MUSC named one of first Telehealth Centers of Excellence with HRSA grant

MUSC has been awarded a $600,000 grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. The award marks MUSC as one of only two national Telehealth Centers of Excellence in the United States. As a national telehealth coordinating center, MUSC will continue to provide a range of telehealth services at more than 200 locations statewide, leading and modeling the way for health care delivery through advanced technology.

“This is a phenomenal achievement,” said Patrick Cawley, M.D., MUSC Health CEO and vice president for Health Affairs. “This grant acknowledges the premier position that our telehealth team has established not only in South Carolina but across the nation. It serves as another clear affirmation of our institution’s commitment to fulfill our vision – to lead health innovation for the lives we touch.”

As a founding member of the South Carolina Telehealth Alliance, a collaboration established to empower care providers and patients across the state to effectively use telehealth, MUSC is well prepared to lead these efforts. The institution has a long history of accomplishing its three-part mission in a state with largely rural areas and high rates of chronic disease among a particularly impoverished and medically underserved population.

Confident in the patient care, research and educational leadership expertise within the institution, the South Carolina legislature has supported expanding telehealth across the state through the SCTA, acknowledging MUSC’s proven track record of achieving astronomical growth in telehealth services while keeping cost effectiveness at the forefront.

Shawn Valenta, MUSC Health Center for Telehealth director, said this is one of the first-of-its-kind HRSA grants. “Grant funds will allow the MUSC telehealth team to leverage the unique qualities intrinsic to our academic medical center and extend this mission nationally to accelerate the dissemination of best practices to achieve effective and efficient care.”

Through the grant, MUSC will continue to:

- Look beyond using telehealth to merely replicate care over distance.
- Achieve efficiencies within health care delivery and assess the impact on the patient, the referring site, the consulting provider, the payer and the health care system.
- Balance the need for population-level outreach while concurrently using a targeted approach to health system integration.
- Foster a culture of collaboration and understand the importance of interdisciplinary efforts.
- Strive for deep understanding of barriers and facilitators for the diffusion of innovations in rural health care settings and team experience in overcoming these barriers.
- Enhance alignment of historically competing health systems for the benefit of patients.
- Reinforce the commitment and expertise necessary to use evidence-based, data-driven approaches to identify needs for telehealth services and to monitor and improve existing programs.
- Work with legislators and policymakers to develop and maintain bipartisan support for telehealth initiatives.
- Demonstrate robust financial accountability and efficient use of resources for telehealth.
- Rely on a proven ability to recognize and facilitate the development and testing of new ideas for improving rural health and the care of underserved populations.
- Build upon high levels of provider acceptance through innovative education and training initiatives.

South Carolina Representative Murrell Smith said the legislature has placed a lot of trust in MUSC and the other members of the South Carolina Telehealth Alliance.

See Grant on page 3
Andrea Brisbin
Andrea Brisbin, J.D., was named general counsel for MUSC Physicians. Brisbin has more than 20 years of experience practicing law in both public and private institutions. She previously worked with the Office of General Counsel for the U.S. Department of the Navy, Maryland Department of Health & Mental Hygiene and private practices that specialize in health care and other areas.

Sheldon Morgan
Sheldon Morgan was named administrator of the Supply Chain at MUSC Health. Morgan has more than 29 years of experience in the supply chain industry. He comes to MUSC as the former director of supply chain operations with Health Trust Supply Chain, an HCA affiliate, in Dallas, Texas. He worked in various positions throughout his career from OR materials manager to contract administrator with Vizient and other companies. A Navy veteran, Morgan holds an MBA with a specialization in supply chain management from Ashford University.

MUSC occupational therapy students visited the S.C. State House for an advocacy trip on Sept. 25. Students met with Gov. Henry McMaster and members of the S.C. Board of OT and other groups. The day was capped with a visit to the S.C. Assistive Technology Center for a hands-on learning activity and demonstration of cutting-edge technology.

