



NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

First Quarter Progress Updates



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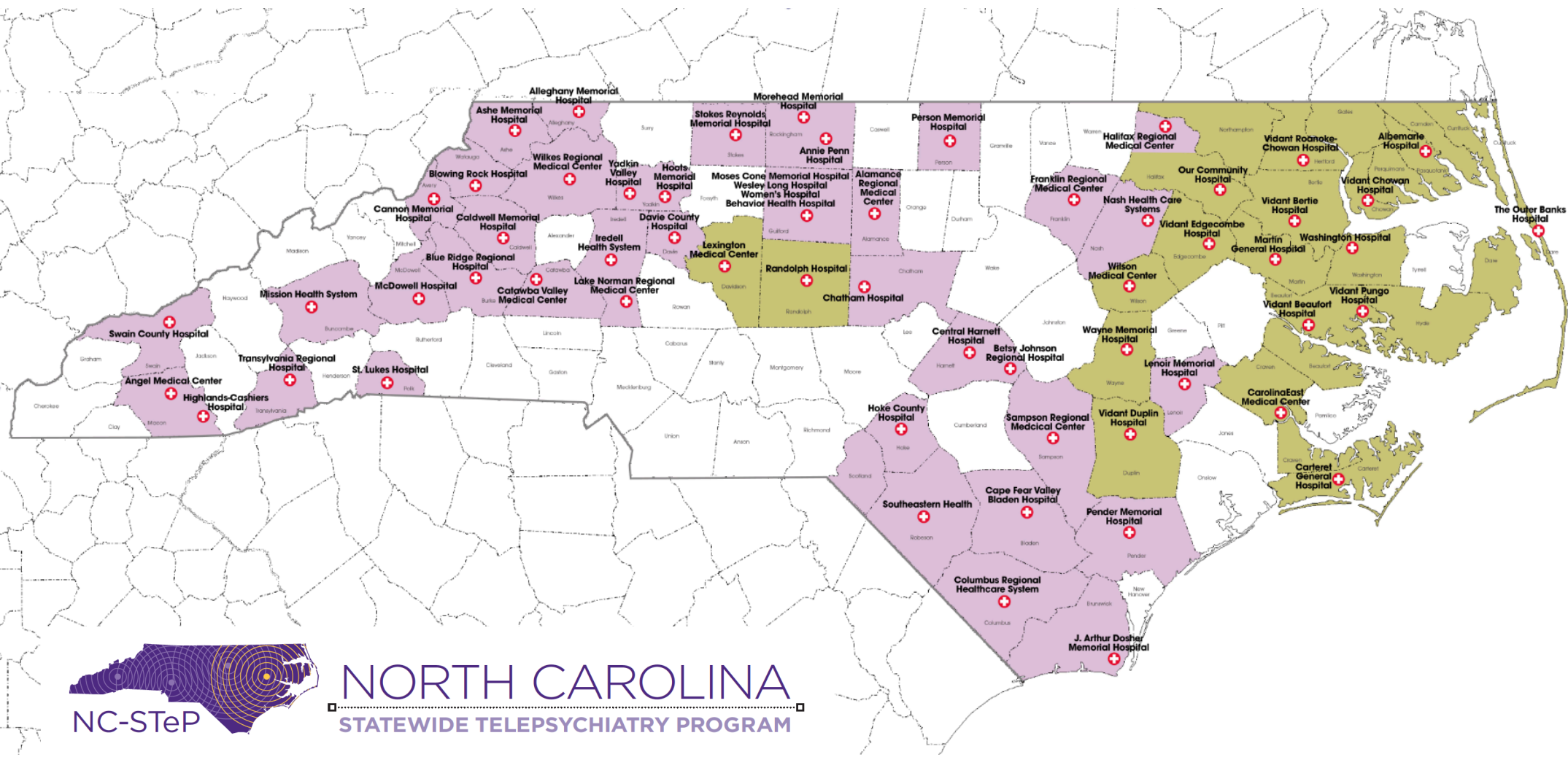
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Director

East Carolina University Center for Telepsychiatry



East Carolina University
CENTER FOR TELEPSYCHIATRY



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Current Status

- Equipment bid awarded to Carousel Industries
- 23 hospitals active by March 31, 2014
- 2 additional new contracts fully executed (St. Lukes and Southeastern)
- 40 additional hospitals in current contract negotiations
- Credentialing
 - 4 hospitals started credentialing with Coastal CNC
 - Novant and Mission have started credentialing with ECU
 - 6 hospitals waiting to start credentialing with Monarch
 - 7 hospitals waiting to start credentialing with Daymark
- Expect 22 hospitals to go live between April and June 2014
- Expect 20 hospitals to go live between July and September 2014

