



NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

Third Quarter Progress Updates



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CENTER FOR TELEPSYCHIATRY

NC STeP Program Updates June 30, 2014

- 30 hospitals currently live
- 26 additional hospitals scheduled to go live dates between July and October 2014
- Contracts with 4 additional Provider sites executed
 - Novant
 - Mission
 - Cone Health
 - Monarch



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Program Timeline Required by the Legislative Plan

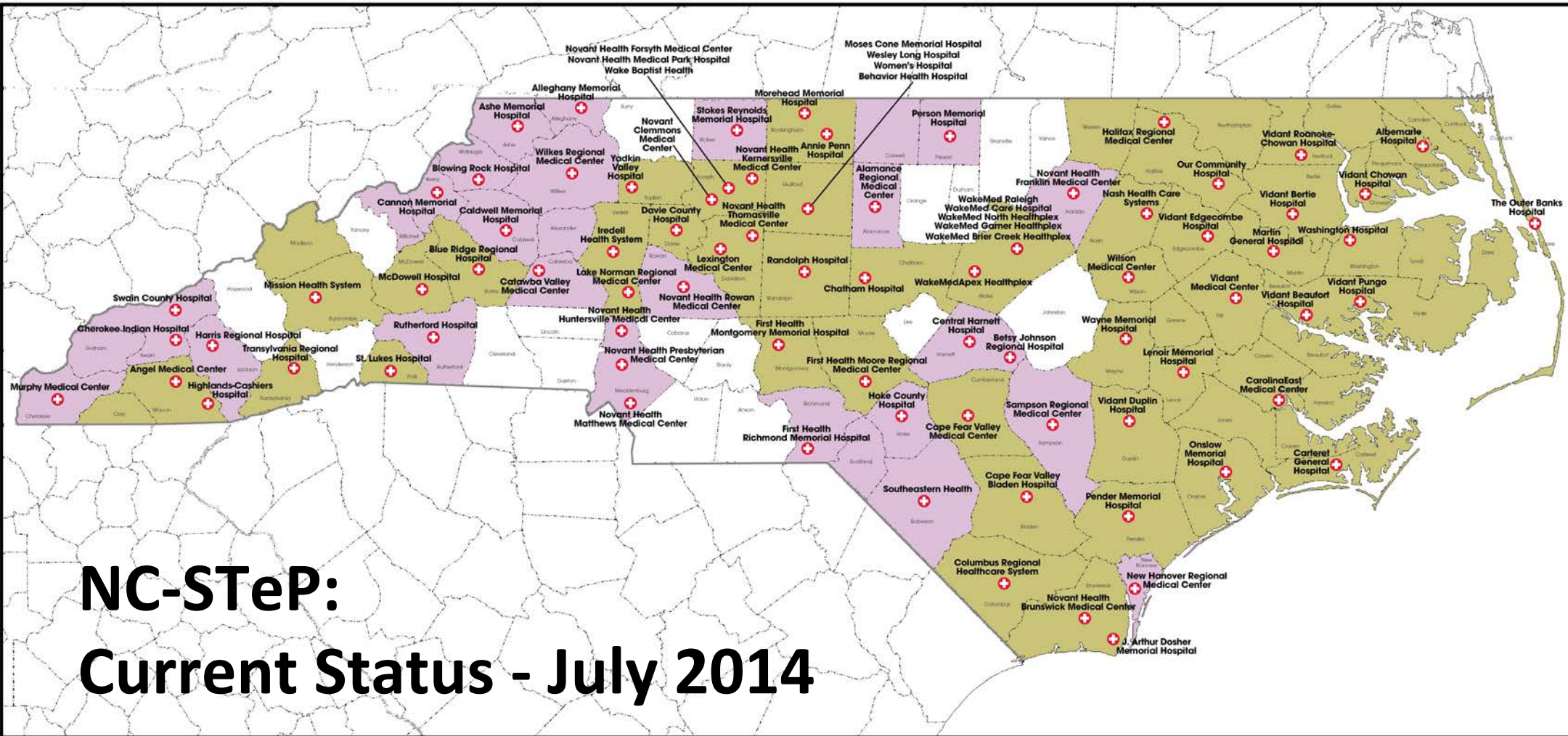
January – March 2014

| Timeline | Result |
|---|--|
| Contracts with the remaining 9 hospitals on the AHF wait list are executed. | Contracts executed with 10 hospitals - Novant (4) and Cone Health (6) |
| 6 hospitals from the wait list “Go Live” with telepsychiatry (total in network = 24). | 4 went live (Nash, Lenoir, Cape Fear and Cape Fear Valley Bladen – (22 in network) |
| 14 new hospitals secured to participate in the network (i.e. contracts, provider credentialing initiated, equipment ordered). | 14 new referral sites secured. |
| ECU submits first quarterly performance report to ORHCC. | Completed |
| Contracts with 3 to 5 new providers secured. | 6 new hospital contracts under negotiations, 1 new Provider contract executed (Cape Fear) |
| Apply for Duke Endowment funding. | Application submitted |
| Year 2 budget prepared. | Completed |

Program Timeline Required by the Legislative Plan

April – June 2014

| Timeline | Result |
|---|--|
| Seven hospitals "Go Live" (total in network = 31). | 8 went live – 30 in network (2 delayed to second week of August) |
| 14 additional referral sites recruited to participate in the network (i.e. contracts, provider credentialing initiated, equipment ordered). | 16 new referral sites recruited to participate. |
| ECU submits quarterly performance report and financial statements to DHHS Office of Rural Health and Community Care. | Completed |
| Contracts with three to five new referral sites secured. | 19 hospital contracts under negotiations, and Contracts with 4 additional Provider sites executed (Novant, Mission, Cone Health, and Monarch) |
| Duke Endowment funds awarded (to be determined). | Grant awarded |



NC-STeP: Interim Progress Report as of June 2014

| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON ORIGINAL GRANT APPLICATION | TARGET TO BE REACHED BY 06/30/2014 | VALUES/MEASURES REACHED AS OF 6/30/14 |
|--|---|---------------------------------------|---|
| 1. To increase the number of participating consultant providers from 12 to 20 (and consulting sites) | 12 | 20 | 21 Novant (5), Cone Health (6), CCNC (11), and Cape Fear Valley (4) |
| 2. To increase the number of Telepsychiatry referring sites by 13, from 15 to 27 | 15 | 27 | 30 21 reporting; 9 additional hospitals went live last during the last two weeks of June, will not submit first report until August |
| 3. To increase the number of telepsychiatric assessments conducted | 450/month | 3,600 | 1992 in Q3 (sum of total encounters from CCNC) 4374 Cumulative (546/month) |
| 4. Provide evaluation and care to Involuntary Committed patients | 147/month | 1,176 | 729 in Q3 1465 Cumulative (183/month) |
| 5. To increase the number of overturned involuntary | 42/month | 336 | 202 in Q3 374 Cumulative (47/month) |
| 6. To reduce the Length of Stay for all patients with a primary mental health diagnosis across | 26 hours | 25 hours | 24.6 hrs. in Q3 (Median) |

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
 - Length of stay
 - 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.



