

Digital Specialty Access: Lower Costs, Higher Patient Satisfaction

Session 8 - March 10, 2026

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Meet Our Speakers



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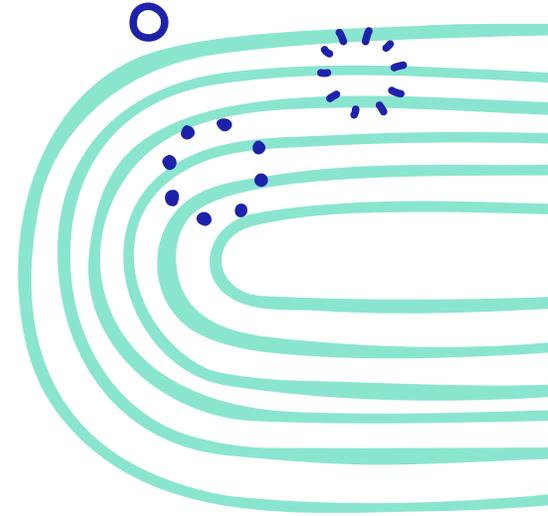


Conflict of Interest

Peter Gardella, MBA, BSN, RN

Cortney Belton, MBA, BSN, RN

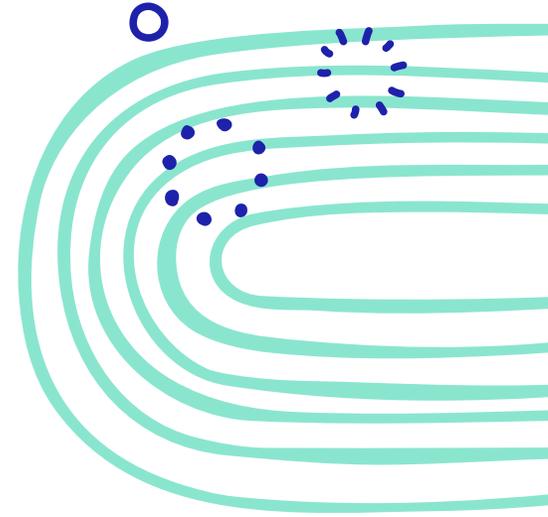
Katie Kirchoff, MSHI



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Agenda

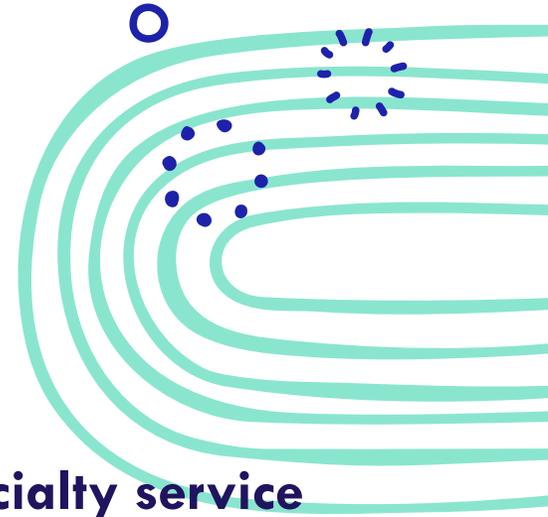
- About MUSC and the Need for Virtual Specialty Services
- Implementing a Virtual Specialty Practice
- Monitoring Outcomes
- Lessons Learned
- Future Expansion



Learning Objectives

After attending this session, participants will be able to:

- Describe the development and implementation of a completely virtual specialty service line aimed at addressing the significant delays and challenges patients encounter in accessing in-person specialty care
- Examine how a fully dedicated remote clinical support team leverages technology to coordinate pre-visit and post-visit activities, including appointment scheduling, clinical screenings and patient connectivity
- Design real-time, data-driven dashboards that integrate electronic healthcare records, digital visit platforms and patient engagement data



About MUSC and the Need for Virtual Specialty Services



MUSC Ecosystem

MUSC BY THE NUMBERS 2025

The Only Comprehensive Academic Health System in South Carolina



201 Years of service
1824 |++++|++++|++++|++++| 2025

2.78 MILLION
Patient encounters annually

200,000+
Patients in value-based care contract

16* Hospitals
(6 in development)

2,802 Licensed beds

940+ Care locations

*Includes owned and governing interest

Statewide health system

Serving all **46** counties

1 of 2 National Telehealth Centers of Excellence

444 Telehealth sites

50,000+ Jobs supported annually

10 = 12

For every 10 jobs MUSC creates, 12 more South Carolina jobs are generated*

*Average

33,963 Total people
Faculty, physicians, researchers, employees, care team members, contract employees and affiliates

3,327 Students

The Medical University

6 Colleges

1,061 Residents & Fellows

41 Degree programs

University Hospital

#1 rated in S.C. by U.S. News & World Report

7.1 BILLION
Total enterprise operating budget

10.1 BILLION
Current estimated economic impact

\$360 MILLION
Research funding

1,246 Clinical trials

625 U.S. and international patents

67 Active faculty startups

69 Products in market

10 Trademarks

NCI-designated cancer center

REV. 0625

MUSC Virtual Care Ecosystem FY25

Ambulatory

Extend MUSC brand, improve access, offer convenient care

% virtual, capacity management, patient satisfaction, access, timeliness, value-based performance, new patient capture, patient engagement and retention

+ - Integration status

- Technology partnership
- Service type
- Service description
- Service impact



Inpatient

Improve access to specialty care and improve hospital-based outcomes

LOS, cost of care, severity adjusted mortality, Leapfrog, core measures, bundle adherence, nursing quality metrics

Population Health

Improve care for safety net populations and improve value-based care performance

HTN control, A1c control, ED visits, readmissions, behavioral health therapy compliance, infant well visit compliance

Selecting Specialties

Identify specialties with:

