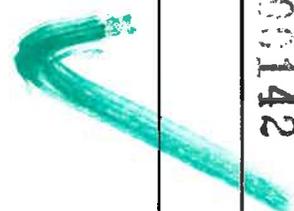


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-12-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000142</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Stokbar</i> <i>J. Priddy</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



South Carolina
Department of
Mental Health

2414 Bull Street/P.O. Box 485
Columbia, S.C. 29202
Information: (803) 898-8581
John H. Magill
State Director of Mental Health

MISSION STATEMENT

To support the recovery of people with mental illnesses.

September 9, 2008

RECEIVED

SEP 14 2008

Emma Forkner, State Director
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Partner:

We are pleased to provide each of you a summary update of the successful activities of the SC Department of Mental Health's (SCDMH) Telepsychiatry Consultation project. Ongoing Project staff, newly acquired psychiatrists and information resource consultants have all participated in a wide variety of functions related to stated project goals and objectives. As you would predict, some issues were resolved fairly easily (analysis and submission of appropriate Medicaid billable service codes for approval) and others are taking a longer course to complete (finalizing and releasing the equipment bid list in an ever evolving video/voice electronic world) due to the complexity of the system and continuing equipment changes in the market place. Even so, the commitment of the South Carolina Department of Mental Health to provide round the clock statewide psychiatric and REACH Stroke consultation services remains on course.

Please note the following information regarding progress on major issues:

- To date twenty-three local hospitals have been visited in conjunction with the project. These are the ones which initially showed interest in the project and requested a site visit to receive additional information about potential equipment, process, impact on hospital operations, cost parameters and T-1 line connectivity. From these, nine hospitals representing both urban and rural areas in SC have been selected to be the first participants to receive the equipment and subsequent consultation. The rollout design will then target the next twelve hospitals on the initial list of twenty-three for installations. This first group of twenty-three hospitals will be followed by another group of nine to twelve hospitals in another sequence. We anticipate participation of at least thirty-three hospitals in the first full year of operation as called for in the grant.
- The equipment bid was completed by SCDMH Procurement Office and delivered to the SC Chief Information Officer (CIO) on August 22, 2008. That office released the bid on September 5, will open the solicitations on September 24, and award the contract on October 1, 2008. The contract is projected to begin shortly thereafter. This bid was delayed, in part, due to the additional equipment analysis, software design work and two live demonstrations required to effect an accommodation to use the one SCDMH cart for both SCDMH and the REACH Stroke consultation program. Additionally, the electronic equipment is evolving so rapidly that design specifications and item availability are dynamic. Regardless, we believe that we have selected the best video and voice architectural design to meet current and future consultation needs.
- SCDMH was successful in securing three of five SC licensed, capable and energetic psychiatrists who are designing the policies, procedures and consultation forms while seeking credentialing in participating local hospitals. Karen Reeves, SC Hospital Association, is assisting SCDMH with this important issue. We anticipate that a JCAHO to JCAHO credentialing process through Bryan Psychiatric Hospital may facilitate the credentialing in local hospitals. DMH will continue recruit the remaining two psychiatrists.

MENTAL HEALTH COMMISSION:

Allison Evans, Chair, *Hartsville*
Joan Moore, Vice Chair, *Goose Creek*

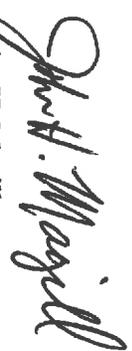
Jane B. Jones, *Easley*
Harold E. Cheatham, Ph.D., *Clemson*

J. Buxton Terry, *Columbia*
H. Lloyd Howard, *Landrum*

- With regard to research, the Duke Team continues to work with Dr. Meera Narasimhan, USC, to establish related outcomes and Best Practice research for the project. She designed and submitted an NRI grant to provide us with statistical evaluations and she believes the grant will be funded in July, 2009.
- Minor adjustments are being made to the SCDMH Electronic Medical Record to increase the applicability and ease of use by project staff. The emphasis is on as much automation as possible to facilitate aggregation and manipulation of medical information. Additionally, the SC Budget and Control Board's Office of Research and Statistics (ORS) Electronic Health Record will be made available to project psychiatrists.
- At the request of The Duke Endowment leadership, DMH has modified the telepsychiatry project goals and equipment to allow the two way transmission of the REACH Stroke consultation program administered by Dr. Robert Adams, MUSC, Charleston, SC. This will effect greater economic efficiency by having both consultation programs made available on the single SCDMH video cart located in local hospital emergency departments. For those hospitals which choose to contract with the REACH Stroke programs, Dr. Adams has agree to retrofit the SCDMH cart technology and software to ensure full technical capability.
- Working closely with Frank Clark and Roger Poston at MUSC, project staff successfully included five DMH hospitals, seventeen mental health centers, sixty-seven clinic service sites and the majority of the local hospitals with emergency departments in the master list of Light Rail SC recipients for future connections via the SC integrated fiber optic network. While this was a massive undertaking, the long term benefit certainly justifies the expenditure of our time and effort.

We will continue to maximize our efforts with our partners and look forward to a successful Telepsychiatry Consultation project. Please let us know how we may increase our collaboration with you.

