



**MUSC Health**  
Medical University of South Carolina

**Digital Specialty Access:  
Evaluating a Virtual-Only  
Specialty Care Program**

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## Acknowledgement



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## Learning Objectives

1. 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.
2. 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.
3. Evaluate a virtual specialty program by monitoring outcomes related to workforce, quality care, access, benchmarking against in-person care, patient satisfaction, and patient care needs.



## About MUSC & Need for Virtual Specialty

## 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

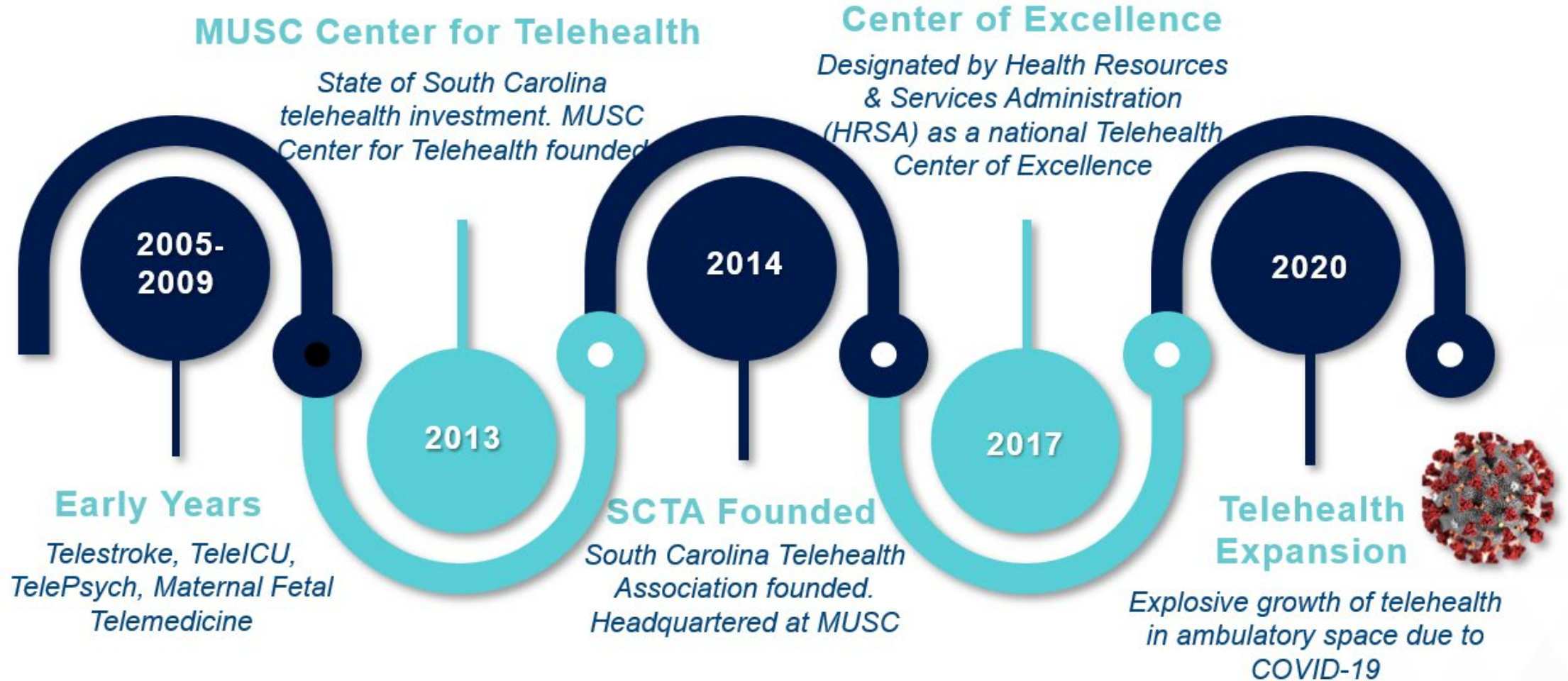
**67** Active faculty startups

**69** Products in market

**10** Trademarks

 NCI-designated cancer center

# About Center for Telehealth



# About Center for Telehealth

## Ambulatory

Extend MUSC brand, improve access, offer convenient care

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

# Solving Access Issues

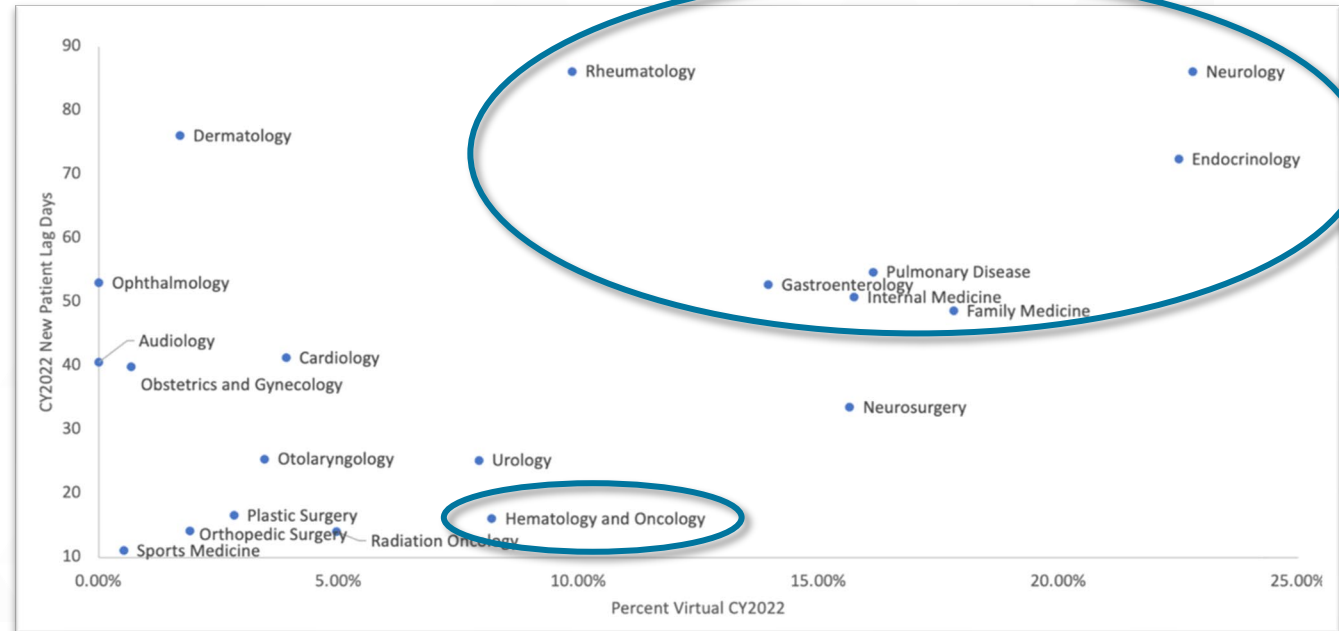
**Projected Workforce Shortages by 2037 (HRSA):**

- 187,130 physicians
- 207,980 registered nurses (RNs)
- 302,440 licensed practical nurses (LPNs)
- 113,930 addiction counselors
- 87,840 mental health counselors
- 79,160 psychologists
- 9,140 physical therapists
- 17,030 pharmacists

Source: HRSA National Center for Health Workforce Analysis. (2025). Health workforce projections <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

## Selecting Specialties

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