Meron Selassie
Meron Selassie, M.D., assistant professor, has joined the Department of Anesthesia and Perioperative Medicine. Selassie grew up in South Carolina, attended medical school at Washington University in St. Louis and completed her residency at the University of Pennsylvania. She finished a chronic pain fellowship at UNC-Chapel Hill.

Celine Ward
Celine Ward, M.D., has joined the Division of Rheumatology & Immunology. Originally from Beirut, Lebanon, she received her medical degree from Medicine-Saint Joseph University in Beirut and pursued an internal medicine residency at Cooper University Hospital in Camden, New Jersey. She completed a two-year rheumatology fellowship in June.

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Call for honorary degree nominations, May 2018
The Office of the Provost is requesting nominations for individuals to receive honorary degrees from MUSC to be awarded at the May 2018 Commencement.

The honorary degree is one of higher education’s most significant accolades. MUSC’s honorary degrees are aimed at recognizing and honoring distinguished individuals who have made an extraordinary and positive impact in education, science or health care in the state of South Carolina, MUSC or nationally.

Nominations can be submitted in more than one category. Contributions to education, science and/or health care; contributions to the state of South Carolina or MUSC; contributions to the nation. Submit nominations to Robin Hanckel at hanckelr@musc.edu, by Oct. 15.
Special events to celebrate Urban Farm fifth anniversary

Five years ago, the first seedlings were planted at the MUSC Urban Farm and with them came a dream of creating a resource for the MUSC community and beyond. Among the objectives were familiarizing guests about the advantages to themselves and the environment of eating a diet rich in unprocessed, nutrient-dense foods and the positive effects these could have on their health. Since then, hundreds of students, patients, employees and Charlestonians have visited the farm as part of an organized program, hands-on session or just a stroll to see what’s growing and appreciate its beauty.

Several events are planned to celebrate the five-year anniversary and accomplishments of the MUSC Urban Farm, including a special family Work and Learn on Saturday, Oct. 7, where there will be kid-friendly tasks from 9 a.m. until noon. Participants of all ages are welcome at this free event and can enjoy an opportunity to get their hands in the soil and take part in fun activities including:

- Crafting: Use items from nature to explore your creative side, including decorating a pumpkin, seed mosaic art making, leaf rubbings and pinecone and rock painting.
- Get Physical: Take a turn at veggie twister, giant Jenga or corn hole. Compete in pumpkin races or join Emily Bristol for a kids’ yoga session at 10:30 a.m. (mats provided).
- Scavenger Hunt: See what’s growing on the farm in this self-guided activity.
- Touch and Taste: Try roasted pumpkin seeds, and check out the seed sensory bin.

The resident urban bees will be there – enclosed in an observation hive – to provide an opportunity for guests to watch how the colony functions, discover the vital role bees play in our food production and observe how they interact. Bees help make one-third of our food by transferring pollen and seeds from one flower to another, fertilizing the plant so it can grow food. Ultimately they will produce honey to ensure there will always be a food source. Look for honey sampling, and enjoy it with a new appreciation for what’s involved in its creation.

On Nov. 8, the MUSC Urban Farm and Commune Supper Cult will host an event to celebrate each year of the MUSC Urban Farm through food and beverage pairings. The ticketed dinner will feature a family-style dinner from Chef Jacques Larson of Wild Olive and The Obstinate Daughter, cocktails from Cathead Vodka, wines from McCarus

Check out October flu shot tent events, locations

Staff Report

Employee Health Services will administer flu shots throughout October at Flu Tent events, various campus locations and their office at 57 Bee Street (weekdays, 7:30 a.m. to 3:30 p.m.). Employees should bring their MUSC ID badge for verification.

Employee Health will administer the flu vaccines at the following satellite locations (MUSC badge required):

- Oct. 18 – ART Flu Tent, from 7:30 a.m. to 3:30 (no flu shots administered at Employee Health this day)
- Oct. 19 – Main Hospital Flu Tent, from 7:30 a.m. to 3:30 p.m. (no flu shots administered at Employee Health this day)
- Oct. 24 – Harborview Office Tower, Room 803, from 8:30 to 11:30 a.m. (Flu and TST shots)
- Oct. 26 – Harborview Office Tower, Room 803, from 10 to 11 a.m. (TB Test Readings)

Employees line up for their flu shot at the Main Hospital Flu Tent.