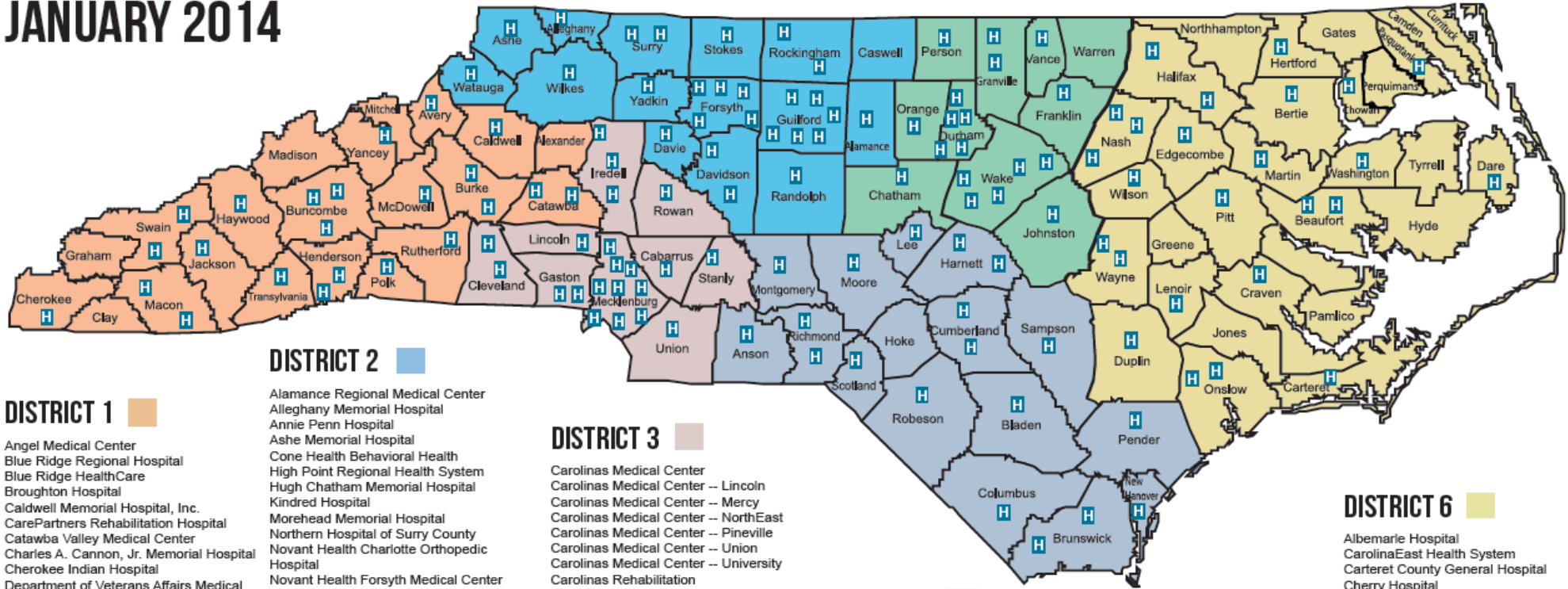


- 5 Provider groups in contract negotiations:
 - Novant
 - Mission
 - Cone Health
 - Monarch
 - Daymark
- Expected Go Live dates between May and July 2014



NORTH CAROLINA HOSPITALS

JANUARY 2014



DISTRICT 1

- Angel Medical Center
- Blue Ridge Regional Hospital
- Blue Ridge HealthCare
- Broughton Hospital
- Caldwell Memorial Hospital, Inc.
- CarePartners Rehabilitation Hospital
- Catawba Valley Medical Center
- Charles A. Cannon, Jr. Memorial Hospital
- Cherokee Indian Hospital
- Department of Veterans Affairs Medical Center -- Asheville
- Frye Regional Medical Center
- Highlands-Cashiers Hospital
- Margaret R. Pardee Memorial Hospital
- MedWest - Harris
- Medwest - Haywood
- MedWest - Swain
- Mission Hospital System
- Murphy Medical Center, Inc.
- Park Ridge Hospital
- Rutherford Regional Health System
- St. Luke's Hospital
- The McDowell Hospital
- Transylvania Regional Medical Center

DISTRICT 2

- Alamance Regional Medical Center
- Alleghany Memorial Hospital
- Annie Penn Hospital
- Ashe Memorial Hospital
- Cone Health Behavioral Health
- High Point Regional Health System
- Hugh Chatham Memorial Hospital
- Kindred Hospital
- Morehead Memorial Hospital
- Northern Hospital of Surry County
- Novant Health Charlotte Orthopedic Hospital
- Novant Health Forsyth Medical Center
- Novant Health Kernersville Medical Center
- Novant Health Medical Park Hospital
- Novant Health Thomasville Medical Center
- Pioneer Community Hospital of Stokes
- Randolph Hospital
- Select Specialty Hospital, Winston-Salem
- The Moses H. Cone Memorial Hospital
- Wake Forest Baptist Medical Center
- Wake Forext Baptist Health - Davie Hospital
- Wake Forest Baptist Health - Lexington Medical Center
- Watauga Medical Center
- Wesley Long Community Hospital
- Wilkes Regional Medical Center
- Women's Hospital of Greensboro
- Yadkin Valley Community Hospital

DISTRICT 3

- Carolinas Medical Center
- Carolinas Medical Center -- Lincoln
- Carolinas Medical Center -- Mercy
- Carolinas Medical Center -- NorthEast
- Carolinas Medical Center -- Pineville
- Carolinas Medical Center -- Union
- Carolinas Medical Center -- University
- Carolinas Rehabilitation
- Carolinas Rehabilitation -- Mount Holly
- CaroMont Health, Inc.
- Cleveland Regional Medical Center
- Davis Regional Medical Center
- Iredell Memorial Hospital, Inc.
- Kings Mountain Hospital, Inc.
- Lake Norman Regional Medical Center
- Novant Health Huntersville Medical Center
- Novant Health Matthews Medical Center
- Novant Health Presbyterian Medical Center
- Novant Health Rowan Medical Center
- Novant Health Presbyterian Orthopaedic Hospital
- Stanly Regional Medical Center