# Implementation

# Virtual Specialty Approach: Abundance of Need

## Program Features

- Low friction, no barrier online scheduling with or without a referral
- Timely access as soon as same day for primary care and most specialties offered
- Fully staffed virtual 'clinic' with dedicated RNs, LPNs, and registration supporting pre-visit and post-visit experience, follow-ups, and ancillary service referrals

## Goals

- Reduce wait times for specialty care.
- Increase access to care in rural and underserved areas.
- Successfully recruit specialists for our growing system and state needs.

# 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 EHR Workflow

**Rooming**

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

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 Find Medication

Sort by: Alphabetical [Mark all as T](#)

**MUSC RUTLEDGE TOWER PHARMACY** 843-876-0199

Alphabetical

<b>ALPRAZolam (Xanax) 1 mg tablet</b> Take by mouth 2 times daily. Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
<b>aspirin 81 mg chewable tablet</b> Chew 1 tablet daily. Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
<b>atorvastatin (Lipitor) 20 mg tablet</b> Take 1 tablet by mouth daily. Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
<b>baclofen (Lioresal) 10 mg tablet</b> Take 1 tablet by mouth 3 times daily. Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
<b>empagliflozin (Jardiance) 10 mg tablet</b> Take 1 tablet by mouth daily. Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose
<b>lidocaine-maalox-diphenhydramine1:1:1 compounded oral suspension</b> Swish and spit 5 mL every 4 hours as needed., Starting Tue 11/19/2024, Normal, Last Dose: Not Recorded	Taking as Prescribed	Taking Differently	Not Taking	Last dose