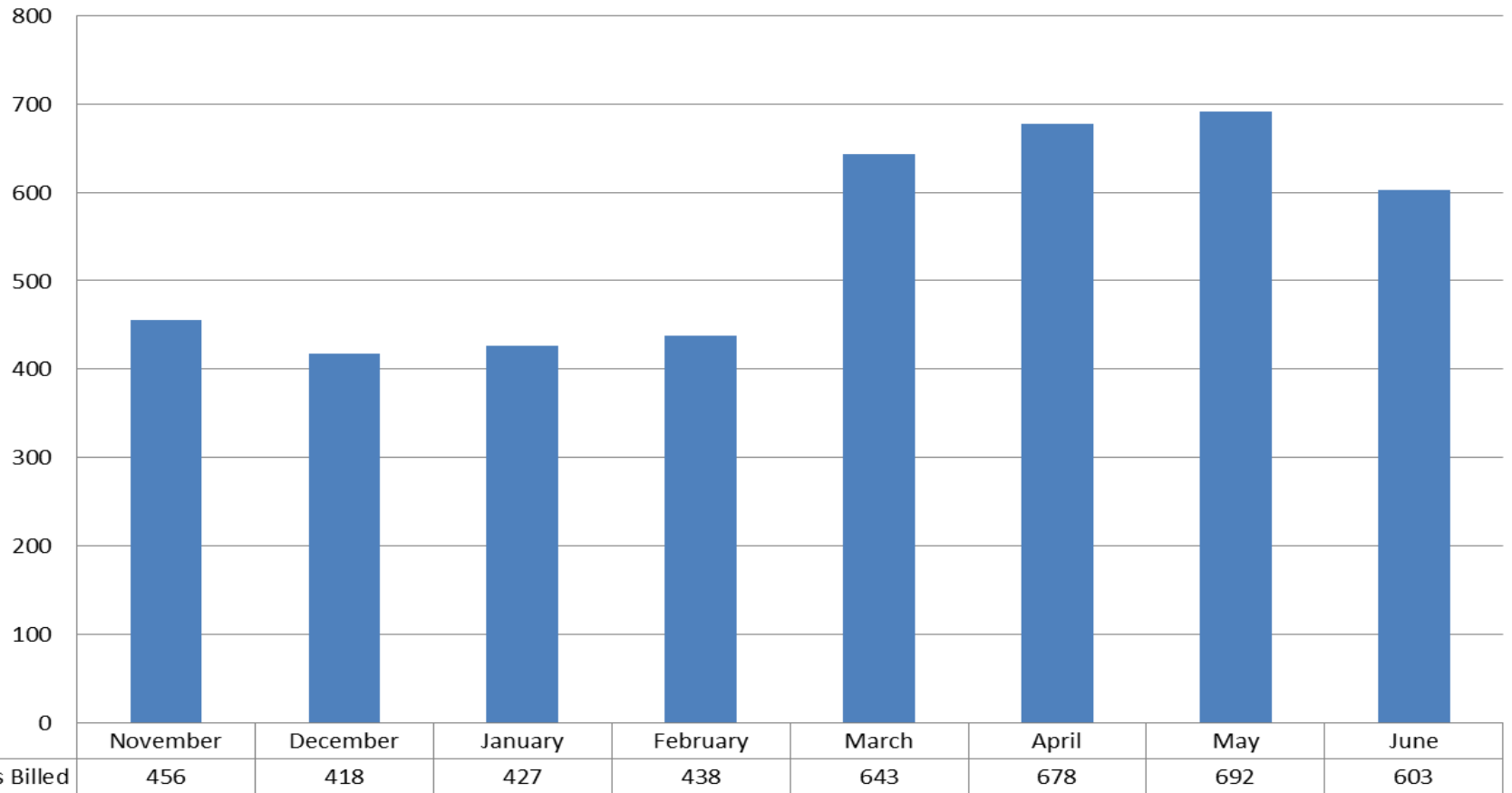
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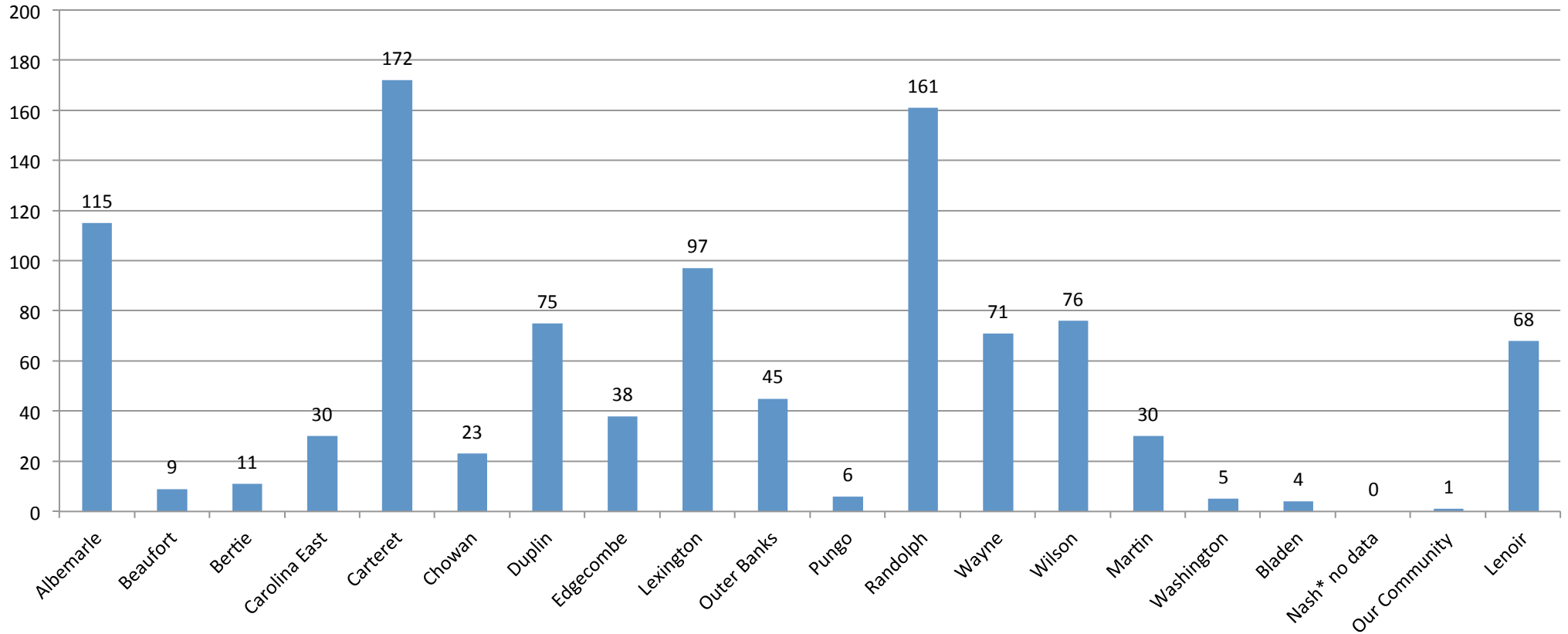
NC Step Quarterly Report - for Quarter 3 - April - June 2014 (combined)