DISTRICT 4

- Central Regional Hospital
- Chatham Hospital
- Department of Veterans Affairs Medical Center -- Durham
- Duke Raleigh Hospital
- Duke University Hospital
- Durham Regional Hospital
- Granville Health System
- Holly Hill Hospital
- Johnston Memorial Hospital Authority
- Maria Parham Medical Center
- North Carolina Specialty Hospital
- Novant Health Franklin Regional Medical
- Person Memorial Hospital
- Rex Healthcare
- Select Specialty Hospital, Durham
- UNC Hospitals
- WakeMed
- WakeMed Cary Hospital

DISTRICT 5

- Anson Community Hospital
- Betsy Johnson Regional Hospital
- Cape Fear Valley -- Bladen County Hospital
- Cape Fear Valley Health System
- Central Carolina Hospital
- Central Harnett Hospital
- Columbus Regional Healthcare System
- FirstHealth Montgomery Memorial Hospital
- FirstHealth Moore Regional Hospital
- FirstHealth Richmond Memorial Hospital
- J. Arthur Doshier Memorial Hospital
- New Hanover Regional Medical Center
- Novant Health Brunswick Medical Center
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sandhills Regional Medical Center
- Scotland Memorial Hospital
- Southeastern Health

DISTRICT 6

- Albemarle Hospital
- CarolinaEast Health System
- Carteret County General Hospital
- Cherry Hospital
- Coastal Plain Hospital
- Halifax Regional Medical Center
- Lenoir Memorial Hospital, Inc.
- LifeCare Hospitals of North Carolina
- Martin General Hospital
- Nash Health Care Systems
- Onslow Memorial Hospital
- Our Community Hospital
- The Outer Banks Hospital
- Vidant Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Pungo Hospital
- Vidant Roanoke-Chowan Hospital
- Washington County Hospital
- Wayne Memorial Hospital
- Wilson Medical Center

NC-STeP Quality Management and Outcomes Monitoring Processes

1

- Initiated a data collection and management system designed to gather program data from:
 - hospitals participating in the NC-STeP
 - psychiatric services providers
- Each participating referral site submits monthly patient encounter data electronically to the Center.
 - includes unique patient identification number, arrival date and time information, discharge date and time information, patient discharge disposition, and IVC status.



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NC-STeP Quality Management and Outcomes Monitoring Processes

2

- The Center aggregates the referral site data for each quarterly reporting period and conducts analysis to determine the metrics below. Analysis is conducted for each individual site and for the program overall.
 - Total number of assessments
 - Average length of stay
 - Average length of stay by discharge disposition
 - Number of IVCs
 - IVC turnover rate
 - Percent of patients by discharge disposition
- The Center reports this data quarterly and develops ongoing procedures (graphs, charts, progress reports) so that these metrics can be monitored and compared over time to assess the program outcomes and monitor program quality.



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Number	Referring Sites	Telepsychiatry Consultant Site	Month when NC Step started at this site	Number of Initial Psychiatric Assessments Conducted Under the Program During this period (Nov-Dec 2013)	Average Length of Stay for ED Patients receiving Telepsychiatry Services during this period in hours	Average Length of Stay by discharge disposition in hours for ED patients					IVCs for ED patients	
						Average LOS for patients with disposition Home	Average LOS for patients with disposition Transfer	Average LOS for patients with disposition Admit	Average LOS for patients with disposition Against Medical Advice	Average LOS for patients with disposition Other	IVC in place at any time during visit	Number of IVC's that were overturned by time of discharge
1	Albemarle Health	CCNC	Nov-13	76	27.2	25.5	27.6	33.2			48	18
2	Vidant Beaufort	CCNC	Nov-13	8	5.2	5	5.8				1	0
3	Vidant Bertie	CCNC	Nov-13	12	2.8	2.8					0	0
4	CarolinaEast	CCNC	Nov-13	11	29	29.8	29.8				11	3
5	Carteret	CCNC	Nov-13	109	33.6	48.3	29	6.2	19.4		86	36
6	Vidant Chowan	CCNC	Nov-13	13	9.38	7	17				1	0
7	Vidant Duplin	CCNC	Nov-13	50	11.5	9.8	29.3		7.8	16.1	5	2
8	Vidant Edgecombe	CCNC	Nov-13	16	6.7	4.5	15.3		2.14		6	1
9	Lexington Medical Center	CCNC	Nov-13	18	36.7	29.9	40.2				35	0
10	Martin General Hospital	CCNC	Dec-13	2	*assessments not conducted in ED							
11	Our Community Hospital	CCNC	Nov-13	3	*assessments not conducted in ED							
12	Outer Banks Hospital	CCNC	Nov-13	37	11.04	7.8	24.4			1.5	2	0
13	Vidant Pungo	CCNC	Nov-13	10	3.8	1.2	13				1	0
14	Randolph Hospital	CCNC	Nov-13	150	43.4	35.2	42.1	72.9			143	31
16	Wayne Memorial Hospital	CCNC	will begin in Jan 2014									
17	Wilson Medical Center	CCNC	Nov-13	37	36.8	40.7	33.8				28	11
	Summary			552	average LOS for all ED patients = 25.6	18.25	33.6	14.3	9	10.2	367	102 (28% overturned)