To avoid long lines, employees can receive their flu shots at any pharmacy at no charge using your MUSC State Insurance.

For more information, visit the Employee Health Services webpage at http://horseshoe.musc.edu/everyone/health-wellness/employee-health.
PA Week: Celebrating 50 years of excellence, patient care

BY MEGAN E. FULTON
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Every year, we celebrate National Physician Assistant Week from Oct. 6–12, and recognize the important contributions that PAs make to MUSC’s health care system. This year, PA Week is especially exciting, as we celebrate the 50th anniversary of the profession and 50 years of providing the best possible care to our patients.

PAs are nationally certified and state–licensed medical professionals who practice on health care teams with physicians and other providers. There are currently more than 115,000 PAs in the country and 1,480 PAs in South Carolina.

The profession is growing each year, which allows us to provide care to more patients, especially in underserved areas with challenging access to health care. We’ve accomplished a lot over the last five decades, and we’re ready for five more.

Here at MUSC, we believe in our PAs, and are proud of the hard work they do every day. During PA Week, we are proud to recognize the PAs and celebrate all they do for the health of the patients they serve. To celebrate National PA Week, we’re also planning events (see box) in collaboration with the APP Best Practice Center, APP Council and the PAS (Physician Assistant Studies) Program at MUSC:

“Part of our mission is to get the word out about PAs in South Carolina and all over the country by informing the public about who PAs are and why they continue to be an essential part of our health care team,” said Dustin Hayes, 2019 MUSC PAS class president.

PAs practice in every medical and surgical specialty. They also conduct physical exams, perform medical procedures, assist in surgery, counsel patients on preventative health care, coordinate patient care, make rounds in nursing homes and hospitals and conduct clinical research.

PAs are educated through graduate-level programs that average 27 months and require the same prerequisite courses as medical schools. All PA students complete at least 2,000 hours of clinical rotations, which cover every major specialty, from family medicine to general surgery to emergency medicine.

“MUSC wouldn’t be the same without the expertise of PAs on our patient-centered teams,” said Patrick J. Cawley, M.D., CEO of MUSC Health and Vice President for Health Affairs. “PA Week is a great opportunity to recognize them and to say thank you.”

To learn more about PA Week and the PA profession, visit PAweek.com.

MUSC PAs, PA Studies faculty and PA students will be offering free blood pressure screening during lunchtime to any health care team member, student or patient families. Partnering with MUSC Primary Care, PAs will be handing out information on how and where to schedule an appointment with one of our primary care providers.

- Monday Oct. 9: 11:45 a.m. to 1 p.m. (Led by Gil Boissonneault, Ph.D., Faculty PAS Program)
- Tuesday Oct. 10: 11:45 a.m. to 1 p.m. (Led by Cris Chillura, Faculty PAS Program)
- Wednesday Oct. 11: 12 to 1 p.m. (Led by Rebecca Patton Cumbee, APP Council)
- Thursday Oct. 12: 12 to 1 p.m. (Led by Lesli Woodall, Faculty PAS Program)
- Oct. 14: Hope for Healing Walk and free screening event
  - Who: MUSC PAs and PAS students partner with Seacoast Church and the North Charleston Dream Center.
  - What: Free screening for the public: vital signs, eye/ear exam, nutrition/wellness/blood glucose screening, dermatological exam and dental screening in conjunction with the “Hope for Healing Walk.”
  - Where: North Charleston High School football stadium
  - Why: PAs and health care partners promoting health wellness and prevention.
  - When: Saturday, Oct. 14 from 8 to 11 a.m.

For more information, please contact Skylar Stewart Clark, Ph.D., PA-C or stewarss@musc.edu.