**PHQ-2 (Depression Screening)**

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

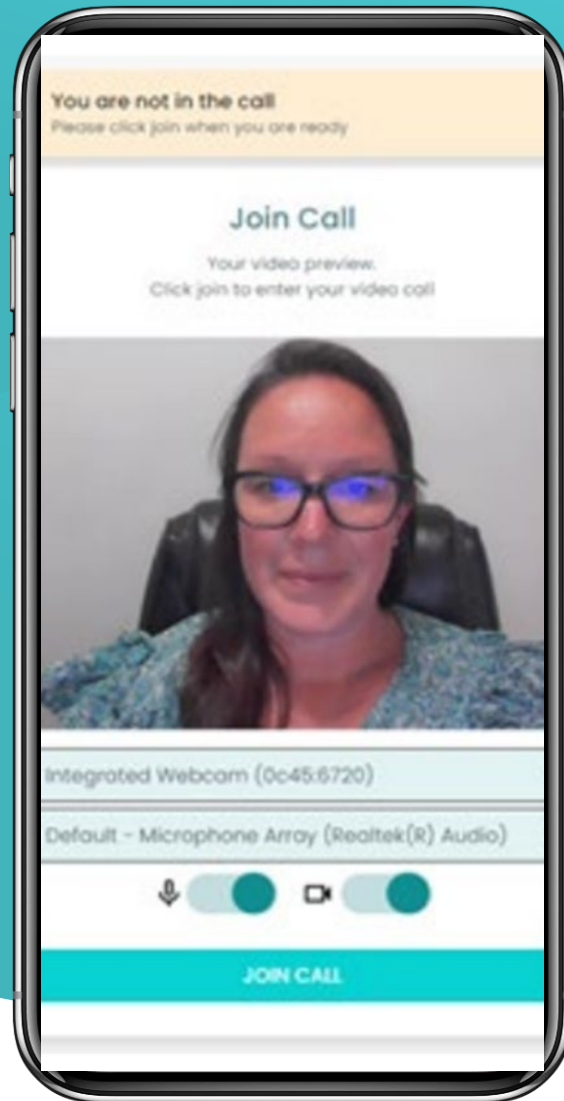
PHQ-2 TOTAL SCORE

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

# 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	 
	03:40 PM				Robert		VIRTUAL FIRST TELECONSULTATION ABANDONED	 
	04:00 PM				Robert		VIRTUAL FIRST TELECONSULTATION IN PROGRESS	 
	04:20 PM				Robert		VIRTUAL FIRST TELECONSULTATION NOT READY	 
	04:40 PM				Robert		VIRTUAL FIRST TELECONSULTATION REGISTRATION	 

# 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 1.0

## Identify patients at high risk for missing appointment

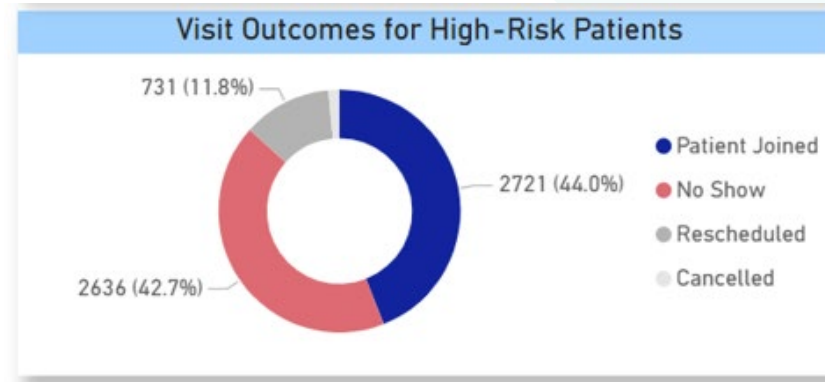
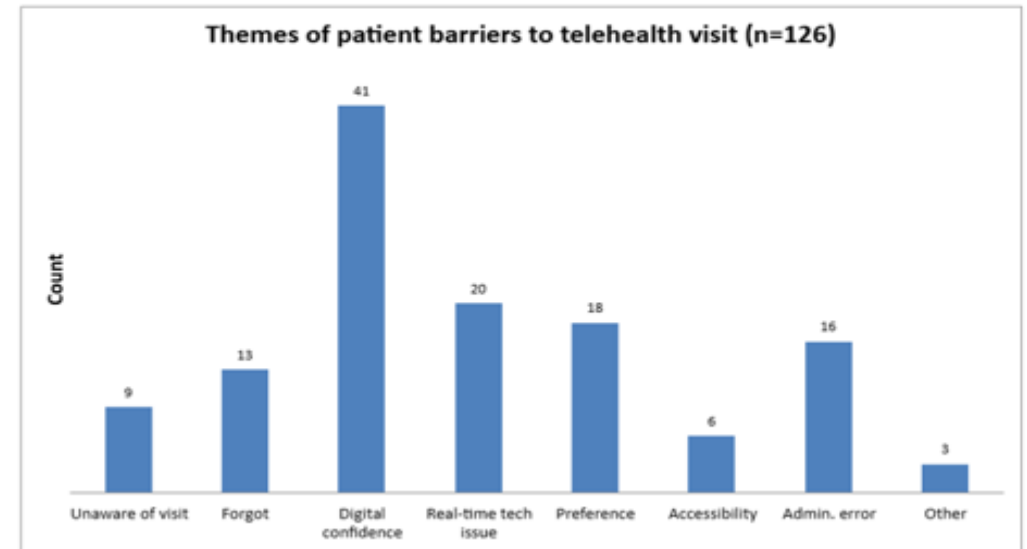
- Risk score developed and initial results analyzed
- Phone calls to 65+ y/o patients who had a no show and responses organized into themes
- Goal is process optimization to better identify and support patients who will need human assistance.