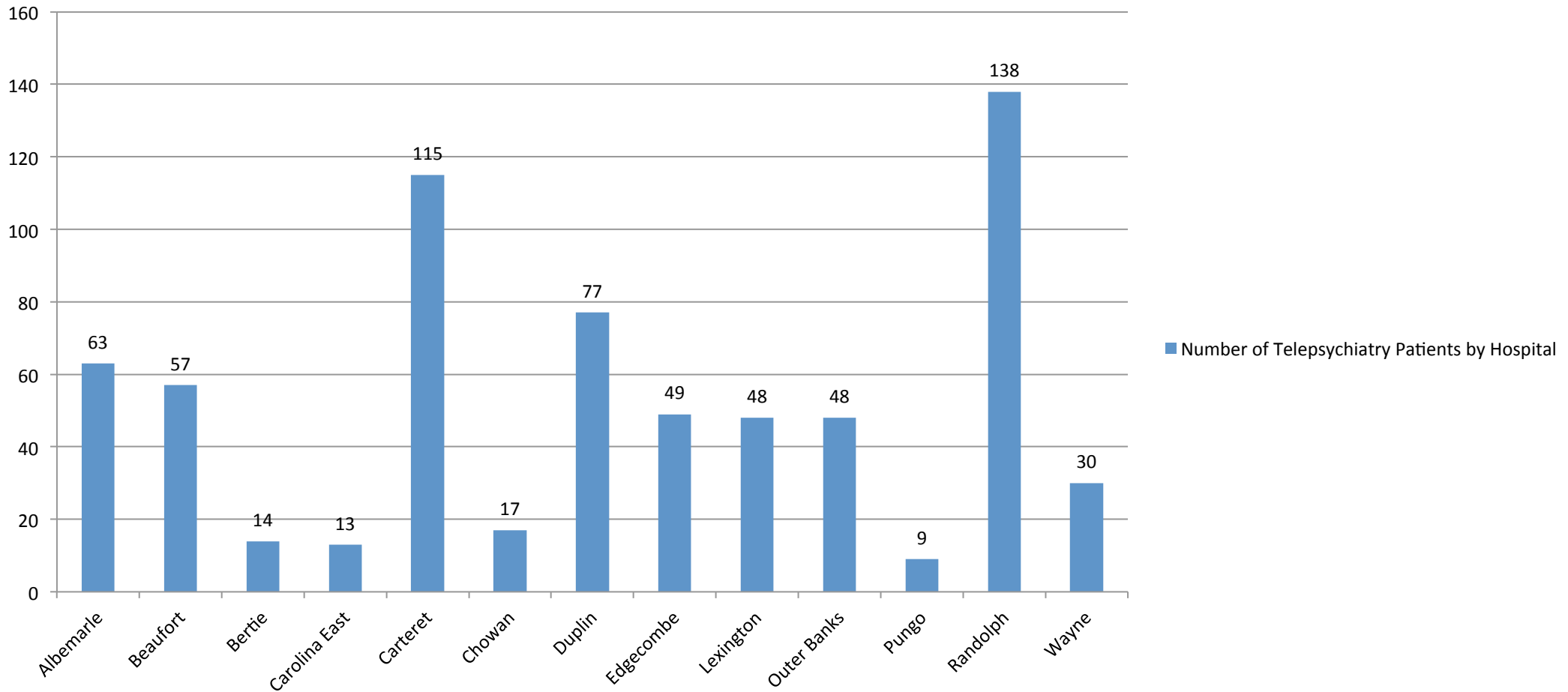
NC STeP - Dashboard Report

November - December 2013

Number of Hospitals Participating in the Program	15 (with one additional to begin in Jan 2014, for a total of 16)
Number of Consultant Sites	1 (CCNC)
Total Initial Assessments Conducted Under the Program During the Period	552
Average Length of Stay for ED Patients Receiving Telepsychiatry Services	25.6 hours
Number of IVC Turnovers for ED Patients Receiving Telepsychiatry	102 (28% of IVCs)



