



NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

Quarterly Progress Update



Sy Atezaz Saeed, MD, MS, FACPsych,

Professor and Chair

Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University

Director

North Carolina Statewide Telepsychiatry Program (NC-STeP)





NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

NC-STeP Advisory Council Meeting

Friday May 31, 2019

North Carolina Healthcare Association
2400 Weston Pkwy, Room B, Cary, NC 27513

Agenda

| | |
|-------------------|--|
| 10:00- 10:10 a.m. | Welcome and Introductions |
| 10:10- 10:15 a.m. | Review and Approval of March 1, 2019 Minutes |
| 10:15- 11:30 a.m. | NC-STeP FY19-Q3 (Jan-Mar) Performance Data |
| 11:30- 11:40 a.m. | Update on Community-Based Pilot(s) |
| 11:40- 11:50 a.m. | Old Business Legislative Funding for next fiscal year |
| 11:45- 11:55 a.m. | New Business Funding from DIT |
| 11:55- 12:00 p.m. | Announcements |
| 12:00 p.m. | Adjourn |

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Members of the NC-STeP Advisory Council

1. Teresa Bowleg, MSN, RN
Chief Nursing Officer, Erlanger Murphy Medical Center
2. Scott W. Brown, MD, FACEP
NCCEP Board of Directors/ Harnett Health System
3. Jennie Byrne, MD, PhD
Representing NCMS
4. Charles K. Dunham, MD
Medical Director Behavioral Health Services, Novant
5. Robin Huffman
Executive Director, NCPA
6. Nicholle Karim
Director of Behavioral Health, NCHA
7. Josephine Mokonogho, MD
Wake Forest School of Medicine
8. Sy Atezaz Saeed, MD, MS
Director, NC-STeP (*Chair*)
9. Glenn M. Simpson, MBA, MA, NCC
Behavioral Health Service Line Administrator, Vidant Health
10. Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC
Psychiatric-Mental Health Nursing, UNC Chapel Hill
11. Alexandra L. Spessot, MD
Chief Medical Officer, Monarch/ NCMS
12. Marvin Swartz, MD
Professor & Head Division of Social & Community Psychiatry, Duke
13. Leza Wainwright
CEO, Trillium Health Resources
14. Mary Worthy, MS, LMFT
Director BH Access Center Mission Health Systems

Ex Officio Members

1. Ryan Baker, NC-STeP/ECU
2. John Stephen Carbone, MD, JD, MBA, NC-STeP
3. Renee Clark, MSW, DHHS-ORH
4. Sheila Davies, Ph.D., NC-STeP/MedAccess Partners
5. Phil Donahue, NC-STeP/MedAccess Partners
6. Art Eccleston, DHHS, Division of Mental Health
7. Nick Galvez, DHHS-ORH
8. Katherine Jones, Ph.D., NC-STeP/ECU
9. Maggie Sauer, DHHS-ORH
10. Mary Schiller, NC-STeP/ECU



NC-STeP Quality Management and Outcomes Monitoring Processes: January - March 2019

- 53 hospitals were live, as of 3/31/19 with 34 hospitals reporting Telepsychiatry patients in their ED
 - not all live hospitals had telepsychiatry patients
- Total number of assessments for this quarter = 1419 *
- Total number of encounters for this quarter = 1296 *
- 622 patient assessments were billed for Model 1 hospitals during the reporting period

*For both model 1 and model 2

NC-STeP Quality Management and Outcomes Monitoring Processes: January - March 2019


- The Median Length of Stay was 25.3 hours
- The Average Length of Stay was 46.7 hours
 - 47.9 hours for those discharged to home
 - 50.7 hours for those transferred to another facility
- Average Consult Elapsed Time (in queue to exam complete) for Model 1 hospitals was 3 hours and 17 minutes.


NC-STeP Quality Management and Outcomes Monitoring Processes: January - March 2019

- 631 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
 - 268 (42.5%) of those patients did not have an IVC in place when discharged.
- Of the ED patients who received telepsychiatry services, 33.8% were discharged to home. 30.1% were discharged to another facility.