| Number | Referring Sites | Consultant Site | NC Step started | # of Initial Psychiatric Assessments Conducted (April-June 2014) | Length of Stay for ED Telepsych Patients | Length of Stay by discharge disposition in hours for ED patients | | | | | IVCs for ED patients | |
|--------|---------------------|-----------------|-----------------|--|--|--|-------------------------------|-----------------------------------|--------------------------------|------------------------------|--------------------------------|--------------|
| | | | | | | LOS for ED assessments conducted Q3 | LOS patients disposition Home | LOS patients disposition Transfer | LOS patients disposition Admit | LOS patients disposition AMA | LOS patients disposition Other | IVC in place |
| 1 | Albemarle Health: A | CCNC | Nov-13 | 146 | 36.8 (115) | 37.7 | 37.7 | 4.9 | | | 93 | 28 |
| 2 | Vidant Beaufort | CCNC | Nov-13 | 26 | 43.1 (9) | 23.3 | 54.4 | | | 15.2 | 5 | 2 |
| 3 | Vidant Bertie | CCNC | Nov-13 | 13 | 24.4 (11) | 4.1 | 26.4 | | | | 6 | 3 |
| 4 | CarolinaEast | CCNC | Nov-13 | 36 | 46.2 (30) | 46.4 | 46 | | | | 30 | 7 |
| 5 | Carteret | CCNC | Nov-13 | 174 | 37.8 (172) | 44 | 38.6 | 5.7 | | 32.3 | 105 | 49 |
| 6 | Vidant Chowan | CCNC | Nov-13 | 29 | 32.8 (23) | 20.4 | 42.4 | | | | 9 | 4 |
| 7 | Vidant Duplin | CCNC | Nov-13 | 94 | 24.7 (75) | 18.7 | 34 | | | 24.6 | 22 | 15 |
| 8 | Vidant Edgecombe | CCNC | Nov-13 | 60 | 35.6 (38) | 25 | 40.3 | | | 32.5 | 20 | 5 |
| 9 | Lexington Medical C | CCNC | Nov-13 | 35 | 37 (97) | 16.8 | 32.5 | | | 89.2 | 69 | 1 |
| 10 | Martin General Hosp | CCNC | Dec-13 | 33 | 24.5* (30) | 15.3* | 35.8* | 6.3* | 4.3* | | 19* | 6* |
| 11 | Our Community Hos | CCNC | Nov-13 | 3 | 20.3 (1) | | | 20.3 | | | | |
| 12 | Outer Banks Hospita | CCNC | Nov-13 | 73 | 30.5 (45) | 36.4 | 28.6 | | | | 24 | 5 |
| 13 | Vidant Pungo | CCNC | Nov-13 | 6 | 31.2 (6) | 32.6 | 28.2 | | | | 5 | 4 |
| 14 | Randolph Hospital | CCNC | Nov-13 | 247* | 38.8* (161) | 48.2* | 33.5* | | | | 126 | 28* |
| 16 | Wayne Memorial Ho | CCNC | Jan-14 | 84 | 48.2 (71) | 54.3 | 47.2 | | | | 56 | 12 |
| 17 | Wilson Medical Cen | CCNC | Nov-13 | 94 | data on LOS not available at this time | | | | | | 73 | 22 |
| 18 | Nash General Hospit | CCNC | Mar-14 | 43 | data for this hospital not submitted yet | | | | | | submitted | |
| 19 | Lenoir Memorial Hos | CCNC | Mar-14 | 79 | 53.8 (68) | 74.5 | 38.6 | 307.2 | 14.8 | | 60 | 8 |
| 20 | Washington | CCNC | Jun-14 | 5 | 41.42 (5) | 67 | 24.3 | | | | 4 | 1 |
| 21 | Bladen | | Jun-14 | | 48.7 (4) | 52.3 | 45 | | | | 3 | 2 |
| 22 | Cape Fear | | Jun-14 | | | | | | | | | |
| | Summary | | | 1280 | Mean 37.8 Median 24.6 (961) | 38.8 (314) | 37.1 (589) | 31.5 (24) | 11.3 (3) | 48.5 (30) | 729 | 202 (28%) |

NC STeP Number of Total Assessments Billed by Month (November 2013 - June 2014)