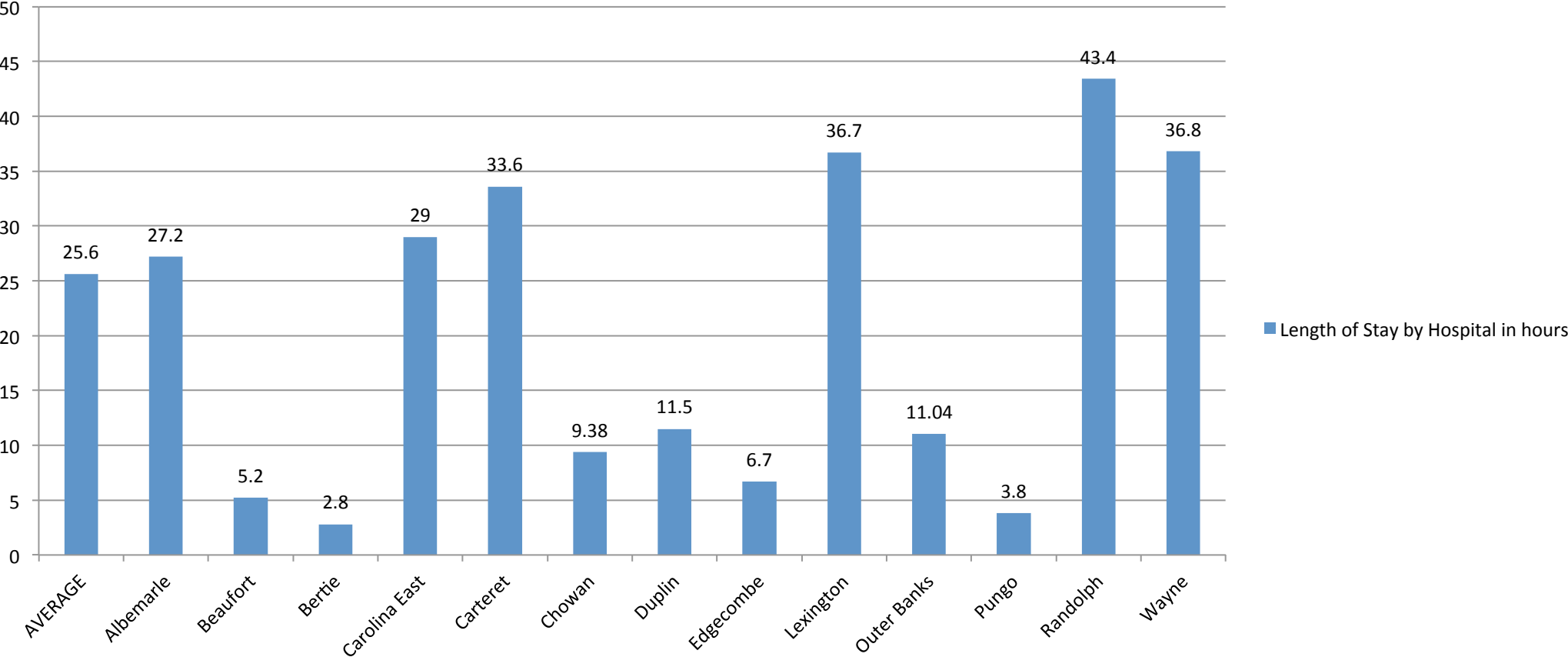
Total Number of ED Telepsychiatry Patients by Hospital November and December 2013