* Note: Data for Novant hospitals for January through March 2019 did not include IVC information (Novant Kernersville, Novant Thomasville, Novant Clemmons, Novant Rowan, Novant Brunswick). Data for Cone hospitals did not include a discharge disposition, so Cone is not included in the average LOS calculation by discharge (i.e. Home, Transfer). They are included in the overall average LOS and median LOS. Data for Bladen was not submitted.



|  | Since project inception in November 2013 | During Calendar Year 2014 | During Calendar Year 2015 | During Calendar Year 2016 | During Calendar Year 2017 | During Calendar Year 2018 |
|---|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Total Patient Encounters | 26,476 | 5,144 | 7,128 | 1,896 | 3,970 | 6,100 |
| Model 1 Hospital Patient Encounters | 17,267 | 4,578 | 5,849 | 706 | 2,043 | 2,650 |
| Model 2 Hospital Patient Encounters | 9,209 | 566 | 1,279 | 1,190 | 1,927 | 3,450 |
| Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals) | 36,959 | 8,130 | 13,573 | 1,942 | 4,347 | 6,674 |

|  | Since project inception in November 2013 | During Calendar Year 2019 | Quarter Jan- Mar 2019 | Quarter Apr- Jun 2019 | Quarter Jul- Sep 2019 | Quarter Oct- Dec 2019 |
|---|--|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Total Patient Encounters | 26,476 | 1,296 | 1,296 | | | |
| Model 1 Hospital Patient Encounters | 17,267 | 499 | 499 | | | |
| Model 2 Hospital Patient Encounters | 9,209 | 797 | 797 | | | |
| Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals) | 36,959 | 1,419 | 1,419 | | | |

NC-STeP Benchmarks



| Goals | Values Reached | | |
|--|---|---|---|
| Cumulative Target to be reached by (06/30/2019) | Value Reached as of most recent previous quarter (12/31/2018) | Value Reached as of this reporting quarter (03/31/2019) | Year-to-Date Total with % of the Yearly Target (03/31/2019) |
| Number of IVCs | 2,817 | 1,512 | 2,143 76% of Yearly Target |
| Number of IVCs Overturned | 1,197 | 654 | 922 77% of Yearly Target |
| Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.) | 5,086 | 3,833 | 5,252 103% of Yearly Target |

NC-STeP Status as of March 31, 2019

| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|---|--|------------------------------------|--|
| 1. The number of full-time equivalent (FTE) positions supported by these contracts | 2.3 FTEs | 3.65 FTEs | 2.75 FTEs |
| 2. The number of overturned involuntary commitments <small>(inpatient admission prevented)</small> | 835 | 1,197 | 268 in this quarter YTD Total 922 Cumulative total since program inception 4,942 |
| 3. The number of participating consultant providers | 47 | 48 | 54 |

NC-STeP Status as of March 31, 2019

| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|---|--|------------------------------------|--|
| 4. The number of telepsychiatry assessments conducted. | 3,533 | 5,086 | 1,419 in this quarter YTD Total 5,252 Cumulative total since program inception 36,959 |
| 5. The number of telepsychiatry referring sites | 53 | 54 | 56 53 Live |
| 6. The reports of involuntary commitments to enrolled hospitals | 1,996 | 2,817 | 631 in this quarter YTD Total 2,143 Cumulative total since program inception 15,074 |

NC-STeP Status as of March 31, 2019

| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|---|--|------------------------------------|---|
| 7. The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions. | 56.8 hours | 55 hours | QTD = 46.7 Median = 25.3 |
| 8. The rate of "satisfied" or "strongly satisfied" among emergency department staff participating in NC-STeP. | 73% | 73% | 77.8% |

NC-STeP Status as of March 31, 2019

| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|--|--|------------------------------------|---|
| 9. The rate of "satisfied" or "strongly satisfied" among hospital CEOs/COOs participating in NC-STeP. | 85% | 85% | 100% |
| 10. The rate of "satisfied" or "strongly satisfied" among consulting (hub) providers participating in NC-STeP. | 83% | 85% | 100% |