Upcoming Risky Appointments

269

Upcoming High-Risk Appointments

16



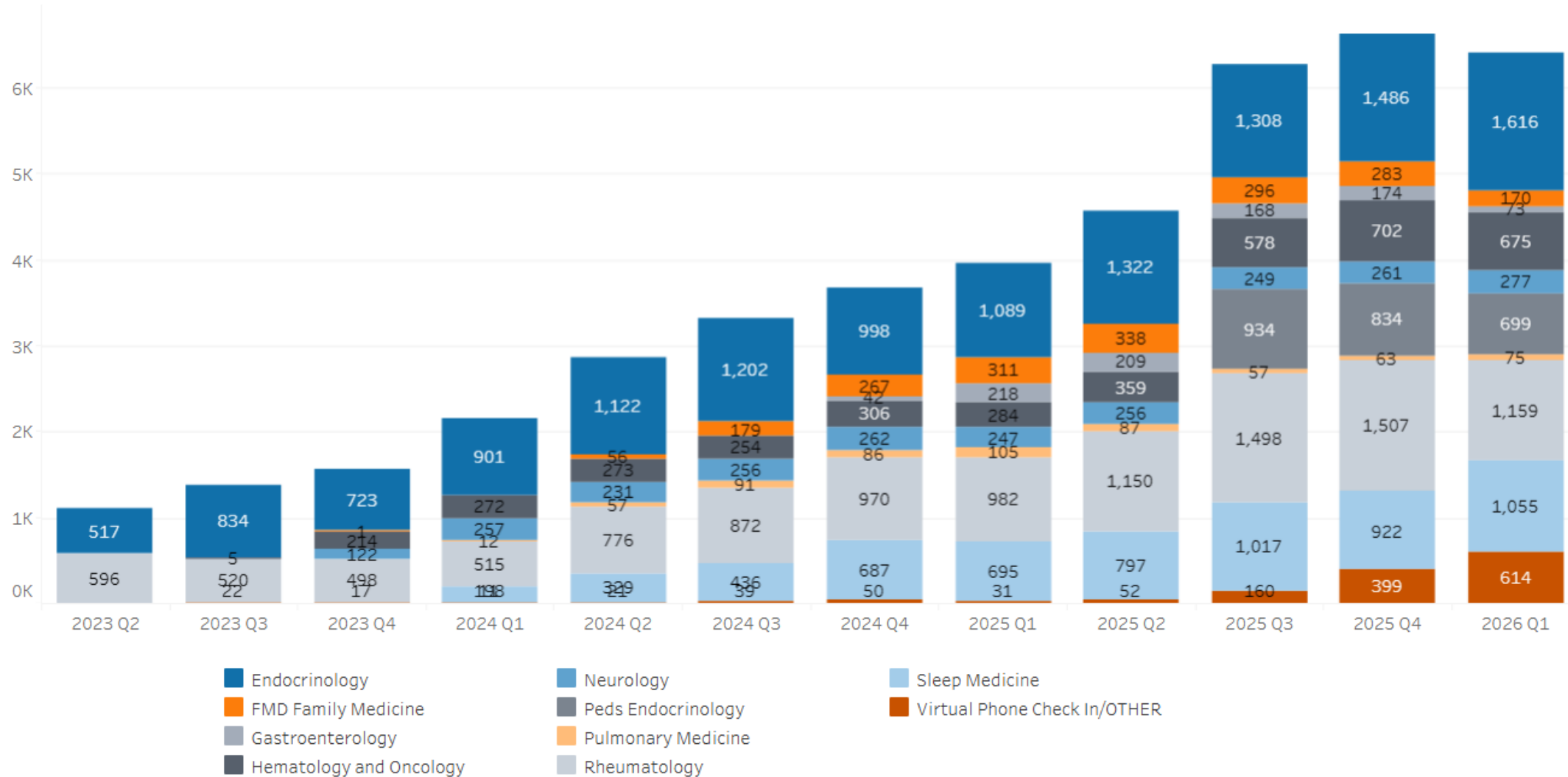




## Monitoring Outcomes

# Growth

## Volume by Specialty

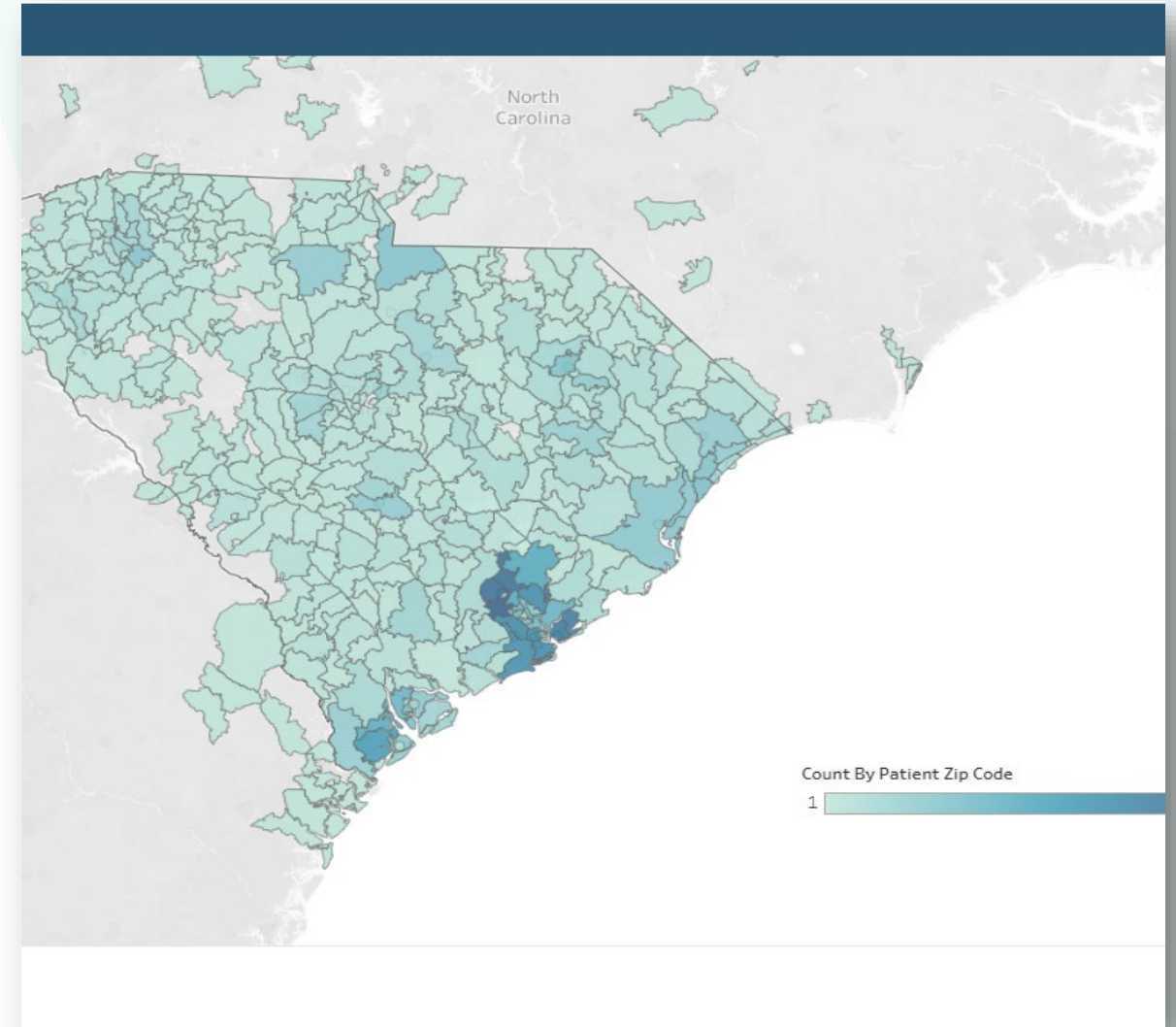


# Statewide Reach

South Carolina has 41 out of 46 counties designated as Health Professional Shortage Areas (HPSAs), leading to delays in accessing in-person specialty care.

