewer utterances of empathy and praise by providers during telehealth visits
  - Technology can shift our focus away from the patient if we are not careful


logitech

Telehealth in Action

Unprofessional vs. Professional

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