NC-STeP Status as of March 31, 2019

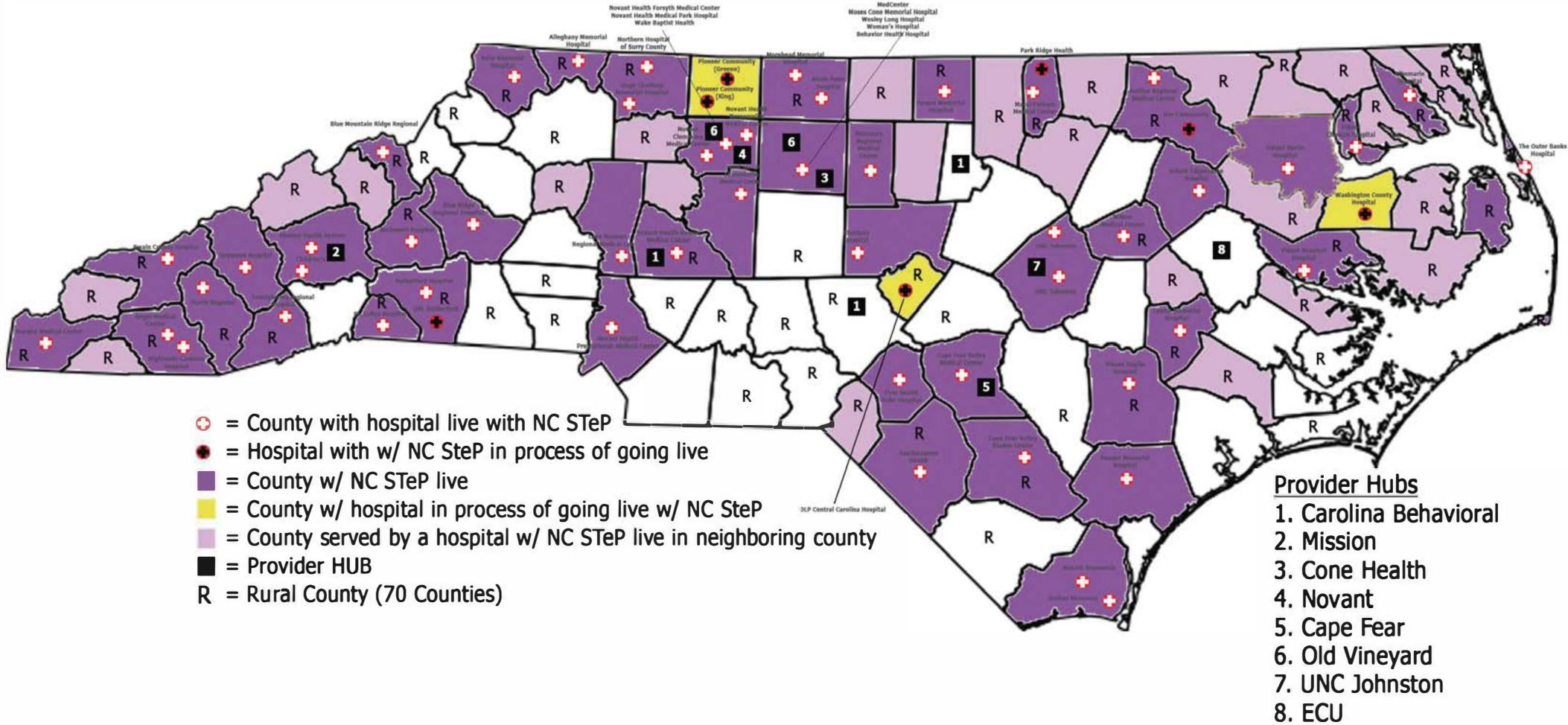
| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|--|--|------------------------------------|---|
| 11. The rate of "satisfied" or "strongly satisfied" among emergency department physicians participating in the statewide telepsychiatry program. | 60% | 68% | 71.6% |
| 12. The ratio of overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs). | 0.21:1.00 | >1.00:1.00 | 0.22:1.00 YTD Average 0.23:1.00 Cumulative average since program inception 0.34:1.00 |