Physician assistants and MUSC PA students held free health screenings at North Charleston High School stadium last October for the Tri-county citizens who needed them.
Meet Cyndi

Cyndi Rosenblatt

Department: How long at MUSC
Research Administration, Office of Research Integrity; 11–1/2 years

How are you changing what's possible at MUSC
As program manager for the animal research ethics committee, I have the opportunity to work with our amazing scientists and facilitate fascinating research with the potential to improve millions of people’s lives.

Family and pets
Husband, Bruce; son, Ariel, daughter, Tanda and her husband, Roel; daughter, Elissa; cats, Kelsey and Andy; a mean Betta fish, Powder Puff; and Shrek the snail

A unique talent you have
I’m a great birth assistant and sometimes get to attend home births with a local midwife.

Who in history would you most like to meet and why
Former Israeli Prime Minister Golda Meir — she was an incredibly strong leader in an era when women were generally considered neither strong nor leaders.

Favorite quote
“Fifteen seconds later he left the house, five hours late but moving fast.” — Douglas Adams, “The Long Dark Tea–Time of the Soul”
City of Charleston opens Spring, Cannon streets for two-way traffic

This week, the city of Charleston initiated a traffic-flow change that allows for two-way traffic on Spring and Cannon streets.

These conversion plans have been in the making since 1998 and originated as a request from the citizens of the Cannonborough-Elliotborough neighborhood. It was supported by surrounding neighborhoods, including Radcliffeborough and the West Side.

The project will take two weeks, with the conversion of Spring Street in Week 1, followed by the conversion of Cannon Street in Week 2. The streets will be changed in four segments, approximately two blocks per day, with at least one lane open at all times for through traffic and parking lanes closed as necessary.

As the work nears completion on the streets, safety cones will remain in place along the center line to further reinforce the new traffic pattern.

Some modifications to King Street, which would complete the new turning movements onto Cannon Street, are ongoing.

Vehicles approaching Meeting Street from the new eastbound lane on Spring Street are required to turn right.

In addition to the conversion of the streets to two-way, the project included streetscaping improvements such as new curbs, sidewalks, street lighting, trees, bike racks, trash cans, traffic signals and pedestrian crossing signals.
Change in organ transplant waitlist worries doctors

BY MIKIE HAYES
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Transplant doctors at MUSC Health are encouraging South Carolinians to take a close look at a proposed change in the way donor livers are distributed. The change would result in fewer donated livers staying in South Carolina. Currently, 90 percent of the livers transplanted at MUSC Health come from South Carolina donors. MUSC Health is the only place in the state that performs transplants, including about 100 liver transplants each year, said Derek DuBay, M.D., the director of transplant surgery at the Medical University of South Carolina.

In an effort to address perceived geographic disparities, the United Network for Organ Sharing (UNOS) proposed changes to the liver allocation system. Under the proposal, there would be significantly fewer livers donated by South Carolinians being transplanted into South Carolinians on the liver transplant waitlist, DuBay said. The net result is a significant shift of donor livers to people on waiting lists in states such as New York, Massachusetts, California and Illinois.

UNOS, the private organization that manages the nation’s organ transplant system, has submitted that proposal to the federal government, calling for the “redistricting” of liver donations.

People on the waiting list are assigned a MELD score. MELD stands for model for end-stage liver disease. It’s an assessment of the severity of chronic liver disease, predicting a patient’s chance of dying within 90 days. The MELD score affects the patient’s place on the waiting list. Under the current system, a patient on the waiting list typically would receive

See TRANSPLANT on page 10

MUSC Health transplant specialists are concerned about a proposed change to the way liver donations are allocated that would result in fewer donated livers staying in the state.
a local organ. But if the UNOS proposal is approved, some livers will leave South Carolina, traveling to patients in other states with higher MELD scores.

“One of the main issues with using MELD scores to allocate donor livers is that at any given MELD score, your chance of dying in the Southeast is substantially higher than in New York,” DuBay said.

Geography plays a large role in the debate. Patients with end-stage liver disease in rural South Carolina face much greater challenges than those in the Northeast or California. “If you live in a highly urban area and you get sick, you can access health care quicker and are much less likely to die,” DuBay said. “If you get sick in a rural area, with poor access to care and fewer specialists, you have a much higher risk of dying.”