1. High new patient appointment lag days
2. High telehealth utilization
3. Others on request

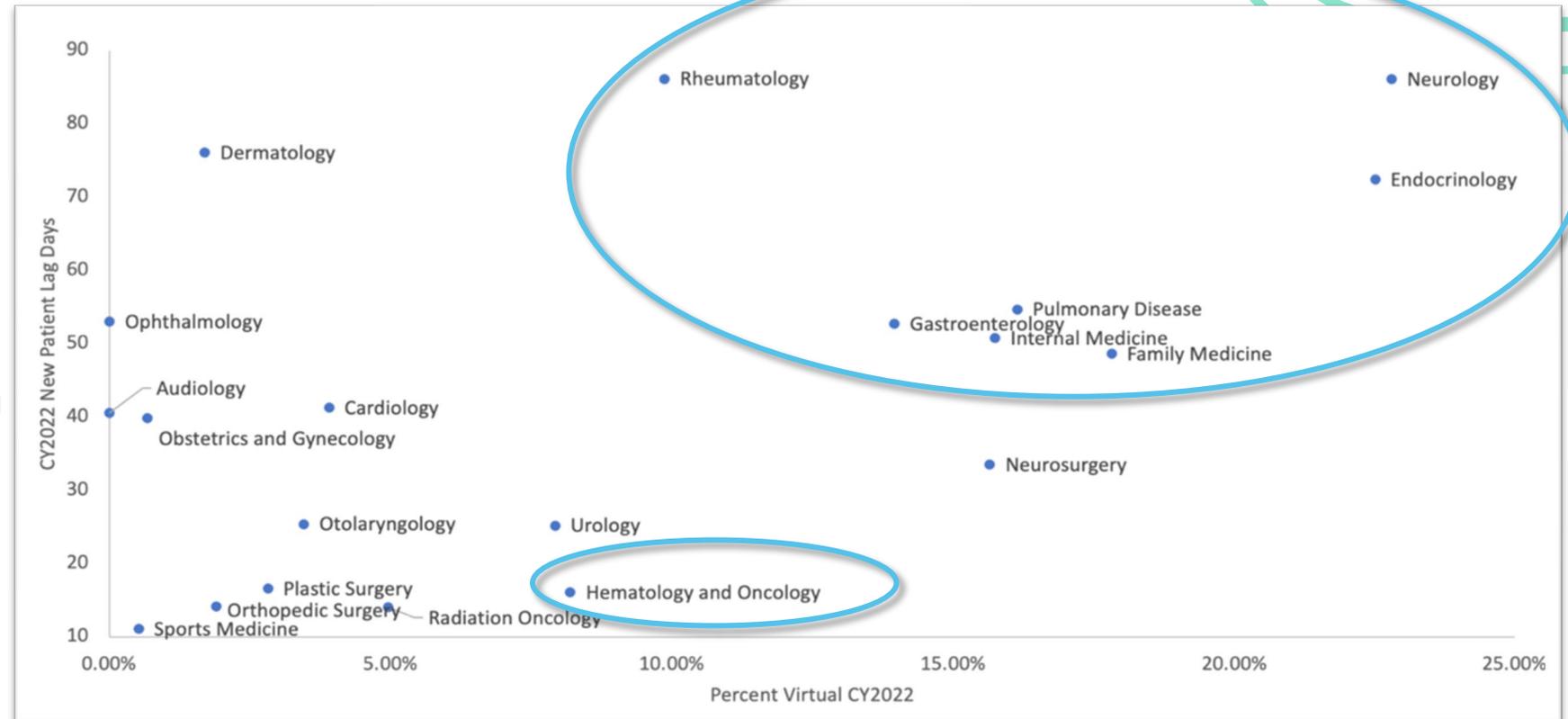
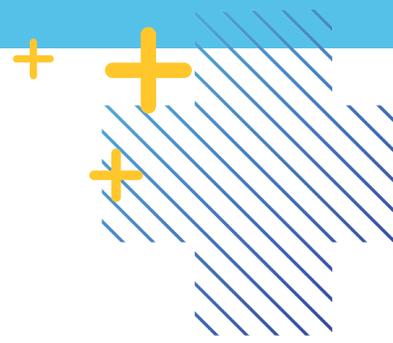


Figure 1: Internal Electronic Healthcare Records data from 2023

Implementing a Virtual Specialty Practice



Clinical Support Team



Pre-Visit

- Call patient 2-3 days before
 - Confirm appointment date
 - Complete registration
 - Review current medications and allergies
 - Update medical/surgical history
 - Complete screenings for quality measures
 - Specialty specific questionnaires/medical device downloads
- Day of appointment
 - Assist patient with technology issues

Post-Visit

- Ensure lab and imaging orders are entered for patient preferred location
- Coordinate referrals
- Prior authorizations
- Patient message support
- Schedule follow-up appointments
- Warm hand-off with in-person specialist for specific patient needs, as required

Clinical Support Team Electronic Healthcare Records Workflow

Close

PHQ-2 (Depression Screening)

Acknowledge Reason if Applicable

Medically Contraindicated Depression Screen Patient Refused Depression Screen

Over the last 2 weeks, how often has the patient been bothered by any of the following problems?

1. Little interest or pleasure in doing things

0 - not at all 1 - several days 2 - more than half the days 3 - nearly every day

2. Feeling down, depressed, or hopeless

0 - not at all 1 - several days 2 - more than half the days 3 - nearly every day

PHQ-2 TOTAL SCORE

Last saved at 10:28 AM on 10/10/2025

Figure 2: Internal Electronic Health Record depression screen

Zztest

2/3/1995
009589016
file (no ACP docs)
Types: None
Collection Type: None
Incidents: None
Risk (%): N/A
PCP: None
Known Allergies: None
DEO VISIT
recorded for this
Zztest, Joy
ed, Radiology
TION SCREENING
P/TD VACCINES (...
CANCER SCREEN...
Vaccine (1 - 2024...
A VACCINE (1)

Rooming

Visit Info Allergies Verify Rx Benefits Outpatient Meds Review PT QNs History Vital Signs PT Reported Vitals Detailed Vitals

Connect SDOH Instructions Social Drivers Community Resrc Usage

Outpatient Medications

Please verify the patient's list of medications and add new medications as reported.

Ongoing Comment: + Add Ongoing Comment

Add Medication + Add

Dispense Report Check Interactions Informants End Medications Need

Sort by: Alphabetical

MUSC RUTLEDGE TOWER PHARMACY 843-876-0199

Alphabetical

Medication	Instructions	Last Dose	Taking as Prescribed	Taking Differently	Not Taking	Last dose
ALPRAZolam (Xanax) 1 mg tablet	Take by mouth 2 times daily.	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
aspirin 81 mg chewable tablet	Chew 1 tablet daily.	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
atorvastatin (Lipitor) 20 mg tablet	Take 1 tablet by mouth daily.	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
baclofen (Lioresal) 10 mg tablet	Take 1 tablet by mouth 3 times daily.	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
empagliflozin (Jardiance) 10 mg tablet	Take 1 tablet by mouth daily.	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
lidocaine-maalox-diphenhydramine 1:1:1 compounded oral suspension	Swish and spit 5 mL every 4 hours as needed., Starting Tue 11/19/2024, Normal, Last Dose: Not Recorded	Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose

Figure 3: Internal Electronic Health Record test patient sample chart

Clinical Support Team Video Visit Platform Dashboard

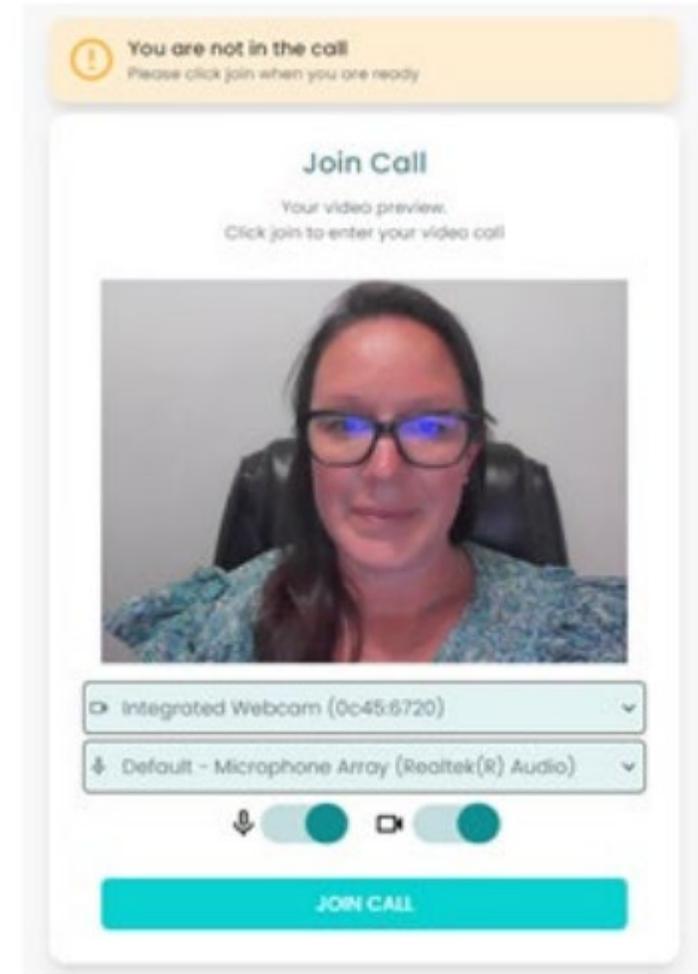
MRN	APPOINTMENT TIME	FIRST NAME	LAST NAME	DATE OF BIRTH	PROVIDER	CARE CENTER	STATUS	CHAT	
[REDACTED]	03:00 PM	[REDACTED]	[REDACTED]	[REDACTED]	Robert	[REDACTED]	VIRTUAL FIRST TELECONSULTATION	COMPLETED	[CHAT]
[REDACTED]	03:40 PM	[REDACTED]	[REDACTED]	[REDACTED]	Robert	[REDACTED]	VIRTUAL FIRST TELECONSULTATION	ABANDONED	[CHAT]
[REDACTED]	04:00 PM	[REDACTED]	[REDACTED]	[REDACTED]	Robert	[REDACTED]	VIRTUAL FIRST TELECONSULTATION	IN PROGRESS	[CHAT]
[REDACTED]	04:20 PM	[REDACTED]	[REDACTED]	[REDACTED]	Robert	[REDACTED]	VIRTUAL FIRST TELECONSULTATION	NOT READY	[CHAT]
[REDACTED]	04:40 PM	[REDACTED]	[REDACTED]	[REDACTED]	Robert	[REDACTED]	VIRTUAL FIRST TELECONSULTATION	REGISTRATION	[CHAT]

Figure 4: De-identified snapshot of video visit dashboard used by centralized support team

Virtual Waiting Room

- Sign MUSC Consent - if not signed in the past year
- Confirm you are in the state of South Carolina for the visit
- Answer Yes/No if you have Medicare coverage
- Option to invite family member to join when the visit starts
- Click “JOIN NOW”

Hello! Click <https://andor.app/r/pGliQeCQj9aVorM> now to begin the check-in process for your 9:45 AM video visit with MUSC Health. . Reply STOP to opt-out .



Digital Navigation Program

Identify patients at high risk for missing appointment

- Risk score developed and initial results analyzed
- Phone calls to 65+ y/o patients who had a no show and responses organized into themes
- Goal is process-optimization to better identify and support patients who will need human assistance.