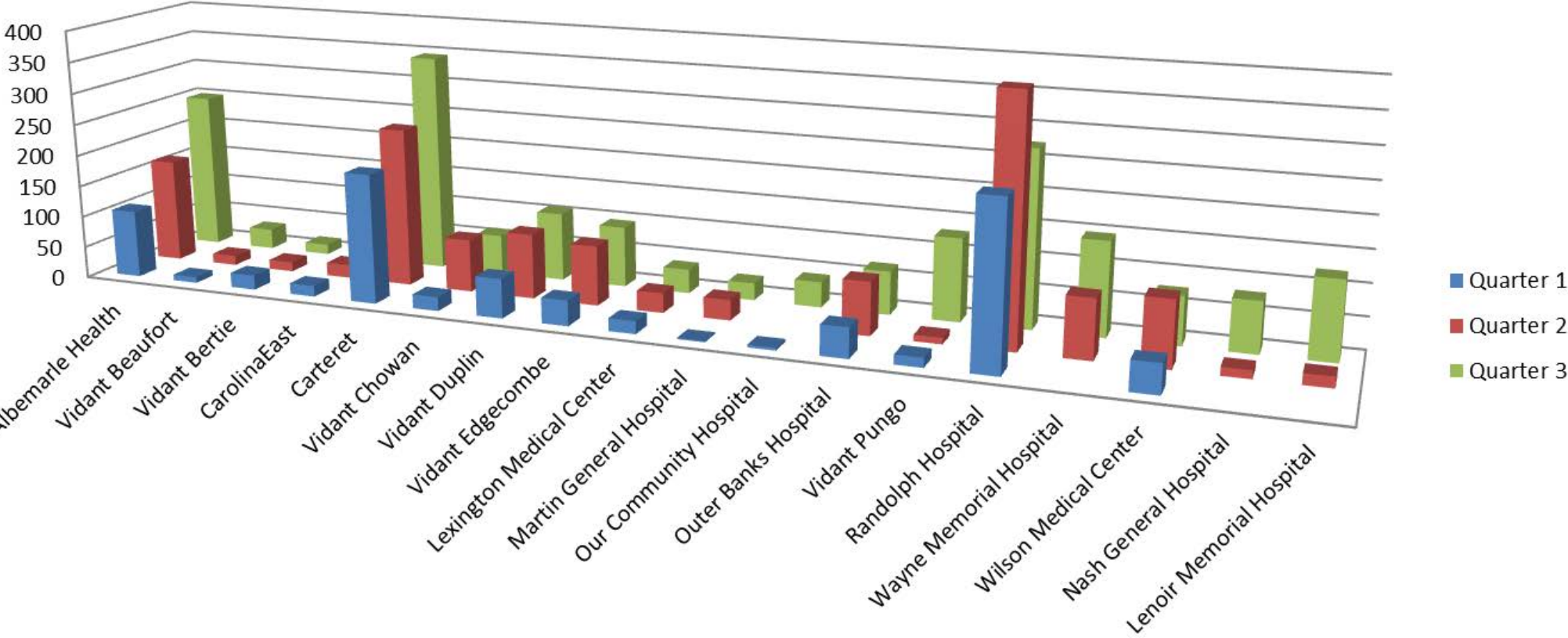


Total Number of ED Telepsychiatry Patients by hospital - for April - June 2014

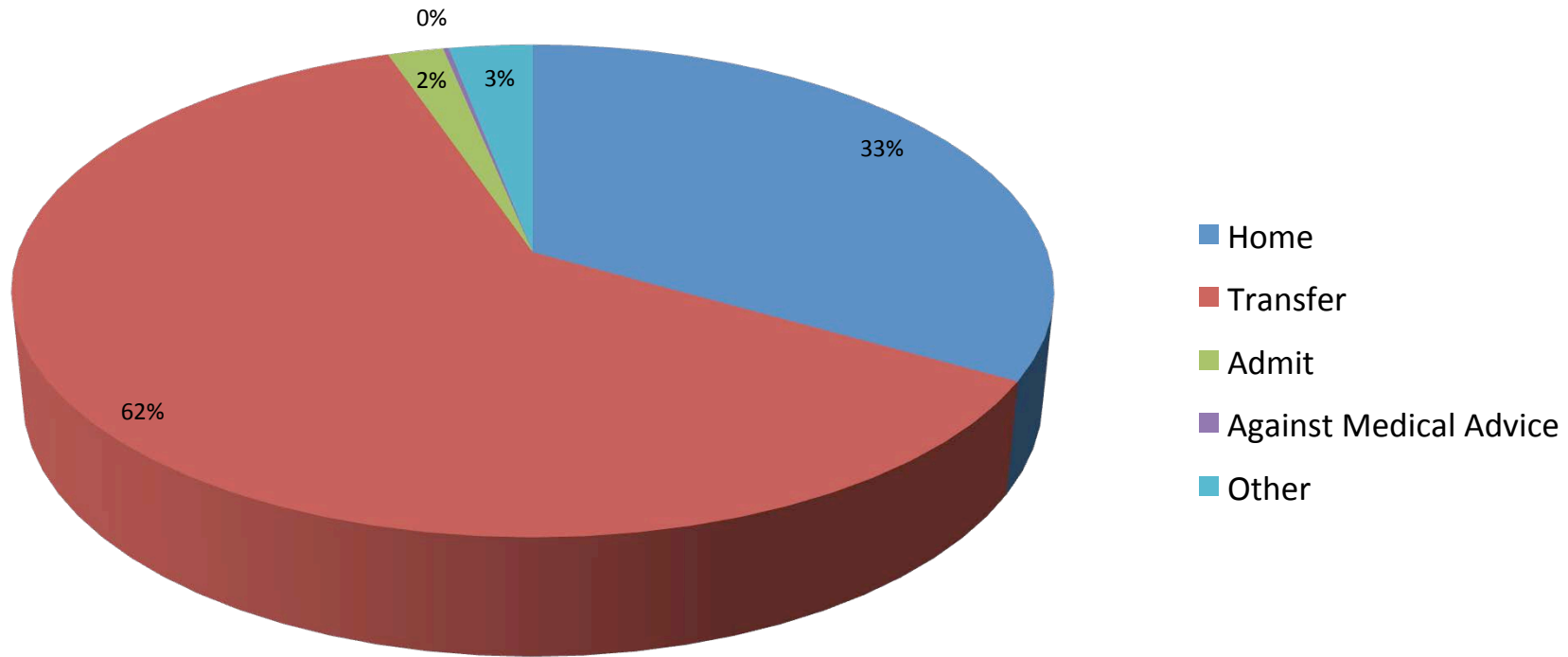


NC STeP Number of Total Assessments by Hospital

Quarter 1 (11/13-11/13), Quarter 2 (1/14-3/14), Quarter 3 (4/14-6/14)



Percent of ED Telepsychiatry Patients by Discharge Disposition April - June 2014



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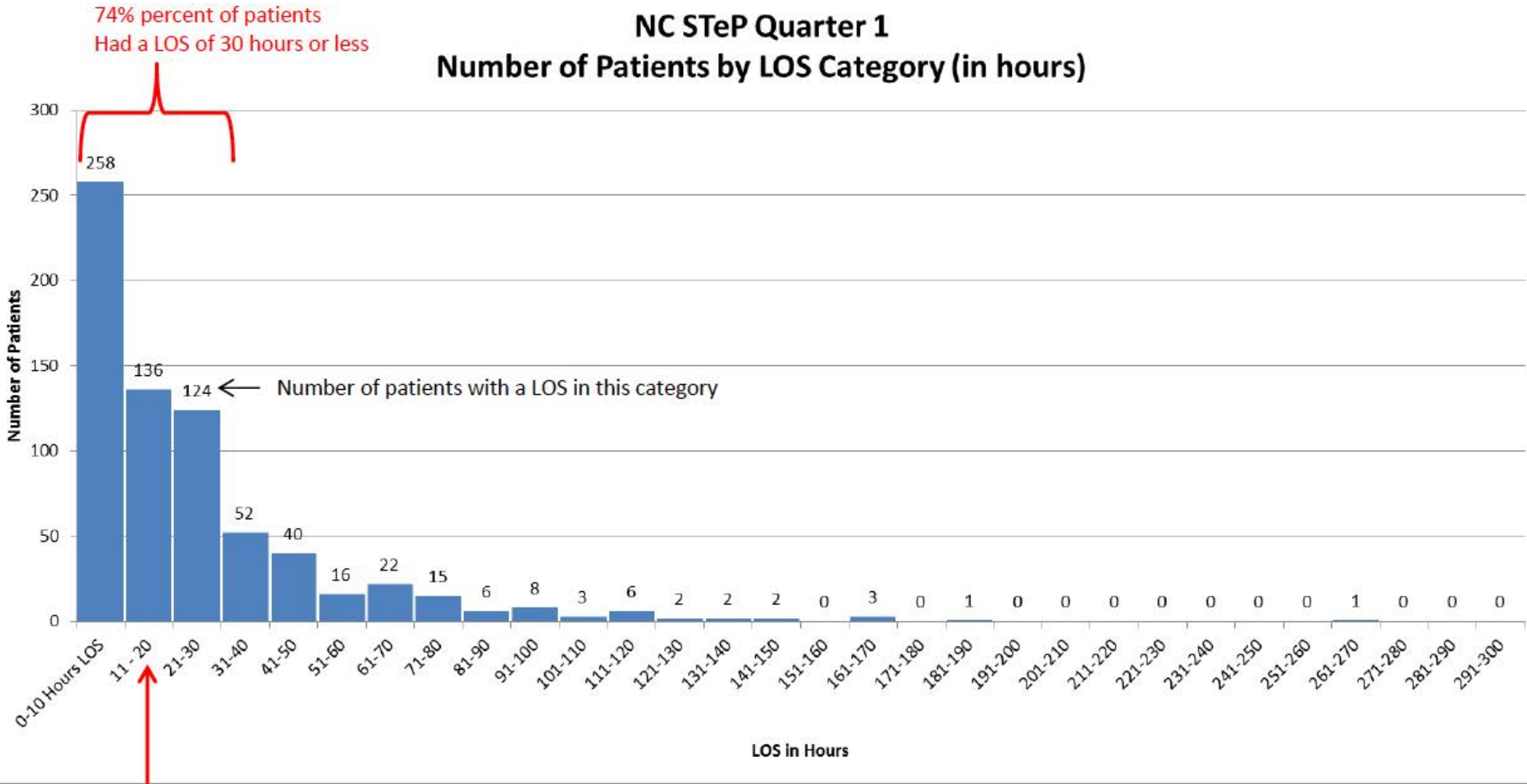
NC-STeP: Length of Stay