Another issue with using MELD scores is that certain areas of the country, especially the Northeastern states, use a high proportion of “exception MELD scores” that give the appearance that their patients are sicker than patients in South Carolina (that typically use real MELD scores), he said. Even if every region in the country started playing by the same calculation rules and there were no exception points, a MELD of 32 in Colleton County, for example, is going to be deadlier than a 32 in New York City because of access to care issues, DuBay said.

“Under the new policy, a patient will have to have a really high MELD to get a liver. You have to survive in South Carolina to get to that MELD. South Carolina already has the highest waitlist mortality rate in the continental U.S. Shunting donor livers away from South Carolina is going to exacerbate the very problem UNOS is attempting to address. More waitlisted patients are going to die. We do not want our patients to die.”

But that’s not the whole story, DuBay said. The Centers for Disease Control and Prevention reports that the highest frequency and largest proportion of people who die with liver failure are in the Southeast. “This proposal would shunt livers away from the regions of the country that have the highest rates of people dying with liver failure to areas of the country with a lower rate of liver disease.”

DuBay said the UNOS proposal doesn’t take these regional disparities into account, and the worst effects will be felt by low-income, minority and rural patients. “Only 5 to 6 percent of people in South Carolina and much of the Southeast who will die of end-stage liver disease make it onto the waiting list. In contrast, up to 35 percent of patients with end-stage liver disease in the Northeast end up on the waitlist. Patients in the Southeast already have a marked decreased chance of even making it onto a liver transplant waitlist, and now this proposal will make it harder for those few that do make it onto the waitlist to receive a transplant.”

Under the UNOS proposal, a much higher proportion of livers would be shipped around the country, including some that South Carolina would get. “They wouldn’t be local, making it a logistical nightmare and far more costly. A liver needs to be reperfused within 12 hours, ideally within six to eight. The livers will get sent around the country, transported across much longer distances to reach patients. Some will get discarded. Some will not be good. Logistically, there will be many issues,” DuBay said.

“When you prioritize highest MELD, you are transplanting sicker patients, and they have a much higher chance of dying after transplant. While the proposal is predicted to decrease waitlist deaths, it also predicts that there will be fewer patients alive with a successful liver transplant. It is against the stated goals of the redistricting proposal to shift livers from regions of high waitlist mortality to those areas with lower waitlist mortality.”

Areas of the country with the poorest organ donation rates benefit the most from this proposal, he said. “Should South Carolinians bear the brunt of that? Livers donated by South Carolinians who want to see them remain local to help other people in their state would instead be taken away from our state and sent to areas of lesser need and greater privilege, such as New York City.”

DuBay also is worried that South Carolina will lose organ donors if the proposal is approved. “This truly concerns us. We look at the people in South Carolina who donate. There should be local priority for them. It’s hard to encourage families to donate organs that will be shipped off.”

DuBay suggested that instead of overhauling the distribution system, states with poor donation rates use awareness campaigns to get more people to donate their organs. A better alternative is for UNOS to focus on improving access for disadvantaged patients, reducing costs associated with transplants and increasing the number of livers donated nationwide, he said.
Sitecore: New content management system is on the way

By Sheila Champlin
champlin@musc.edu

Anyone who wonders what the CMS is and why Sitecore, in particular, is important should refer to what Gartner, which calls itself the world’s leading research and advisory company, reports on the subject. They call web content management “the process of controlling the content to be consumed over multiple digital channels through the use of specific management tools based on a core repository.”

For any organization that needs to reach anyone about anything in the digital space, content is king. Presenting content in ways that users want and need to access it can spell the difference between success and failure, as organizations, like ours, vie to engage target audiences and build relationships with potential customers.

In recent years, Sitecore has consistently retained its position as the leader in the Gartner Magic Quadrant for web content. (See Figure 1.) “Magic Quadrants are a visual process to compare and rate objects against each other. The higher and further to the right the object gets in the results, the better,” writes Steve Shaw, digital director, in a Branded3 online article.