Figures 5 and 6: Internal video visit platform data

Upcoming Risky Appointments

269

Upcoming High-Risk Appointments

16

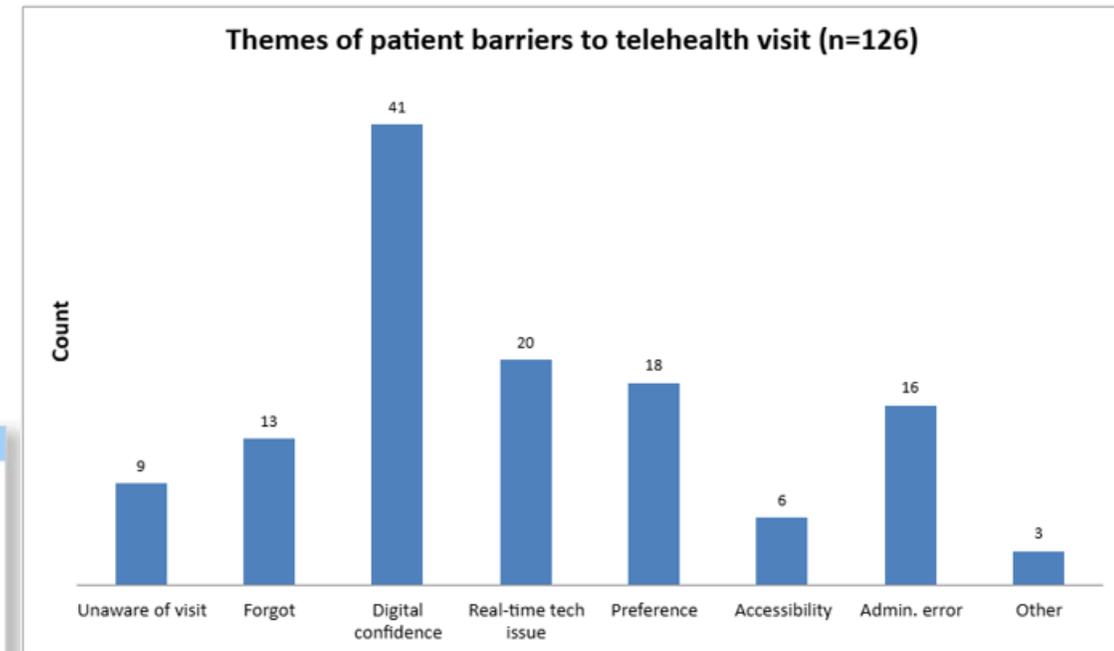


Figure 7: Internal survey data from high-risk patient outreach calls

Monitoring Outcomes



Growth



Volume by Specialty

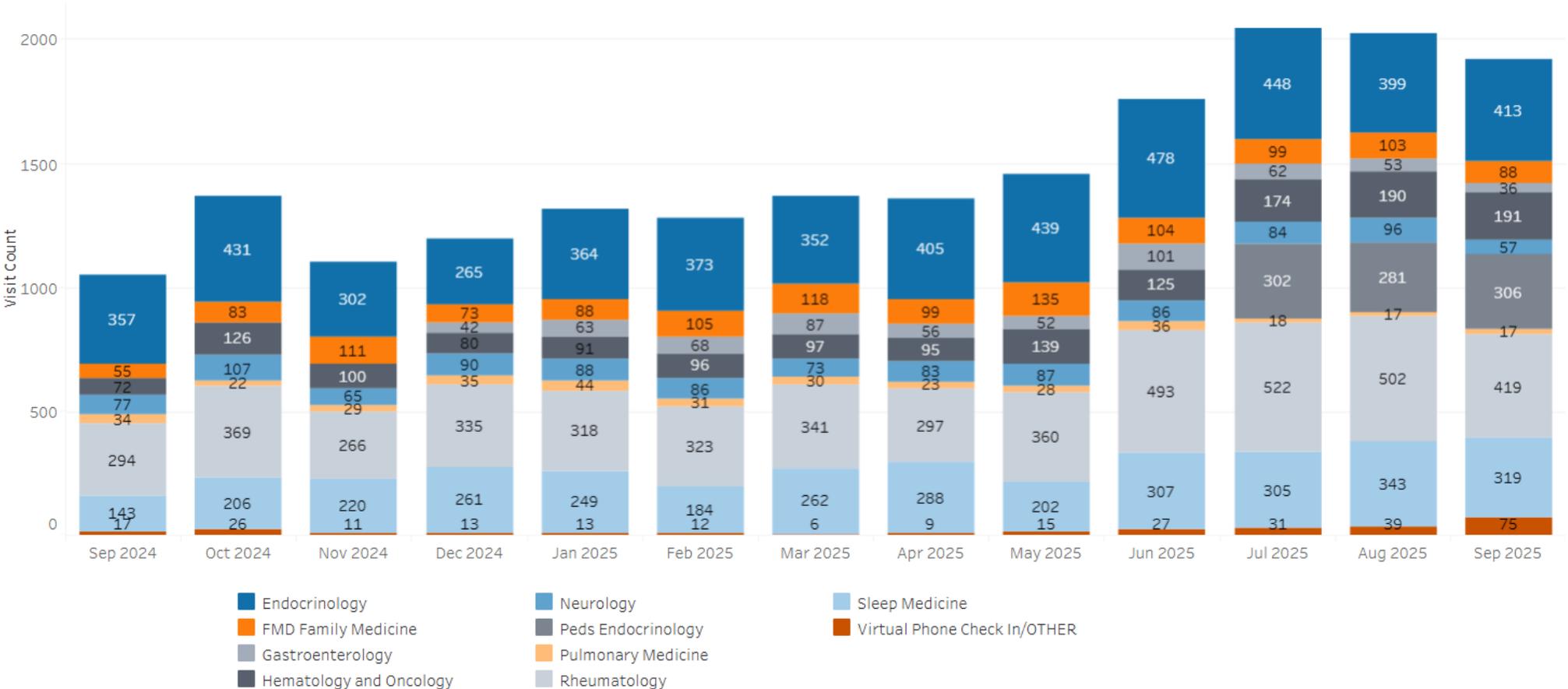
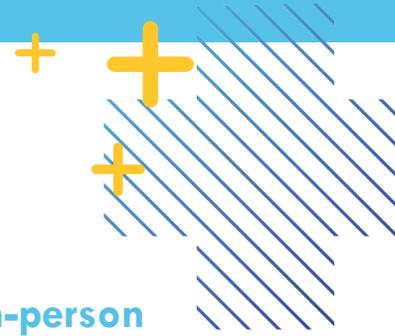


Figure 8: Internal Electronic Healthcare Records data of virtual visits by specialty

Patient Breakdown



- Blue Cross Blue Shield was the most common payer for virtual (40%), while Medicare covered 49% of in-person patients
- Most common patient visits are for established patients of moderate complexity for both virtual and in-person (99214). In-person visits see higher percentage of established patients with high complexity (99215)
- Aligned with the goal of improving access, virtual visits have a high percent of new patients (99203-99205)

Percent of Visits by Payer and Virtual Status

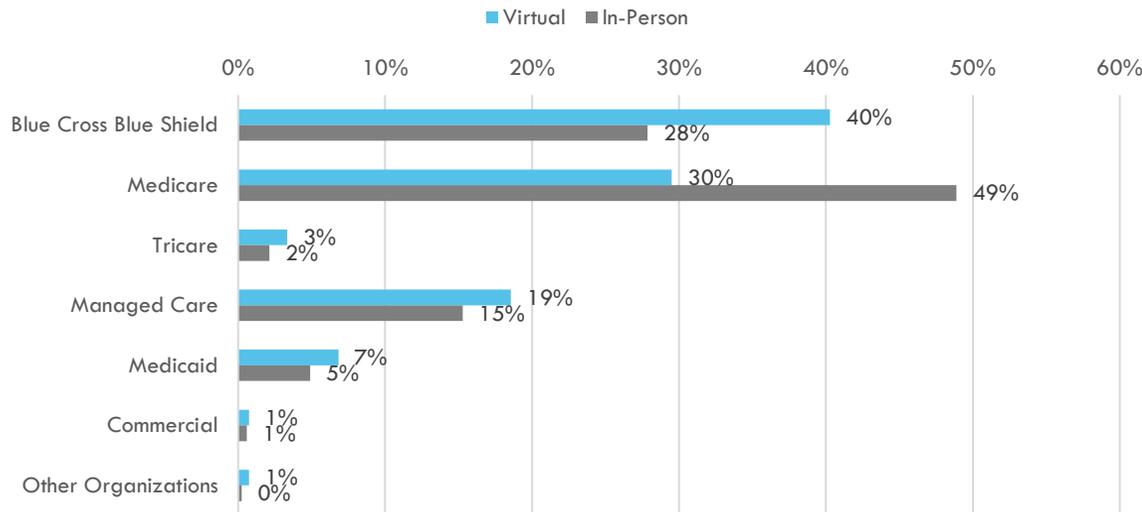


Figure 9: Internal EHR data from clinic visits January 1, 2025 – June 30, 2025

Percent of Top 7 Virtual CPT Codes [with In-Person Comparisons]