NC-STeP Status as of March 31, 2019

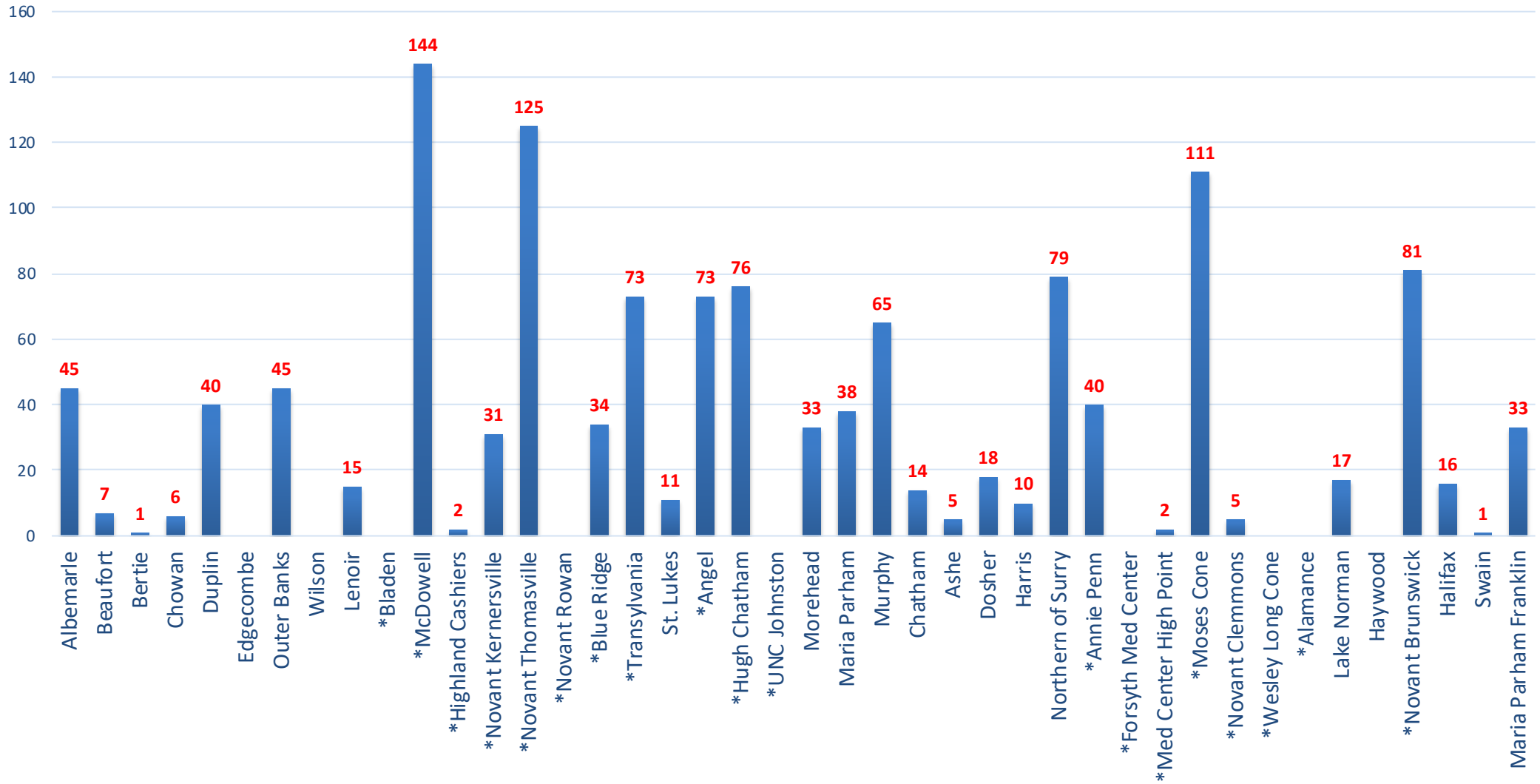
| EVALUATION CRITERIA | BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2018 | TARGET TO BE REACHED BY 06/30/2019 | VALUES/MEASURES REACHED AS OF 3/31/2019 |
|---|--|------------------------------------|--|
| <p>13. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments.</p> <p>(inpatient admission prevented)</p> | <p>\$4,509,000</p> | <p>\$6,463,800</p> | <p>\$1,447,200 in this quarter</p> <p>YTD \$4,978,800</p> <p>Cumulative total since program inception \$26,686,800</p> |