| Quarter | Median LOS (in hours) | Mean LOS (in hours) |
|-----------|--------------------------|------------------------|
| Quarter 1 | 16.5 | 25.6 |
| Quarter 2 | 23.3 | 33.08 |
| Quarter 3 | 24.6 | 37.8 |



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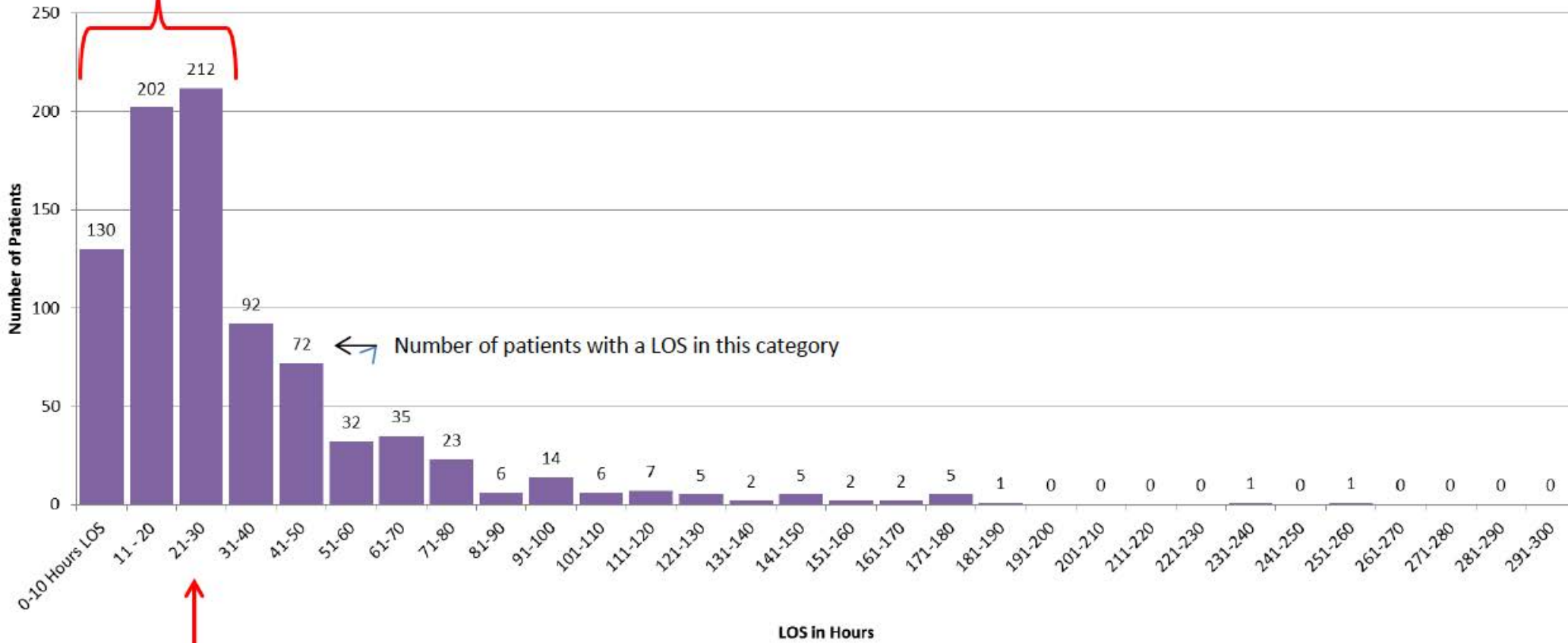
NC STeP Quarter 1 Number of Patients by LOS Category (in hours)