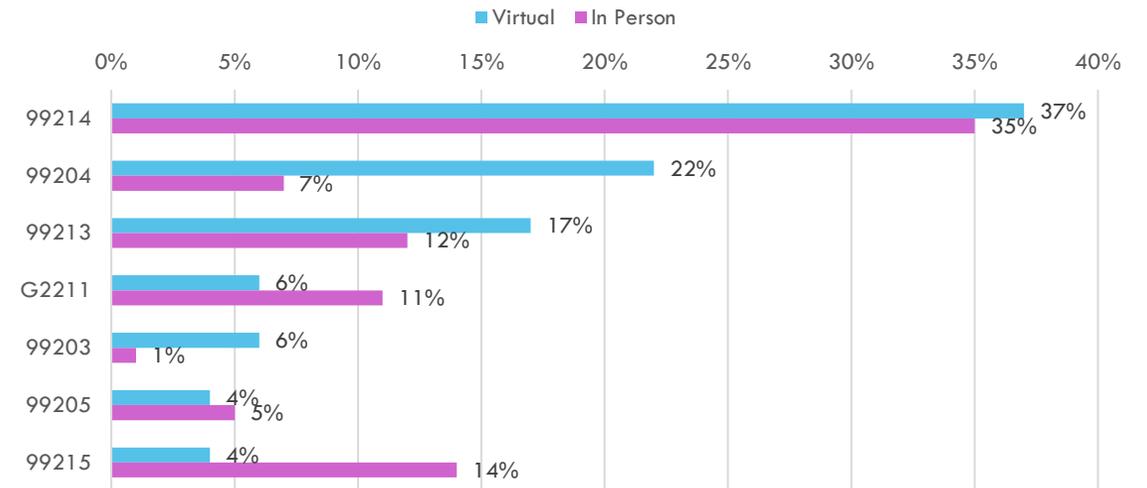


Figure 10: Internal EHR data from clinic visits January 1, 2025 – June 30, 2025

Statewide Reach

- Model supports equitable access across rural areas evidenced by utilization across more than 95 percent of South Carolina ZIP Codes

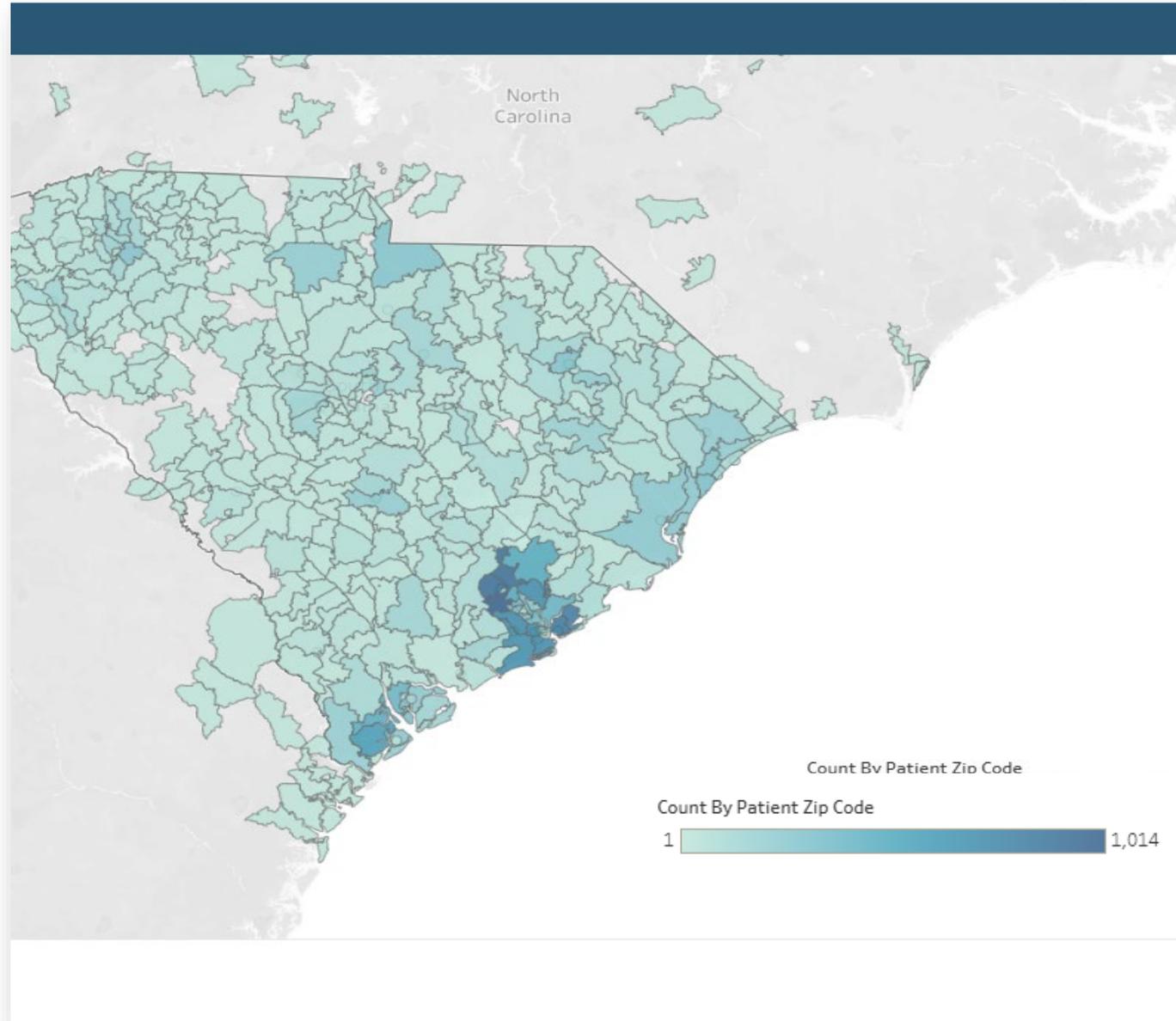
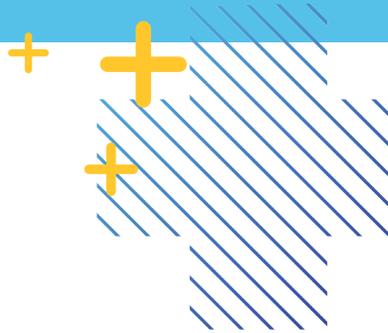


Figure 11: Internal Electronic Healthcare Records data of patient home addresses by ZIP Code for patients who have had a completed virtual visit

Patient Experience



Adult Patient Experience by Section and Visit Type [July 2024-June 2025]