Sitecore at MUSC

Some of the best Sitecore experiences and functionality are readily visible at musckids.org, which was launched in the new CMS platform, with the help of an external vendor, in December 2016. Since then, MUSC’s internal Digital Strategy and Web Resources team (DSWR), part of Communications and Marketing, also built and launched an intranet site on the Sitecore platform – horseshoe.musc.edu.

With the launch of any new platform, post-rollout tweaks and fixes are a natural part of the equation. Just think about the patches we all download at regular intervals for phones and other digital devices. Both musckids.org and horseshoe.musc.edu are currently undergoing the anticipated technical adjustments to smooth the backend rough patches, optimize usability and create an improved user experience. While those finishing touches are applied, the Information Solutions (IS) and DSWR teams will collaborate with the external vendor to map the next advances in the CMS transition.

“Sitecore is an extremely powerful platform with a high level of functionality and streamlined interfaces, such as menus and navigation. We think it is absolutely the right content management system for MUSC to use as we go forward,” said Michael Caputo, CIO for Information Solutions. “At this point, we are working to plan and implement a rollout of Sitecore to the other domains across the enterprise – mushealth.org, musc.edu and muschollingscancercenter.org. Our goal is to move forward in collaboration with the external vendor and the internal teams from IS and Digital Strategy and Web Resources. There is a tremendous amount of work on the horizon, and our institution is committed to making the significant investment required to advance full Sitecore implementation. We plan to move the timetable ahead as rapidly as is prudent and possible.”

Gartner Magic Quadrant for web content

Moving forward with the external vendor and the internal teams from IS and Digital Strategy and Web Resources, this transition will not be simple or a snap of the fingers. Still, there are some steps that current Site Executive CMS users and subject matter experts can take to pave the way for a smooth transition. First, make certain that each of your department web pages is posted using the most current Site Executive CMS will then, in theory, be easier to migrate to the new Sitecore CMS platform. Information on the Sitecore rollout schedule will be available in the coming months. In the meantime, where departments have the resources and manpower, it’s wise to make the investment to update content and images and eliminate outdated information. The web content producers on the DSWR team will be pleased to share strategies and tactics for updating your existing content. Contact the team through the existing Project Management Tool at https://musc.co/Digital-Request.

Next Steps

With 2,537 MUSC Health web pages plus 1,009 PDFs and 25,473 university web pages plus 19,370 PDFs, this transition will not be simple or a snap of the fingers. Still, there are some steps that current Site Executive CMS users and subject matter experts can take to pave the way for a smooth transition. First, make certain that each of your department web pages is posted using the most current Site Executive templates available. Using the most current templates will facilitate the conversion and ease the migration process. An example of the new template can be found here:

The template names are:
- 2015-edu-microsite-copy
- 2015-edu-microsite-wide-copy (no right column)

Second, keep your site content and images up to date. There’s no reason to expend time, energy and resources migrating old data or images to the new CMS.

Third, remove any PDFs that contain outdated content. For those PDFs that must remain posted, remember that due to changes in federal law, all digital content, including PDFs, must pass accessibility standards. Legacy PDFs will need to be evaluated and revised so that they meet current standards. For an online resource to guide you through this process, visit: http://horseshoe.musc.edu/everyone/web-accessibility. Our institutional approach to web accessibility is currently in development and will include a variety of helpful training opportunities. Watch for more information about web accessibility in the near future.

Bear in mind that we are really discussing two migrations. The first migration involves moving all department pages in Site Executive from old templates to the new, current template. That is where most of the effort should be focused with team members who are trained on Site Executive and capable of doing the work, culling old content and making necessary updates. Streamlined and up-to-date sites on the Site Executive CMS will then, in theory, be easier to migrate to the new Sitecore CMS platform.

Information on the Sitecore rollout schedule will be available in the coming months. In the meantime, where departments have the resources and manpower, it’s wise to make the investment to update content and images and eliminate outdated information. The web content producers on the DSWR team will be pleased to share strategies and tactics for updating your existing content. Contact the team through the existing Project Management Tool at https://musc.co/Digital-Request.