Median Length of Stay for Quarter 1 = 16.5 Hours

63% percent of patients
Had a LOS of 30 hours or less

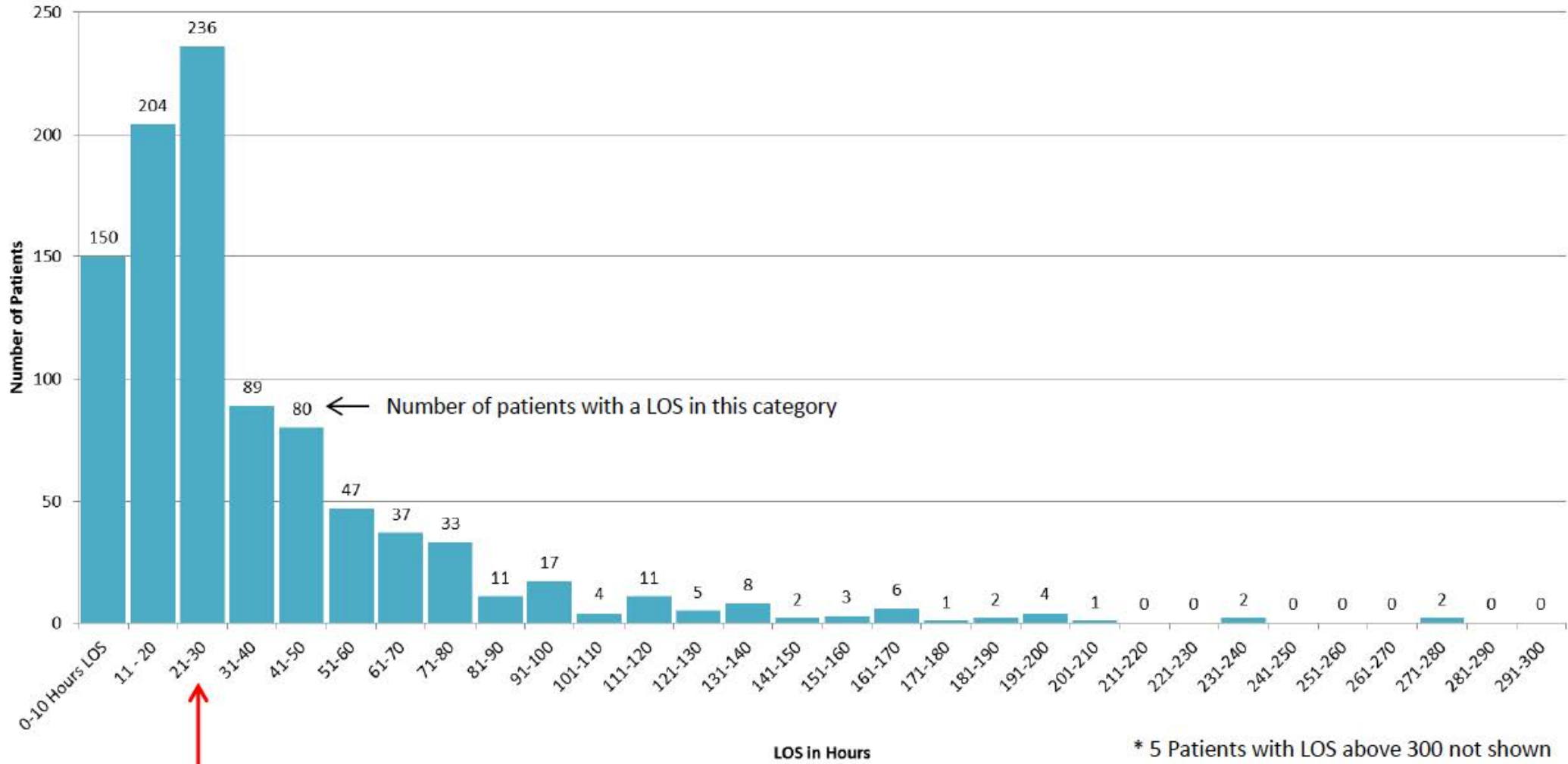
NC STeP Quarter 2 Number of Patients by LOS Category (in hours)



Median Length of Stay for Quarter 2 = 23.3 Hours

61% percent of patients
Had a LOS of 30 hours or less

NC STeP Quarter 3 Number of Patients by LOS Category (in hours)