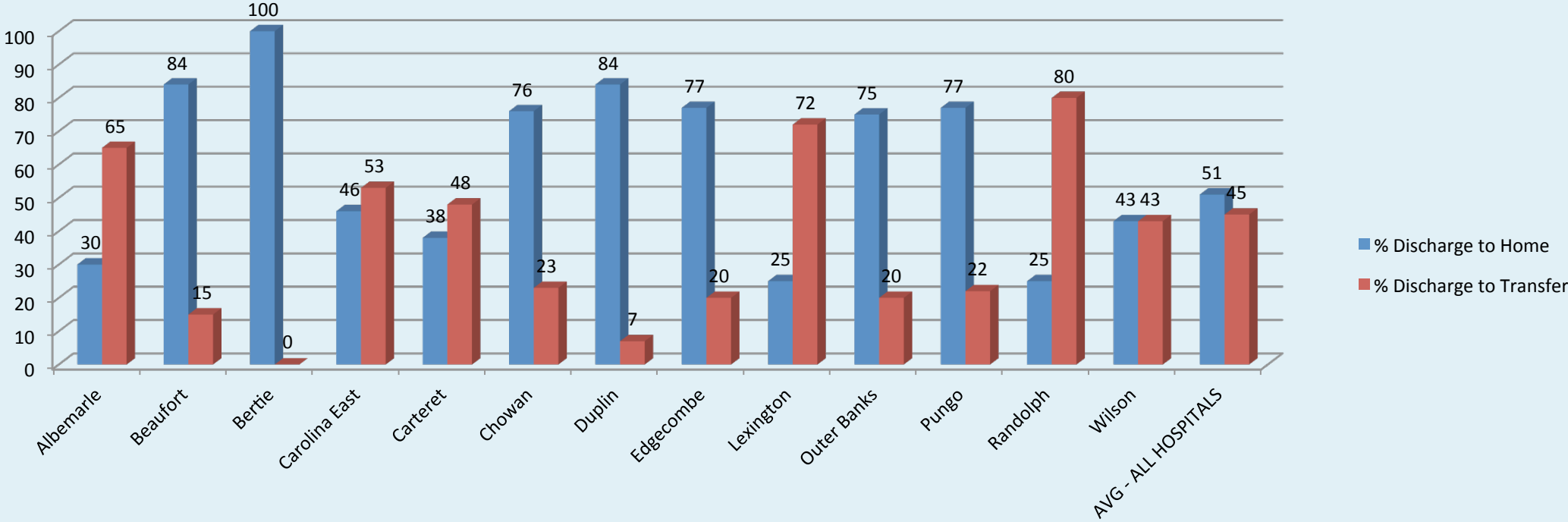
NC-STEP

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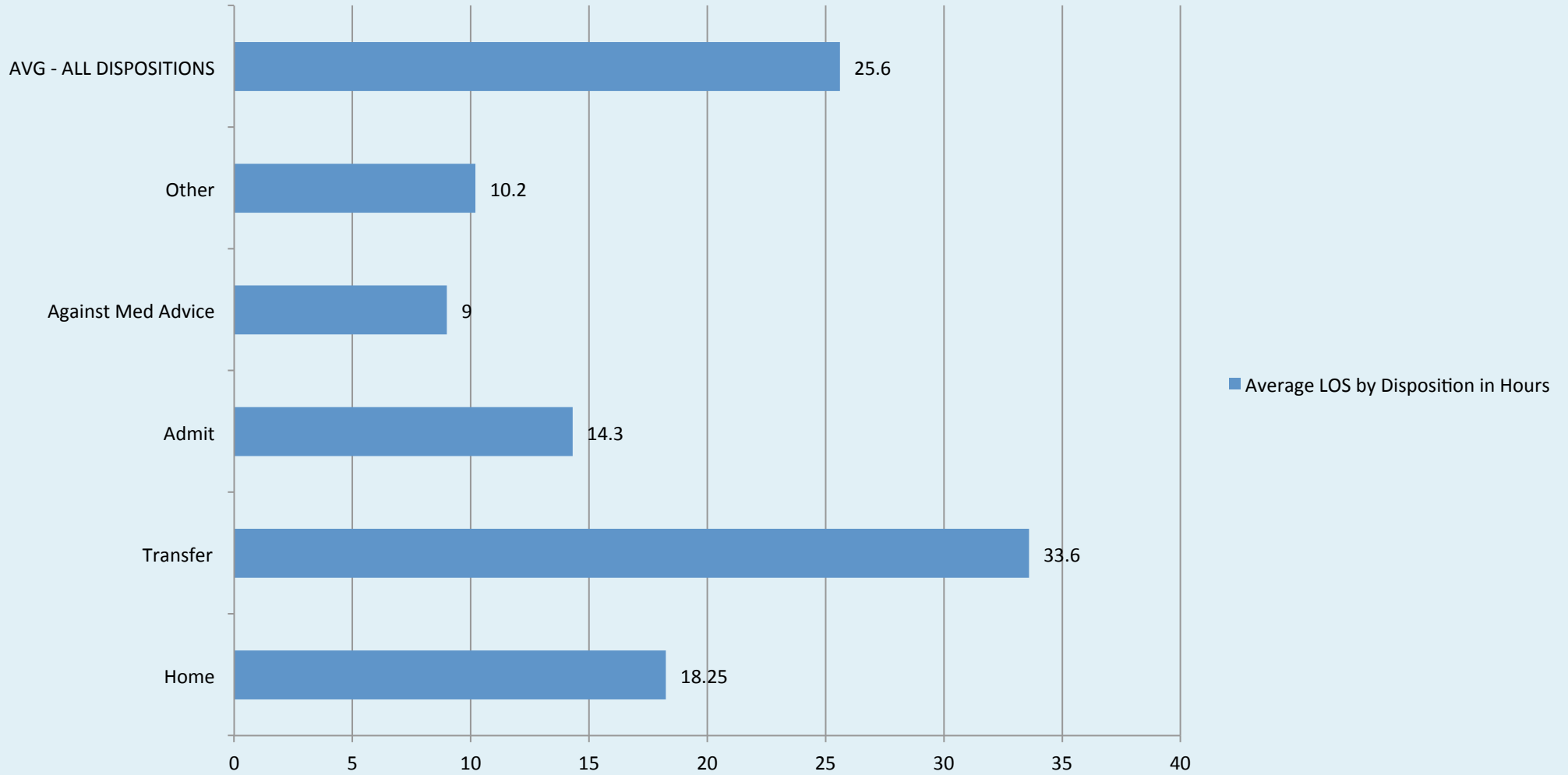
Average Length of Stay for ED Telepsychiatry Patients in Hours by Hospital November and December 2013



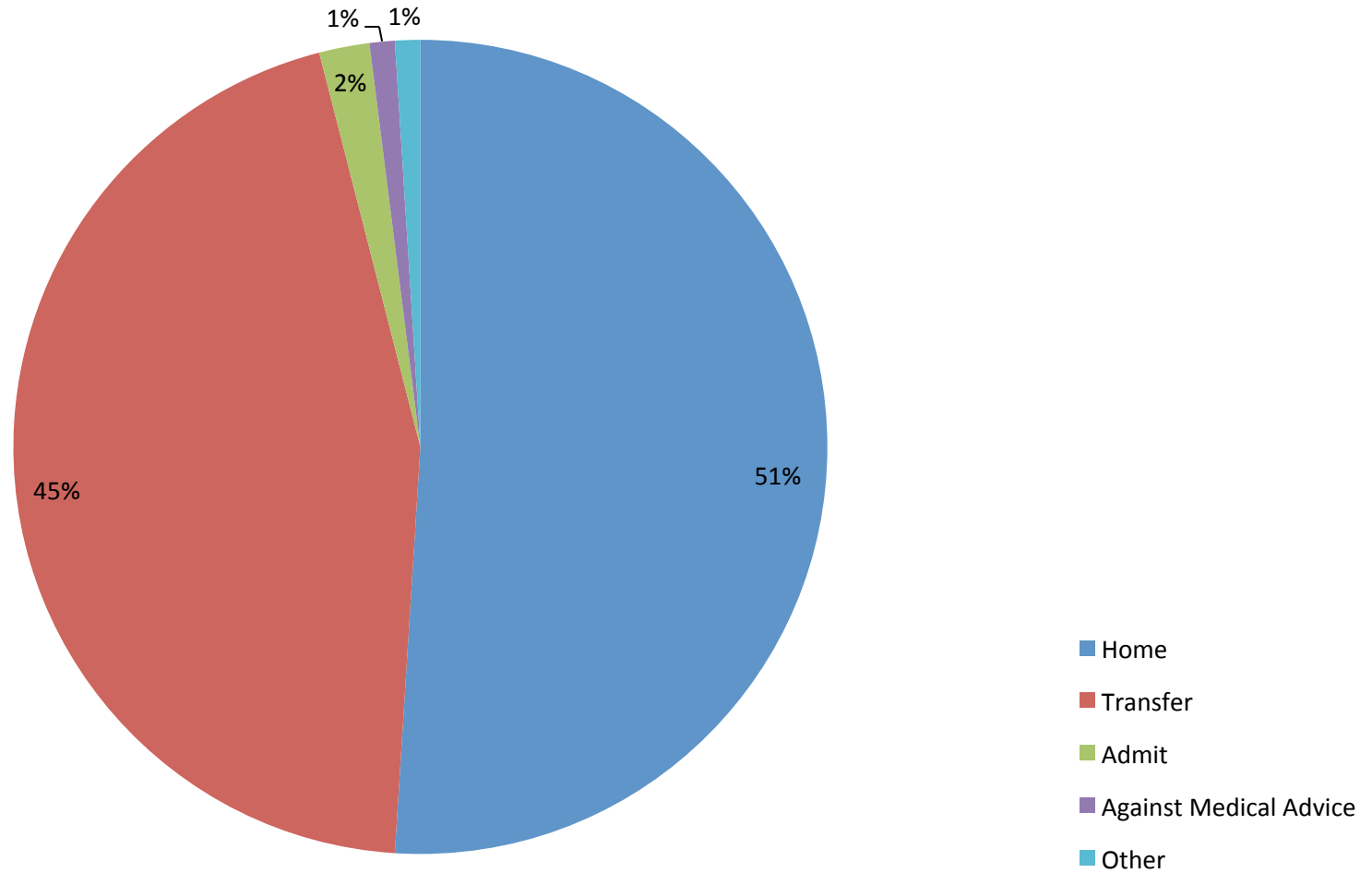
Percent of ED Telepsychiatry Patients Discharged to Home or Transfer by Hospital November and December 2013