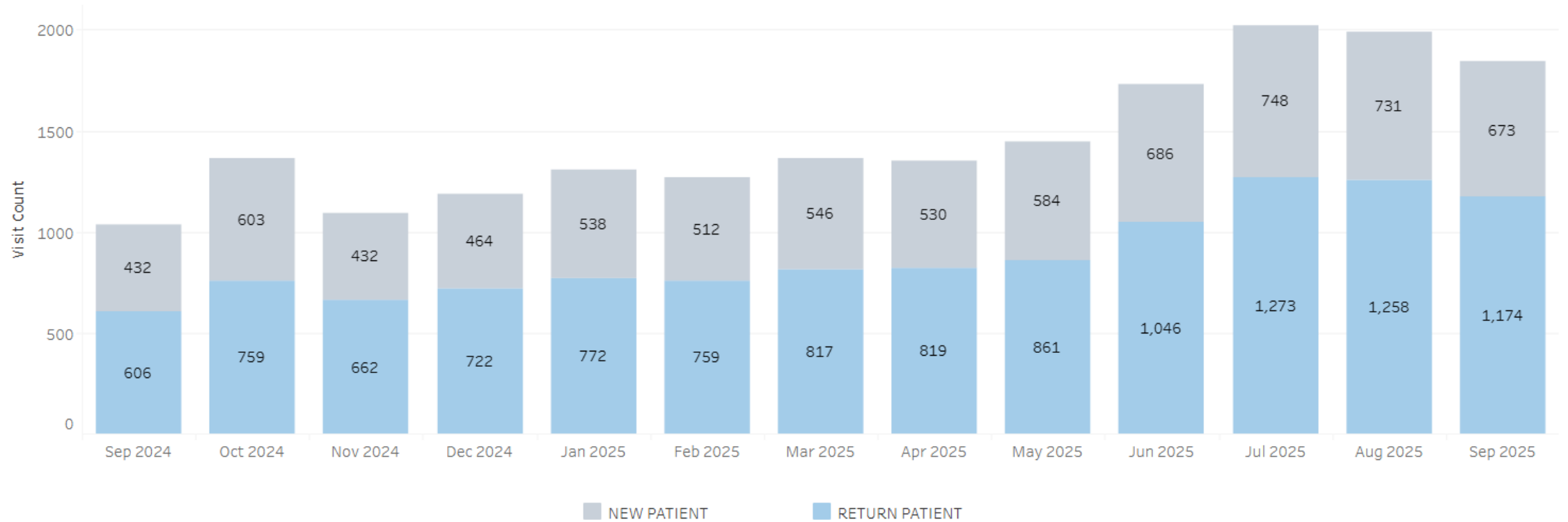
Average Wait times for in-person specialty visits could take 3-6 months.

Model supports access across rural areas evidenced by utilization across 95%+ of South Carolina Zip Codes.



# Maintaining Access

### Volume New and Return Patient



# Capacity Management

## Monitor by specialty and provider to evaluate

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

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
2026	42.90%	29.07	62.53%	53.69%	11.64%	13.79%
2025	49.36%	24.62	59.19%	51.48%	12.61%	16.40%

# Patient Breakdown

Analysis of patient encounter data from Jan-June 2025

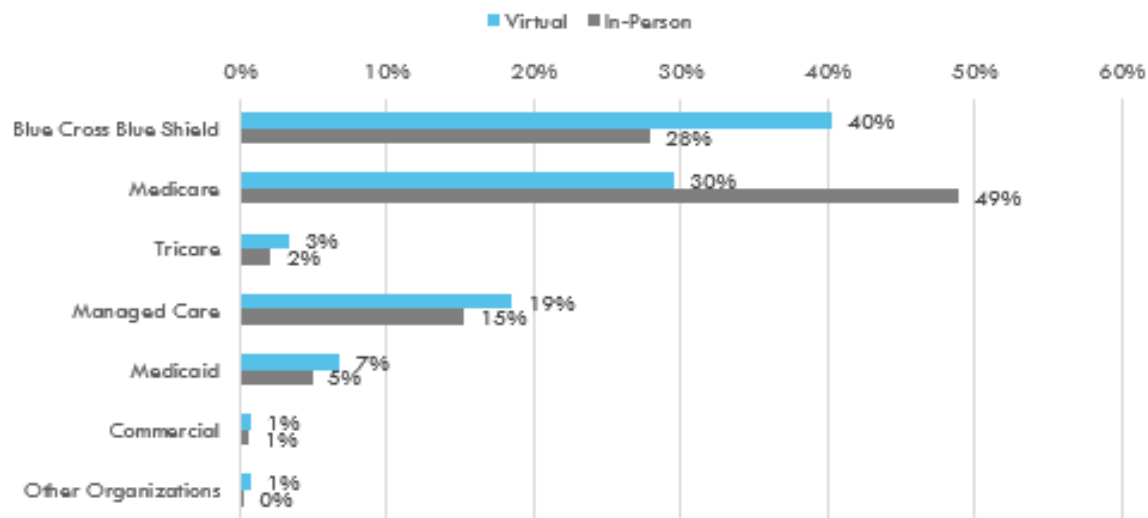
- In-person for four In-person specialty practices
- Virtual visits for virtual specialty providers
- Comparison to better understand patient needs, utilization of services, and intensity of services.