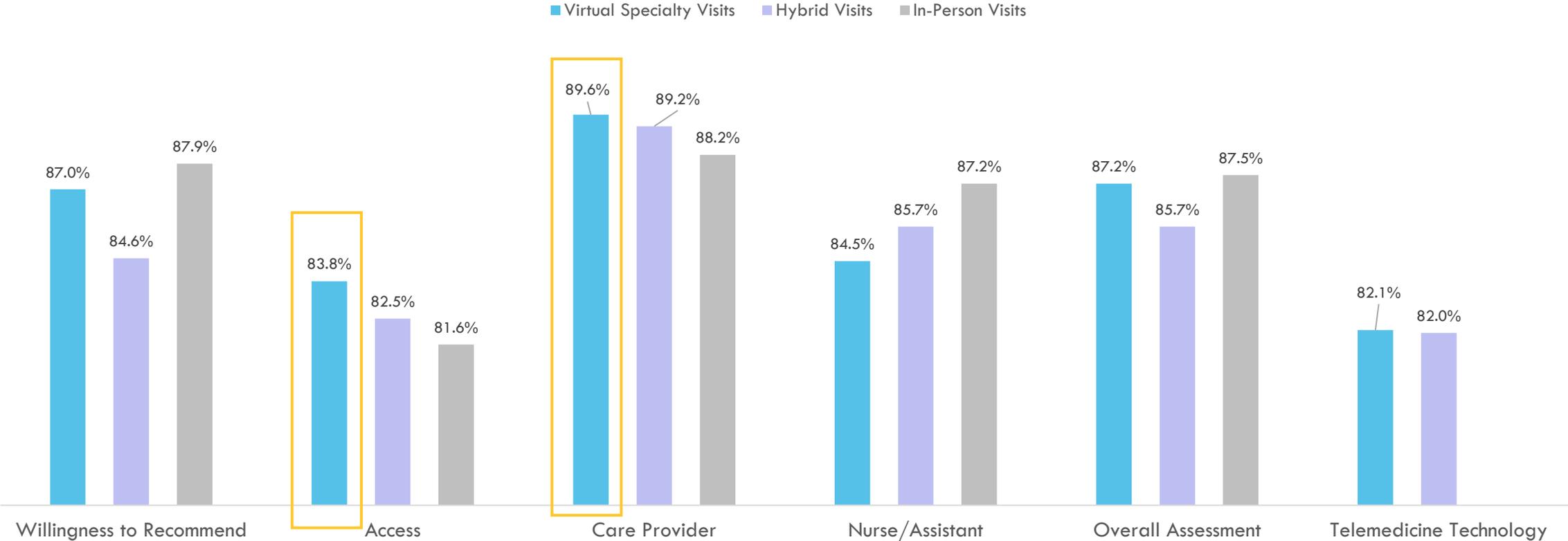
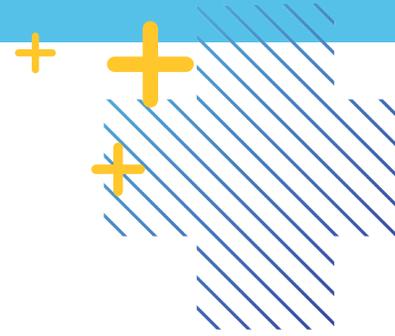


Figure 12: Internal patient experience data from visits July 1, 2024 – June 30, 2025



Capacity Management

Monitor by specialty and provider to evaluate

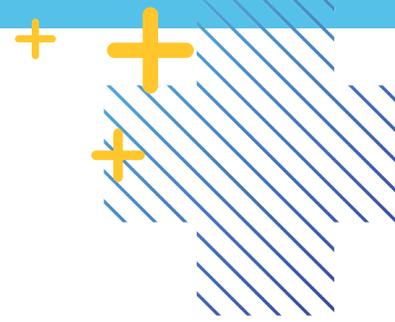
- Hiring decisions
- Technology and other workflow concerns
- Scheduling template improvements

Total Capacity Management

Year of Calendar	Avg. New Patient Appointments Within 7 Days Percentage	New Patient Appointment Lag Days	Density - Scheduled – MINUTES	Density - Actual – MINUTES	No Show Rate	Patient Same Day Cancellation Rate	Provider Cancellation Rate
2025	48.42%	23.77	58.88%	50.44%	12.71%	16.71%	5.49%
2024	38.41%	23.79	66.48%	56.42%	14.83%	15.59%	5.74%

Figure 13: Internal EHR scheduling data for calendar years 2024 and 2025 for virtual visits