Sincerely,



John H. Magill
State Director

CES/rms

Cc: Brenda M. Ratliff, MD, Medical Director

Encl: Project Update: August 27, 2008

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South Carolina Department of Mental Health
The Duke Endowment (TDE) Grant
Partners in Behavioral Health Emergency Services
"Achieving Tomorrow, Today"

Project Update: September 8, 2008

Local Hospital Emergency Department (ED) Site Visits:

To date, 23 local hospitals have received personal site visits designed to share additional information about the statewide project, increase administration and ED leadership interest in the project and to secure approval to send a formal acceptance contract to participate in the consultation project. Only one hospital CEO declined participation at this time due to current deficits in his ED. Additional hospitals will be visited following the initial installation in these Phase 1 hospitals.

Telepsychiatry Equipment Bid Process:

Duke project staff has worked several times per week with potential vendors, Polycorn SE Regional representative (Keri Robertson) DMH Information Technology staff (George Johnson) and the DMH Procurement Division (Janet Watkins and Ashley Bishop) to develop a complete list of needed equipment. We have worked the last thirty days to finalize the text and ensure that all equipment is available on the SC Procurement list. The DMH Procurement Division is currently finalizing the formal bid to be issued soon. One last hurdle to overcome was that the Cisco parts in the bid are not on the SC Procurement list. This issue was resolved and the bid was sent to the SC Chief Information Officer (CIO) (first step outside DMH) on August 22, 2008. The bid solicitation was issued on September 5, 2008. The solicitation opens on September 25, 2008, with the actual award on October 1, 2008. The project staff is informed that the DMH hub equipment, local hospital consultation carts and T-1 line installation processes for the first nine hospitals will begin shortly thereafter.

Contracts:

- 1-The equipment bid contract was completed and released to the SC CIO by the DMH Procurement Division.
- 2-The Local Hospital Utilization/Purchase Agreement draft is under final review by Attorney Alan Powell in the DMH Office of General Counsel.
- 3-The Budget and Control Board Office of Research and Statistics (ORS) contract is in final draft and is being reviewed by the DMH Office of General Counsel.

Staff:

Three of the five psychiatrists' positions have been filled and all three consultants have started employment. They are actively working on policies, procedures, consultation forms and local hospital credentialing/privileging. DMH continues the search to fill the two remaining positions.

South Carolina Department of Mental Health
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Credentialing:

The DMH consultants are seeking privileges at BPH, a JCAHO accredited hospital, which may be acceptable to most JCAHO accredited hospitals across the state. Karen Reeves, SC Hospital Association, is working with a committee of hospital medical credentialing staff to promote a uniform privileging application to help consultants avoid completing individual applications for each of the 65 hospitals. Also, statewide acceptance of a credentialing verification organization (CVO) is also being researched by the same committee. A joint planning meeting of representatives from the first 9 hospitals is scheduled for September 23, 2008, at DMH.

Training:

A course for DMH psychiatric consultants focused on review of management of psychiatric emergencies has been developed and is currently being coordinated with Dr. Richard Harding, Chair, USC Department of Psychiatry, whose staff will provide the instruction. It will be electronically recorded for primary use with future consultants. The course will be followed by a brief clinical rotation with a local ED crisis team.

Research:

The Duke Team has been working along with Dr. Meera Narasimhan, MUSC, to establish outcome and best practice research for the project. Her proposal will be presented to the DMH Grants Committee in a week and be submitted to the National Research Institute (NRI) by August 18, 2008. Notice of award will be published in March or April, 2009, with the funding made available for statistical evaluations of our project in July, 2009.

Access and Management of Medical Information:

Minor adjustments to the DMH Electronic Medical Record (EMR) are being made to increase the applicability and ease of use with telepsychiatry. The form will be as automated as possible to facilitate aggregation and manipulation of medical information.

The ORS Electronic Health Record (EHR) will also be made available to DMH psychiatrists to facilitate and improve the clinical assessment, initial treatment options and patient data gathering.

A Consulting Psychiatrist Community Resource Manual is being developed composed of Mental Health Centers (MHC) and other community resources and referral points across the state to aide consultants with referral options and disposition recommendations.

South Carolina Department of Mental Health
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REACH Stroke Consultation:

At the request of The Duke Endowment leadership, DMH has modified the telepsychiatry project goals and equipment design to accommodate the two way transmission of the REACH Stroke consultation program headed by Dr. Robert Adams at MUSC in Charleston. Thus, should they choose, local hospitals will be able to receive both consultations on the same cart in their ED. This is a value added program within the system and will save both The Duke Endowment and local hospitals additional expenditures for a second set of carts.

Light Rail SC:

Light Rail SC is a Federal Communication Commission initiated fiber optic network being installed across SC and is an integral part of the new National Light Rail System. As such, most, if not all, of the 65 hospitals will be able to qualify for connections once the full system in SC is completed. DMH will initially use T-1 lines for transmission of consultations to participating hospitals, but will convert to Light Rail SC as the new system becomes available in SC communities.

DMH South Carolina
Department of
Mental Health

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