	Virtual Specialty Clinic	In-person clinics
Average Age	51.1 years old	58.5 years old
Female	72.7%	65.6%
New Patients	39.9%	26.4%
Established Patients	59.8%	64.4%
Average Scheduled Appointment Length	29.2 minutes	37.6 minutes
Same Day Cancellation Rate	8.1%	5.2%

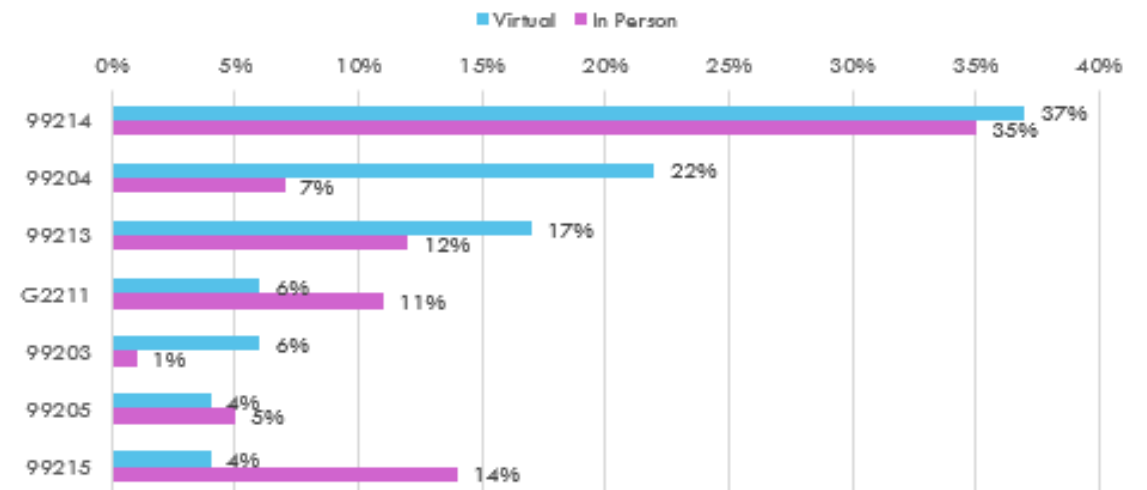
# Patient Breakdown

- 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 % 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



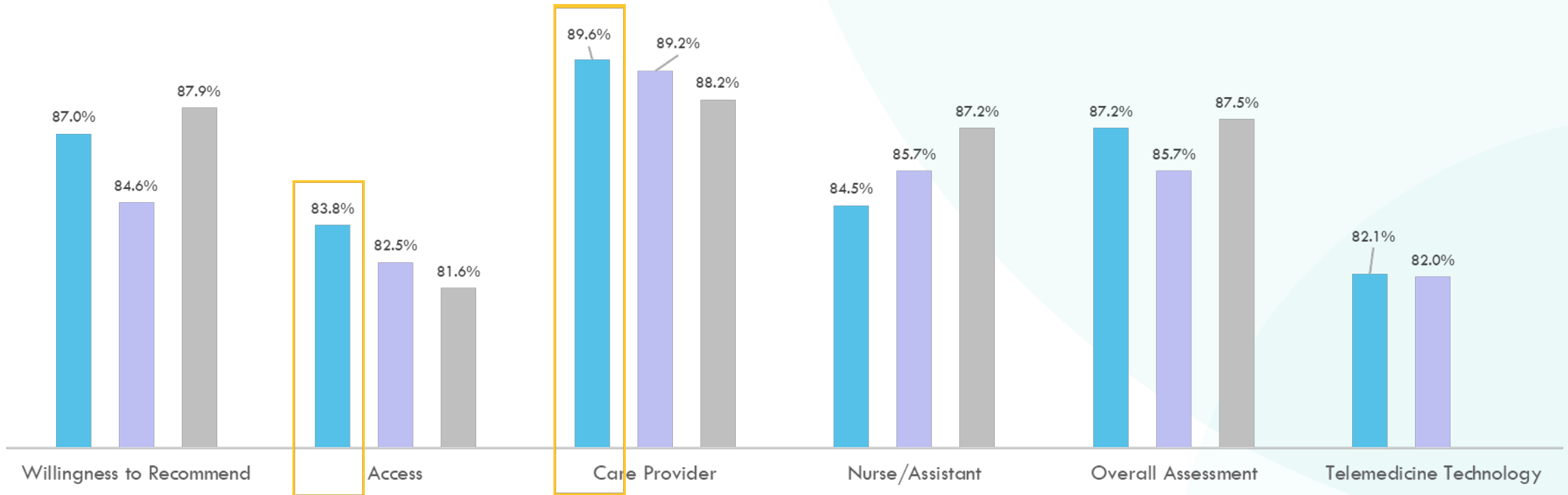
Percent of Top 7 Virtual CPT Codes [with In-Person Comparisons]