Average LOS by Disposition for ED Telepsychiatry Patients in Hours November and December 2013



Percent of ED Telepsychiatry Patients by Discharge Disposition November and December 2013



Discharge Codes for Hospitals Using the Telepsychiatry Program

	Vidant (Beaufort, Bertie, Chowan, Duplin, Edgecombe, Pungo)	Albemarle	Carteret	Carolina East	Lexington	Outer Banks (seems to use same codes as Vidant?)	Randolph	Wilson
Summary Codes								
Home	discharged to home or self care (routine discharge)	home	home, self-care	discharge to home or self care	home	discharged to home or self care (routine discharge)	discharge home	home/self care/group home
	discharged transferred to home under care of organized home health service org							
Transfer	discharged/transferred to a psychiatric hospital or psychiatric unit	transfer	Xfer to psych hosp/unit	transferred to psych hospital	psych transfer	discharged/transferred to a psychiatric hospital or psychiatric unit	discharge to psych facility	psych hospital/unit
	discharged to a short term general hospital for inpatient care		Xfer st-trm hosp/unit			discharged to a short term general hospital for inpatient care		short term hospital inpatient care
	discharged/transferred to an inpatient rehab facility (IRF)		d/c or Xfer ICF			discharged/transferred to an inpatient rehab facility (IRF)		acute hospital transfer
	discharged/transferred to skilled nursing facility (SNF) with medicare certification						discharge to rest home/ass liv	
	discharged/transferred to another type of health care inst not defined elsewhere in this list							
Admit		admit					disch inpatient	inpatient in WMC
Left against medical advice	left against medical advice or discontinued care		against medical advice					
Other	no code							
	discharged/transferred to court/law enforcement					discharged/transferred to court/law enforcement		

CHARGE MIX
November 2013- February 2014
201402

REV LOC #	REVENUE LOCATION	SPEC #	ENCOUNTER SPECIALTY	ORIGINAL PAYOR	MTD CHARGES	%	FYTD CHARGES	%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Blue Shield	\$4,911.00	2.96%	\$14,147.00	4.51%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Commercial	\$6,009.00	3.62%	\$12,653.00	4.03%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Medicaid	\$28,890.00	17.39%	\$51,192.00	16.31%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Medicare	\$30,219.00	18.19%	\$55,608.00	17.72%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Other	\$6,015.00	3.62%	\$7,639.00	2.43%
190102	ECU PSYCHIATRY	19140	ECU TELEPSYCH	Self-Pay	\$90,106.00	54.23%	\$172,561.00	54.99%
TOTAL					\$166,150.00		\$313,800.00	