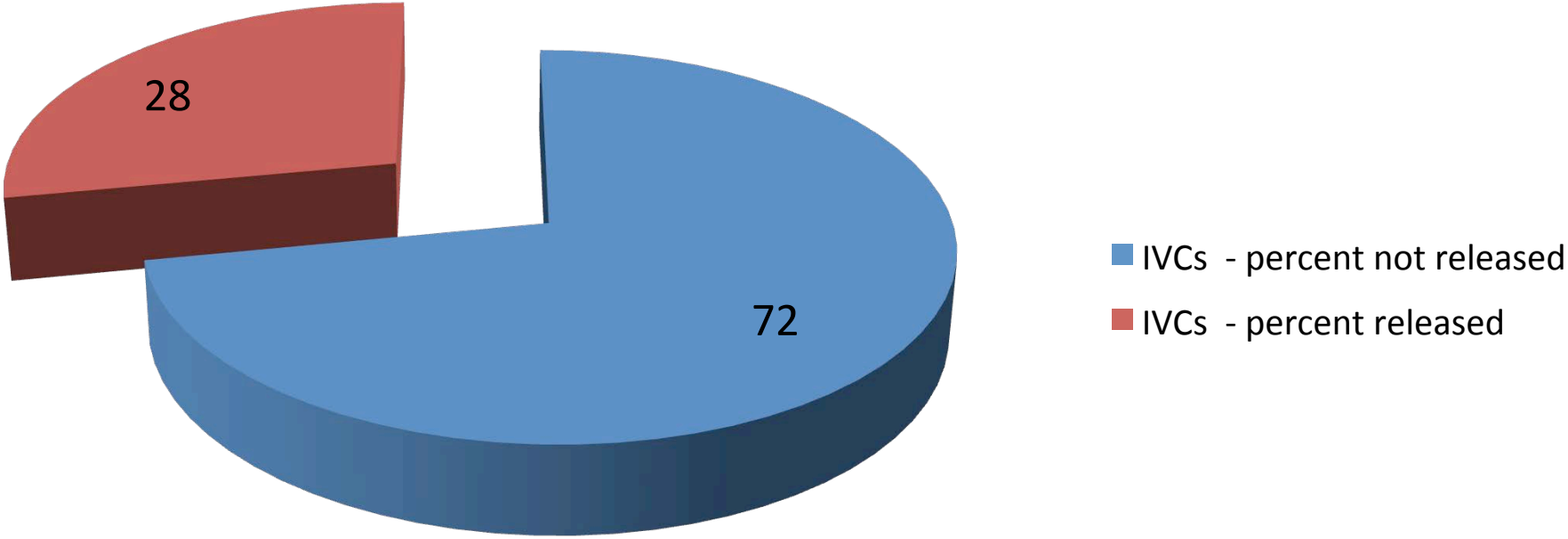


← Number of patients with a LOS in this category

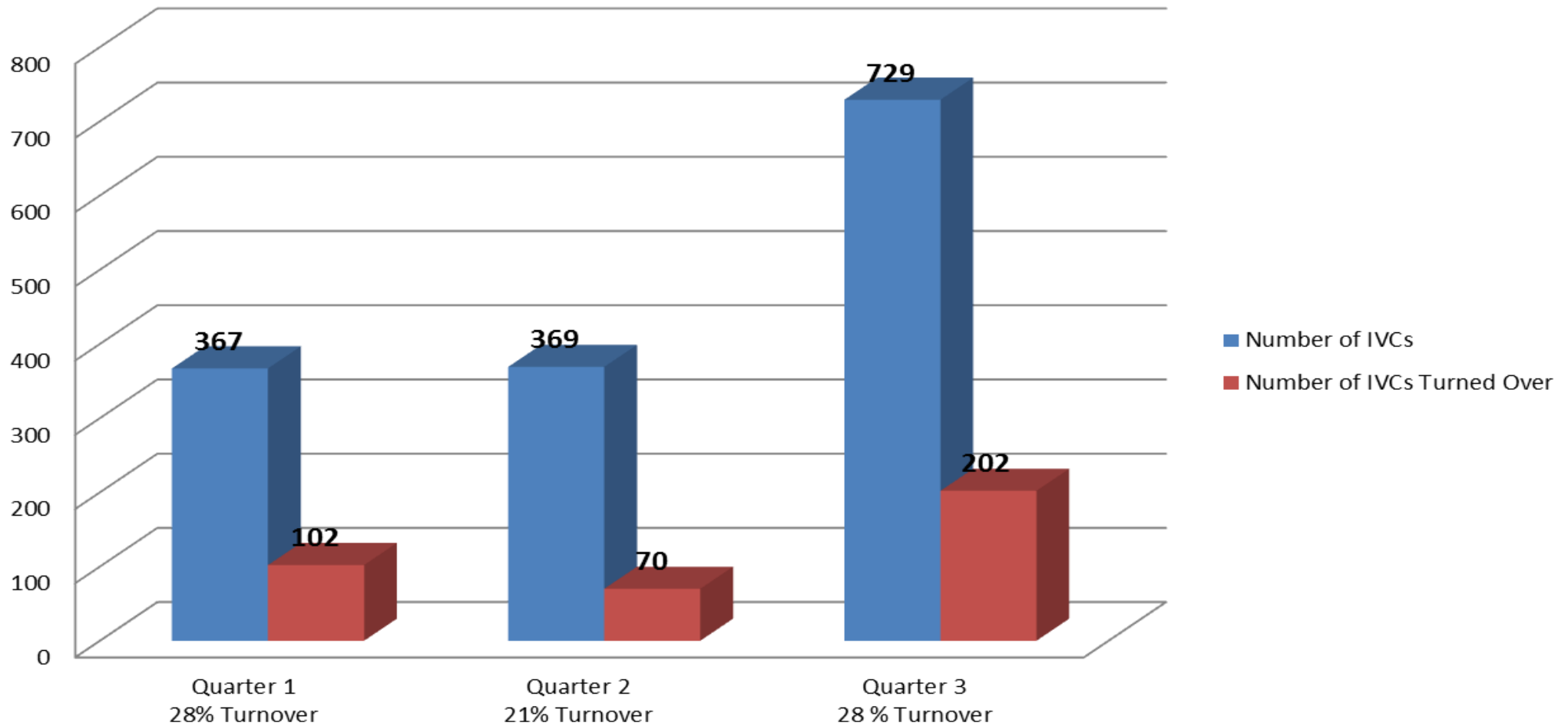
* 5 Patients with LOS above 300 not shown

Median Length of Stay for Quarter 3 = 24.6 Hours

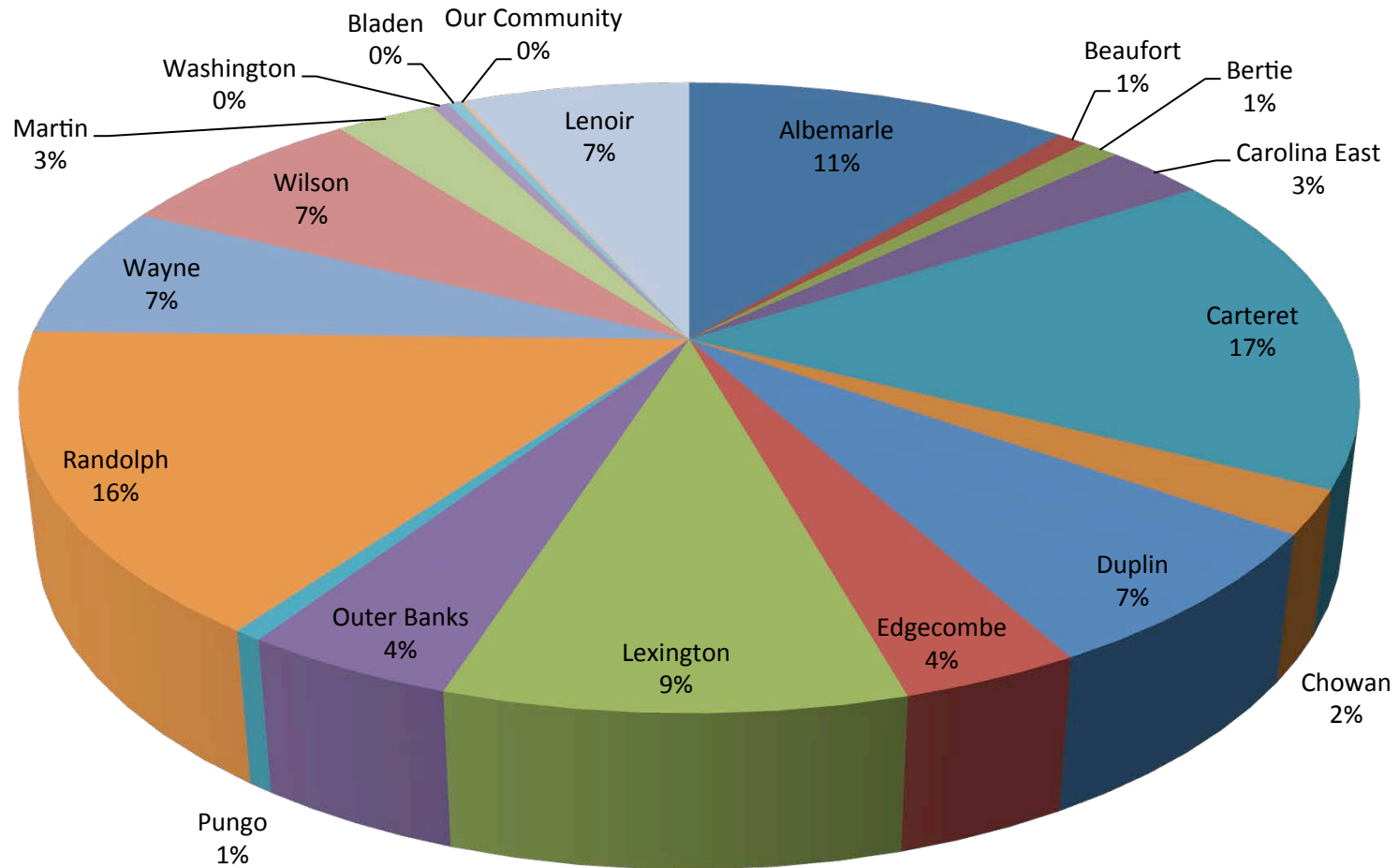
IVCs - By Release Status - April - June 2014