# Patient Satisfaction

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

■ Virtual Specialty Visits ■ Hybrid Visits ■ In-Person Visits



# Impact on Value-Based Care

Maintaining the perspective of “All Patients, All Payers” 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%



## Lessons Learned & Future Direction

## Lessons Learned

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

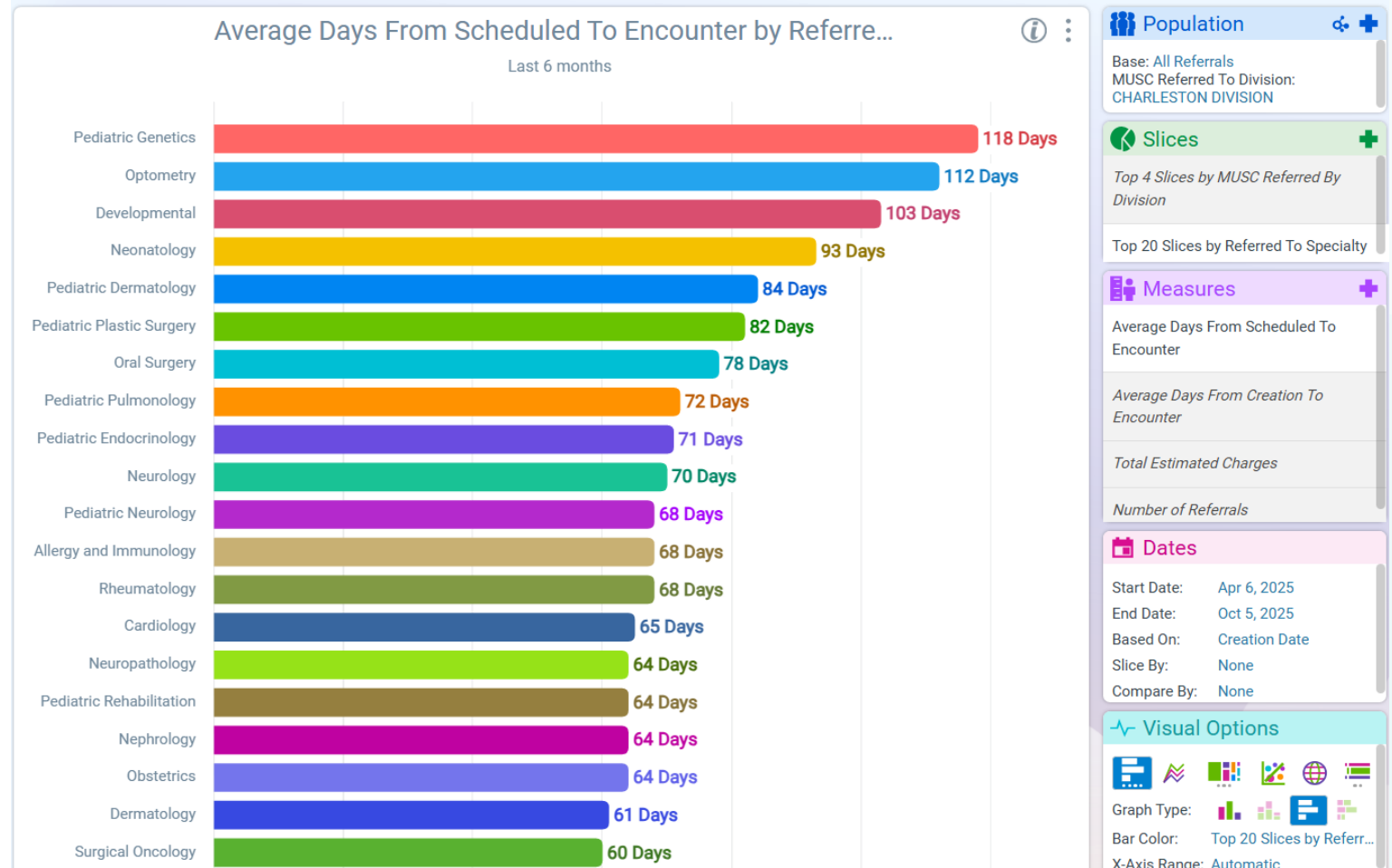


To watch Ross' experience with Virtual Specialty Care, scan the QR code.

# Future Direction

Endocrinology, Gastrointestinal, Benign Heme, and Pulmonology all off the top 20 list 2 years after going-live with Virtual Specialty

- Continue to grow multi-specialty model
- Grow specialty access to saturation, as referral patterns are changing
- Continue to advance ancillary services to support specialty access across the state
  - Example: Biopsy locations for dermatology, ultrasound for OBGyn
- Adapt text message reminders by specialty and patient demographics to address same day cancellation and no-show rates



# Thank You!

# Questions?

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