Payments Received	(14,494)
A/R Outstanding	299,306



1	CPT	POS DESCRIPTION	Nov Vol	Nov Charges	Dec Vol	Dec Charges	Jan Vol	Jan Charges	Feb Vol	Feb Charges	YTD Vol	YTD Charges
20	99203 Total	E&M new patient with 3 key compnents - low complexity	142	29,820.00	135	\$29,160.00	127	27,432.00	138	29,808.00	542	116,220.00
39	99204 Total	E&M new patient with 3 key compnents - moderate complexity	42	13,524.00	35	\$11,550.00	23	7,590.00	26	8,580.00	126	41,244.00
61	99213 Total	E&M established patient with 3 key components- expanded problem focused history/exam - low complexity	170	23,970.00	128	\$18,688.00	97	14,162.00	76	11,096.00	471	67,916.00
67	99214 Total	E&M established patient with 3 key components- expanded problem focused history/exam - moderate complexity	2	418.00	6	\$1,290.00	1	215.00	0	-	9	1,923.00
74	99221 Total	Initial hospital visit - low complexity	1	199.00	2	\$422.00	6	1,266.00	1	211.00	10	2,098.00
81	99222 Total	Initial hospital visit - moderate complexity	6	1,620.00	1	284	6	1,704.00	5	1,420.00	18	5,028.00
87	99251 Total	Non-M'care Ed / Inpt Facility Visit - 30 min	5	765.00	13	\$1,989.00	6	918.00	7	1,071.00	31	4,743.00
99	99252 Total	Non-M'care Ed / Inpt Facility Visit - 50 min	10	2,100.00	9	1890	11	2,310.00	17	3,570.00	47	9,870.00
101	99281 Total	Non-M'care Ed / Inpt Facility Visit - 70 min	1	124.00	0	0	0	-	0	-	1	124.00
103	99282 Total		1	167.00	0	0	0	-	0	-	1	167.00
110	99283 Total		9	2,268.00	0	0	0	-	0	-	9	2,268.00
112	G0425 Total	M'care consult ED, Initial Inpt Facility Visit - 30 min	0	-	0	0	1	201.00	0	-	1	201.00
131	G0426 Total	M'care consult ED, Initial Inpt Facility Visit - 50 min	25	6,800.00	30	\$8,160.00	52	14,144.00	52	14,144.00	159	43,248.00
146	G0427 Total	M'care consult ED, Initial Inpt Facility Visit - 70 min	18	7,218.00	12	\$4,812.00	17	6,817.00	15	6,015.00	62	24,862.00
147		Total	432	88,993.00	371	\$78,245.00	347	76,759.00	337	75,915.00	1,487	319,912.00

**ECU TELEPSYCH
CHARGE MIX**

November 2013- February 2014

SPECIALTY NAME	CPT CODE	PAYMENTS
ECU TELEPSYCH	99203	(\$5,713.16)
ECU TELEPSYCH	99204	(\$2,467.16)
ECU TELEPSYCH	99213	(\$2,766.45)
ECU TELEPSYCH	99214	(\$174.48)
ECU TELEPSYCH	99221	\$0.00
ECU TELEPSYCH	99222	\$0.00
ECU TELEPSYCH	99251	(\$74.27)
ECU TELEPSYCH	99252	(\$185.78)
ECU TELEPSYCH	99281	\$0.00
ECU TELEPSYCH	99282	\$0.00
ECU TELEPSYCH	99283	\$0.00
ECU TELEPSYCH	G0426	(\$1,914.76)
ECU TELEPSYCH	G0427	(\$1,198.12)
ECU TELEPSYCH TOTAL		(\$14,494.18)



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- As part of the contractual agreement with NC-DHHS Office of Rural Health and Community Care, ECU Center for Telepsychiatry is working on finalizing IT infrastructure and support to enable information sharing, scheduling, data collection, and analytics needs.

NC STeP Program Updates

HIE

- RFI closed December 2013
- Information gathering meeting with NC-HIE - January 2014
 - FU document from NC-HIE
- Information gathering continues with NCHA - February 2014
 - FU information on secure messaging and scheduling module



Telepsychiatry Portal



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- Will Support all the HIT functions required of NC-STeP
- The portal is a group of separate but related technologies that will serve as the primary interface through which data is reviewed and created regarding patient encounters, including:
 - Scheduling of patients and providers
 - Exchanging clinical data for patient care
 - Collection of encounter data to support the needs of network managers and billing agents and to support timely referrals

Telepsychiatry Portal



- Most of the components of the portal exist today and are readily available, but the scheduling component will likely require a custom development effort if an appropriate off-the-shelf solution cannot be utilized.
- For the telepsychiatry network to be successful, these components must be integrated to work as a whole.
 - NC-STeP participants will be required to implement and utilize the portal as prescribed.

Program Outcomes Summary

Data for the Period November – December 2013

- 15 hospitals participated in the program during the period (with an additional one entering in January).
- 552 Initial Telepsychiatry Assessments were conducted under the program during this two month pre-program period.
- The Average Length of Stay for all ED patients who received telepsychiatry services was 25.6 hours.
 - ALOS for patients who received telepsychiatry services and were ultimately discharged to home was 18.25 hours.
 - ALOS for patients who were transferred to another facility was 33.6 hours.



NC-STeP

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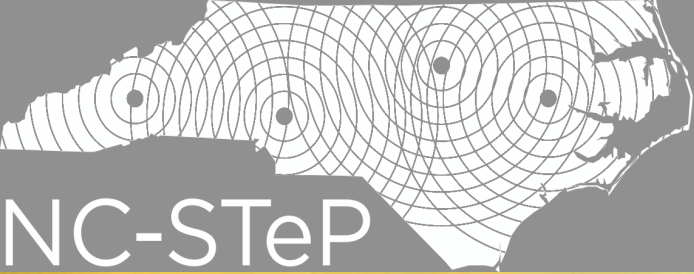
Program Outcomes Summary

Data for the Period November – December 2013

- 367 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
 - 102 of those patients did not have an IVC in place when they were discharged (28% turnover rate).
- Of the ED patients who received telepsychiatry services, 51% were discharged to home. 45% were discharged to another facility.
 - This was an average; the percent varied quite a bit across different hospitals.



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