Challenge: Maintaining New Patient Availability Amidst Growing Panel



Volume New and Return Patient

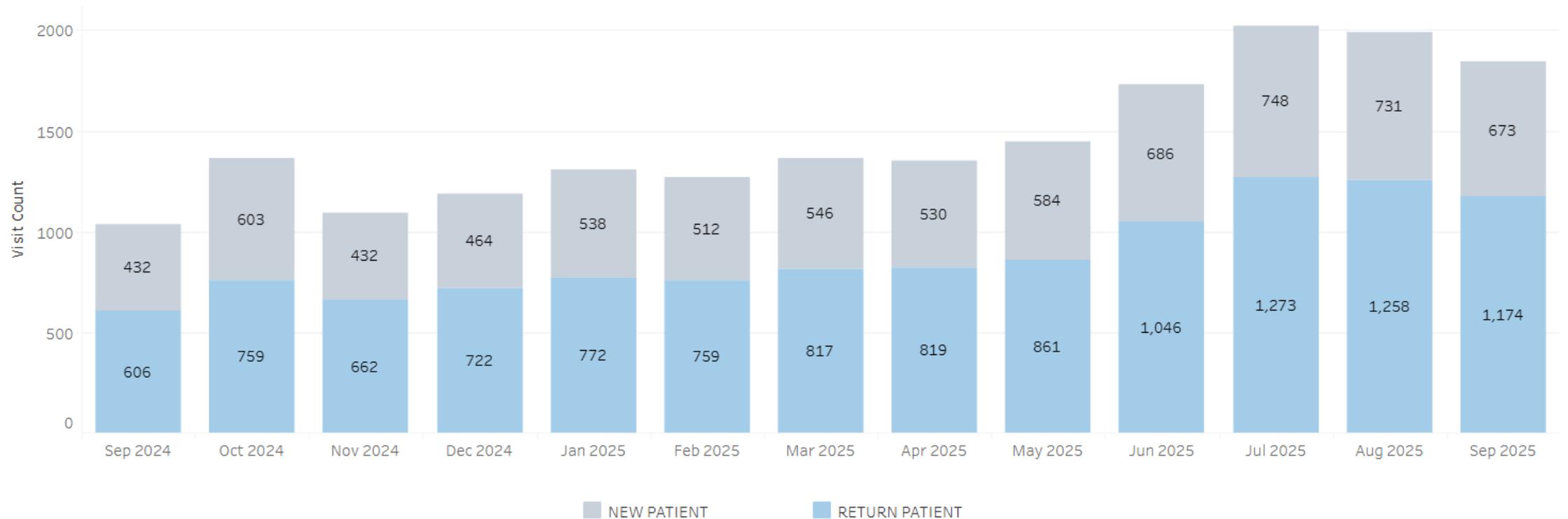
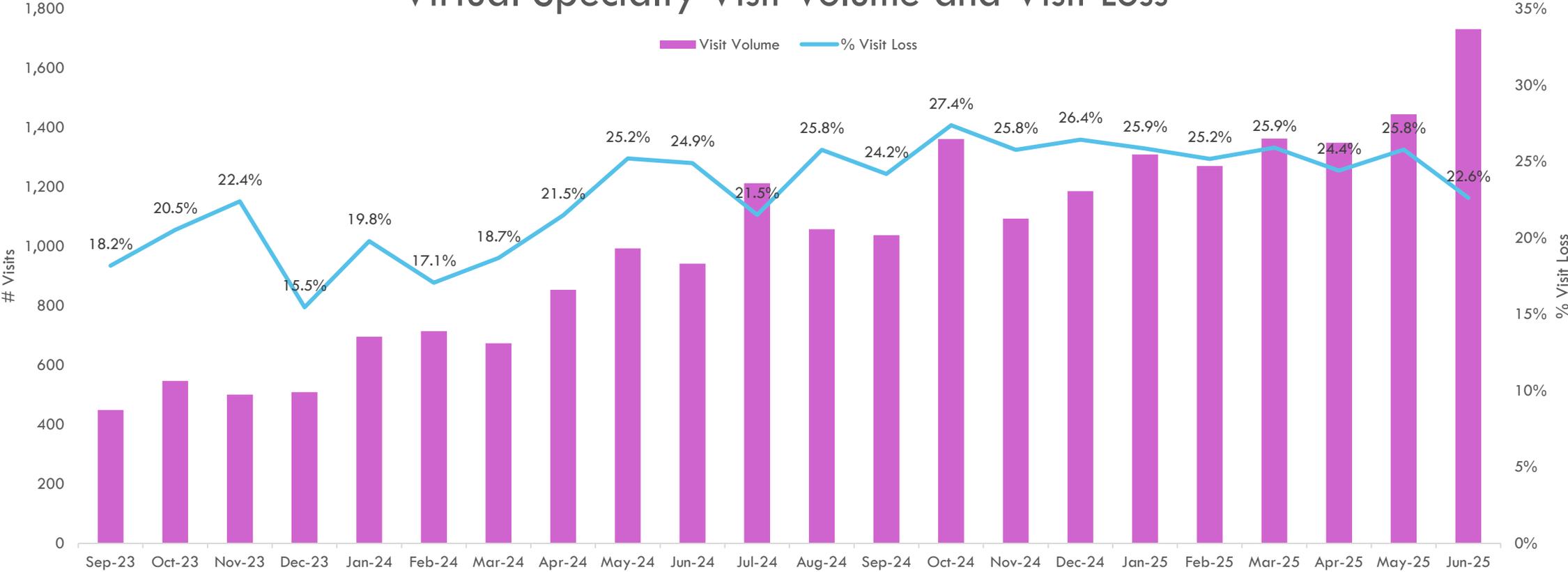


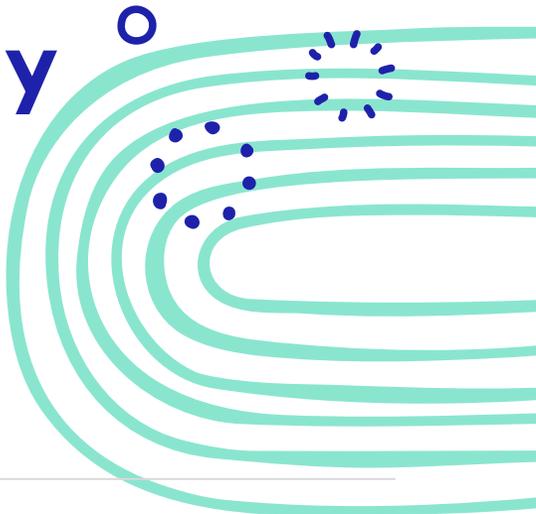
Figure 14: Internal Electronic Healthcare Records data for virtual visits by scheduled patient type

Challenge: No-Shows and Same-Day Cancellations

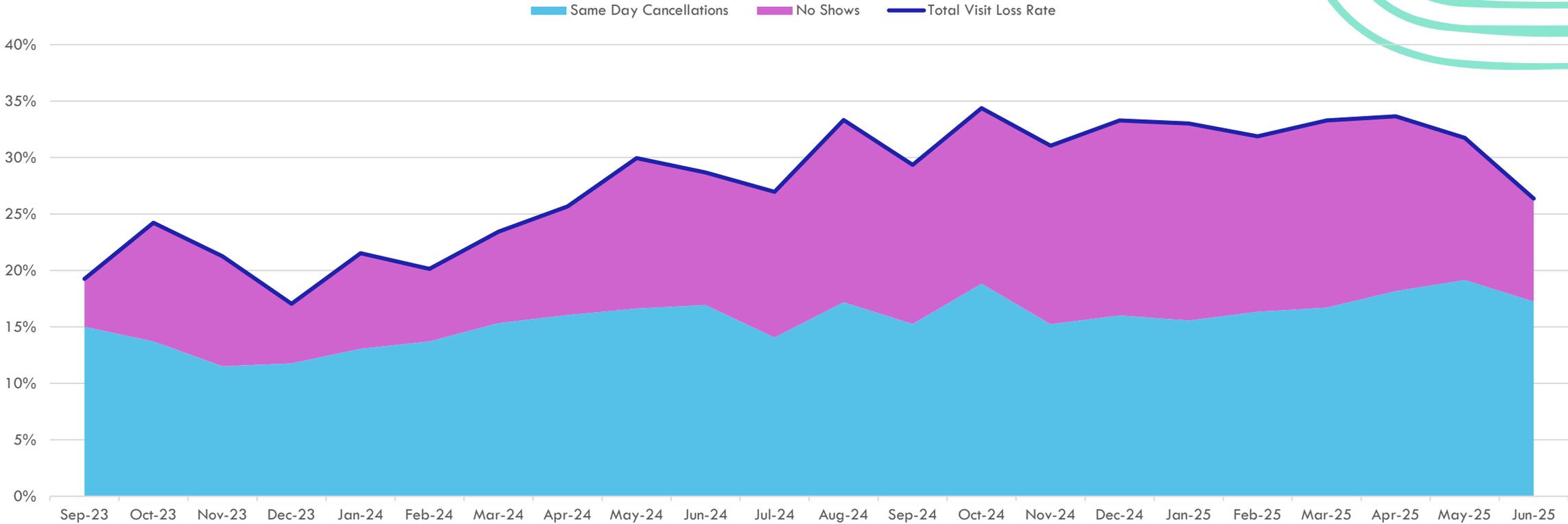
Virtual Specialty Visit Volume and Visit Loss