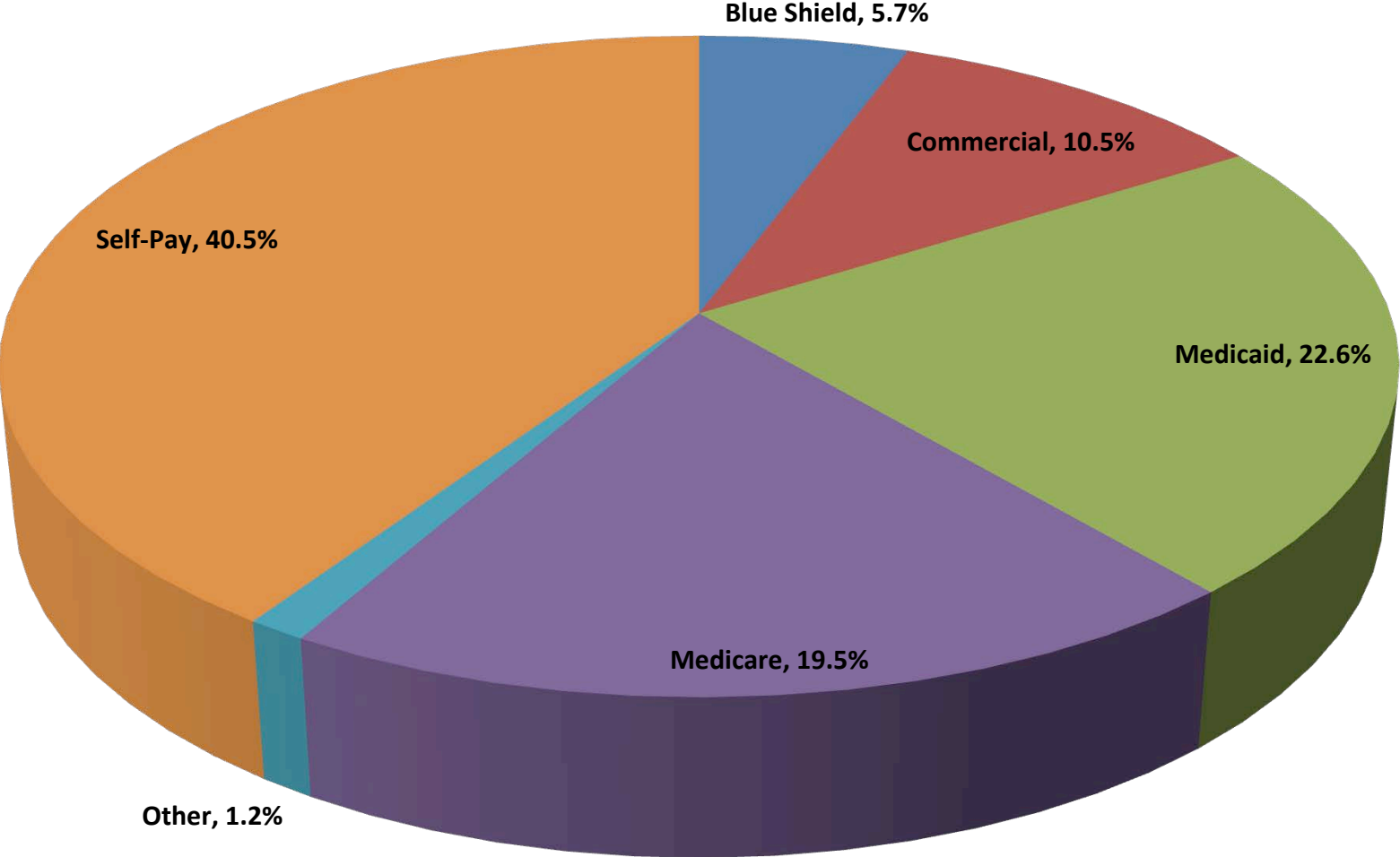
NC STeP: Number of IVCs by Quarter for Participating Hospitals



Hospital EDs and Percent of Use - April - June 2014



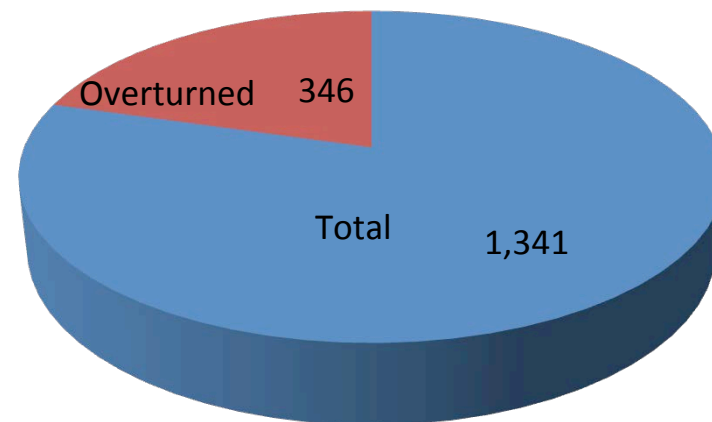
FY 2014
NCSTeP - Payor Mix
(based on initial status)



System's Savings from Overturned IVCs

| | Total IVC's | Overturned | |
|--|--------------|------------|------------|
| | | # | % |
| November - December | 367 | 102 | 28% |
| January - March | 369 | 70 | 19% |
| April - June | 605 | 174 | 29% |
| Total | 1,341 | 346 | 26% |
| Self Pay and Medicaid % of payor mix | 59% | 59% | |
| | 791 | 204 | |
| Average cost per inpatient day | | \$ | 1,080 |
| ALOS per IVC | | | 5 |
| Average Inpatient cost per IVC | | \$ | 5,400 |
| Self Pay & Medicaid IVC's overturned | | | 204 |
| NC Cost Savings from over turned IVC's | | \$ | 1,102,356 |
| NCSTeP FY 2014 Total Expense | | \$ | 595,743 |
| Return on Total Investment FY 2014 | | | 185% |

**NC-STeP
FY 2014 IVC's**



Discharge Codes for Hospitals Using the Telepsychiatry Program

| | Discharge Codes for Hospitals Using the Telepsychiatry Program | | | | | | | |
|------------------------------------|---|-----------|-------------------------|--------------------------------|----------------|--|--------------------------------|------------------------------------|
| Summary Codes | Vidant (Beaufort, Bertie, Chowan, Duplin, Edgecombe, Pungo) | Albemarle | Carteret | Carolina East | Lexington | Outer Banks (seems to use same codes as Vidant?) | Randolph | Wilson |
| 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 | | |

Telepsychiatry Portal



- 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.

NC-STeP Telepsychiatry Portal and HIE Updates

- RFI closed December 2013
- Information gathering meeting with NC-HIE - January 2014
- Information gathering with NCHA - February 2014
- RFP Issued May 2014
- RFP Closed June 11, 2014
- Demonstrations from bidders July 2-3, 2014



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Program Outcomes Summary

Data for the Period April– June 2014

- NC-STeP is ahead of schedule in most of the legislatively defined timelines.
- 30 hospitals live (21 hospitals reporting during the period).
- 1280 Initial Telepsychiatry Assessments were conducted under the program during this period.
- Close to 5000 encounters since November 2013
- The median length of stay for all ED patients who received telepsychiatry services during this quarter was 24.6 hours



NC-STeP

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Program Outcomes Summary

Data for the Period April – June 2014

- 729 ED patients who received telepsychiatry services had an IVC in place during their ED stay. 202 of those patients did not have an IVC in place when they were discharged, or 28%.
- Of the ED patients who received telepsychiatry services, 33% were discharged to home. 61% were discharged to another facility.
 - This was an average; the percent varied quite a bit across different hospitals.



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