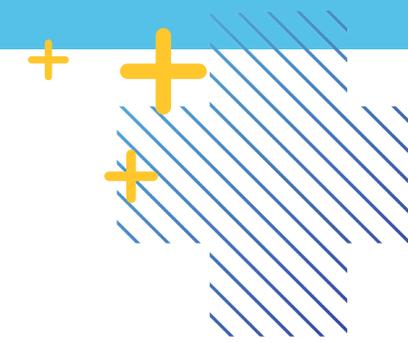
Challenge: No-Shows and Patient Same-Day Cancellations



Visit Loss Rate by Type



Impact on Value-Based Care



Maintaining the perspective of “All Patients, All Payors” to deliver on Medicare Shared Savings and other Quality Payment Programs.

Action Plan

- Increase awareness
- Improve standard work
- Care coordination

Quality Measures	Jun	Jul	Aug	Sep	Oct	YTD
CMS 165: Controlling High Blood Pressure	73%	76%	77%	77%	77%	73%
CMS 122: Diabetes: Glycemic Status Assessment Greater Than 9%	22%	24%	26%	23%	21%	27%
CMS 2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	92%	90%	85%	83%	86%	84%
CMS 125: Breast Cancer Screening	67%	67%	64%	64%	63%	65%
∨ CMS 130: Colorectal Cancer Screening						
Colorectal Cancer Screening: Stratification 1 Age 46 to 49	42%	50%	39%	41%	47%	43%
Colorectal Cancer Screening: Stratification 2 Age 50 to 75	50%	49%	48%	49%	50%	49%
Colorectal Cancer Screening: All Stratifications	49%	49%	47%	48%	50%	49%

Figure 15: Internal Electronic Healthcare Records data for quality measures for virtual clinics

Lessons Learned





Lessons Learned

- **Provider onboarding**
- **Staffing benchmarks**
- **Regulatory barriers**
- **Adoption and awareness**
- **Electronic Medical Record integration, especially self-scheduling**
- **Ancillary services in rural areas**
- **Impact convenience has on visit loss**
- **Patient appropriateness for virtual**

Future Expansion



Selecting Specialties

Endocrinology, Gastrointestinal, Benign Heme and Pulmonology are all off the top 20 list two years after going live with Virtual Specialty.

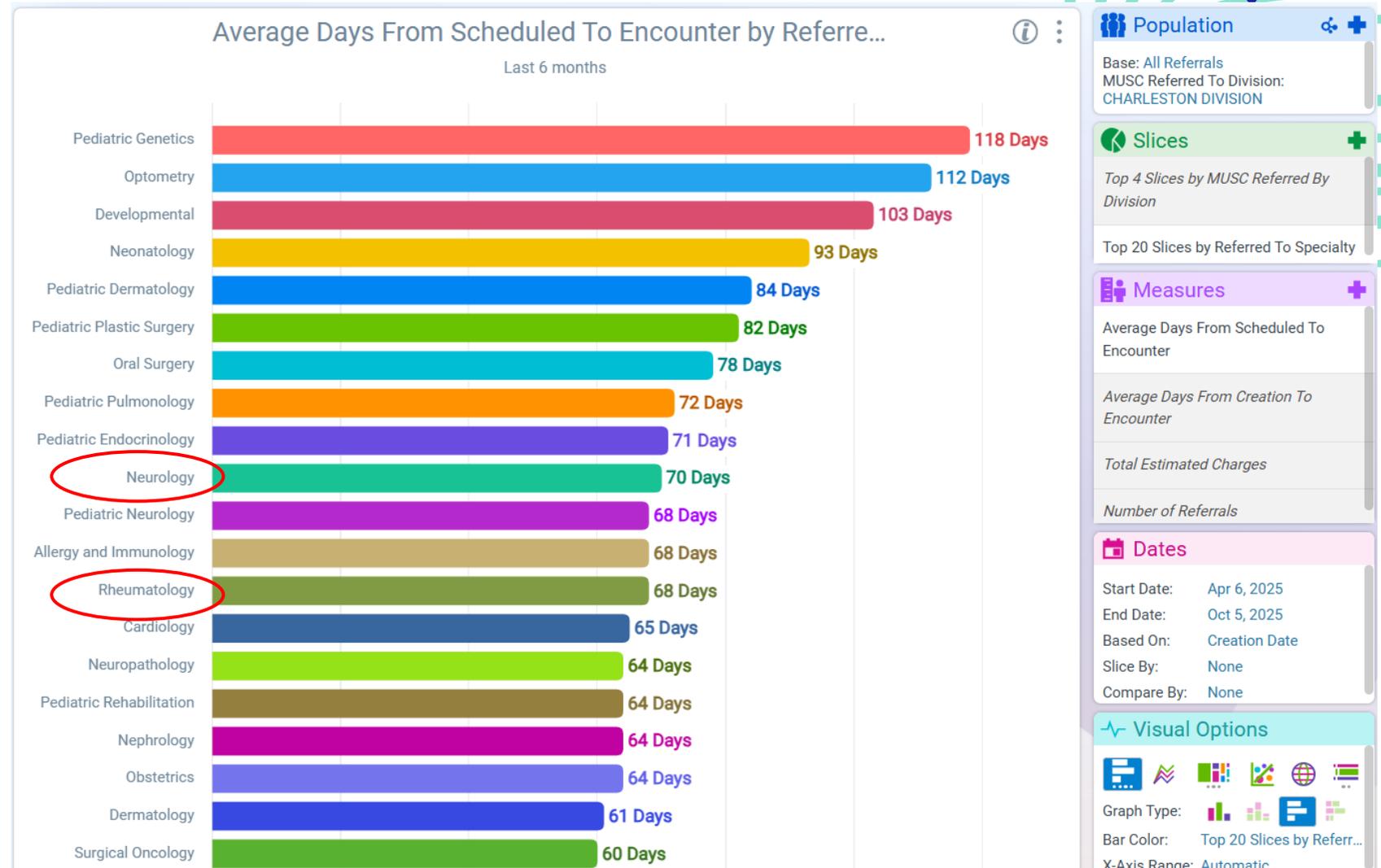


Figure 16: Internal Electronic Healthcare Records scheduling data by specialty

Q&A

Feel free to ask questions!



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Session Feedback

Please take a moment to complete the session evaluation.

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