NC-STeP Status as of March 31, 2019



Number of NC-STeP Patients by Hospital

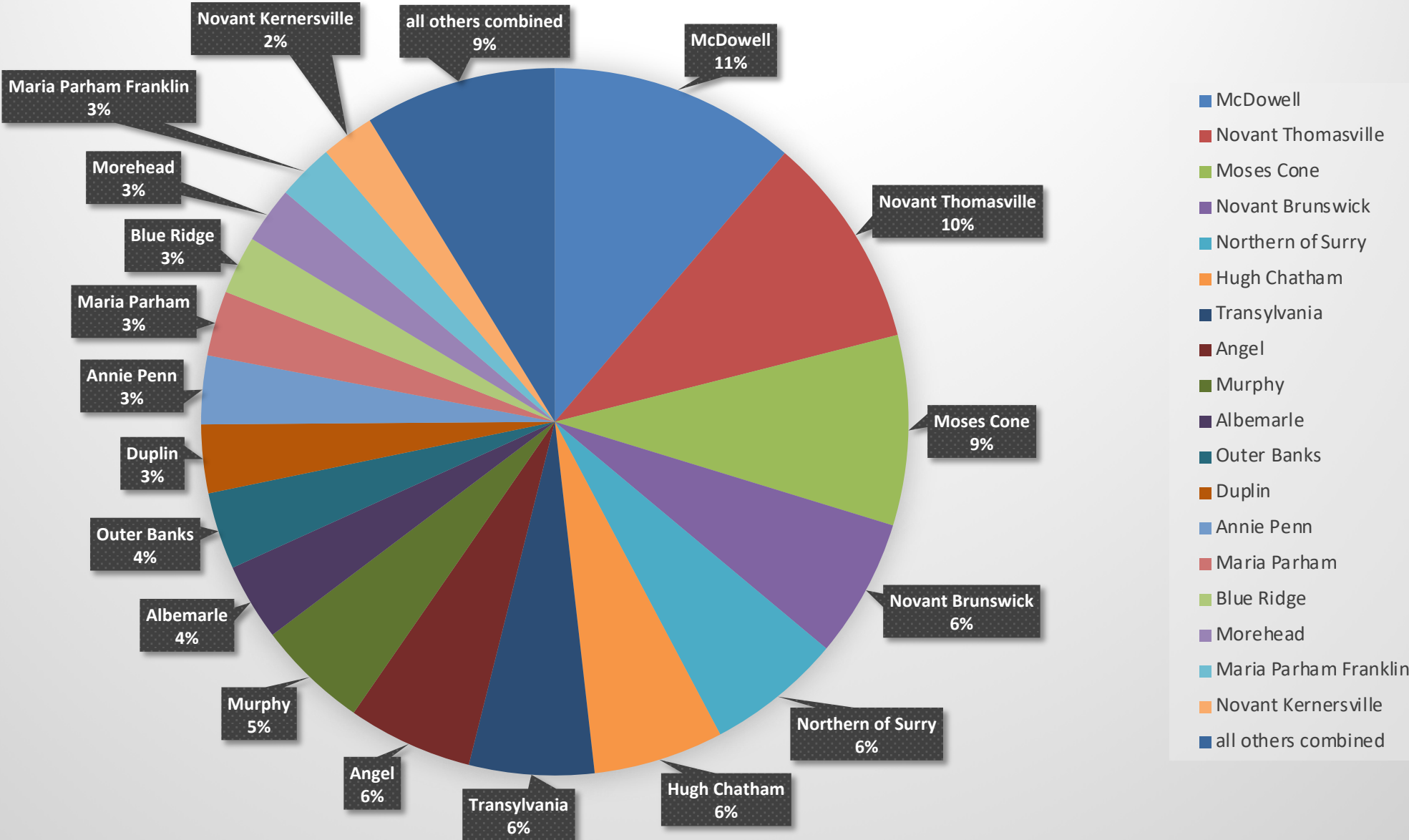
January - March 2019



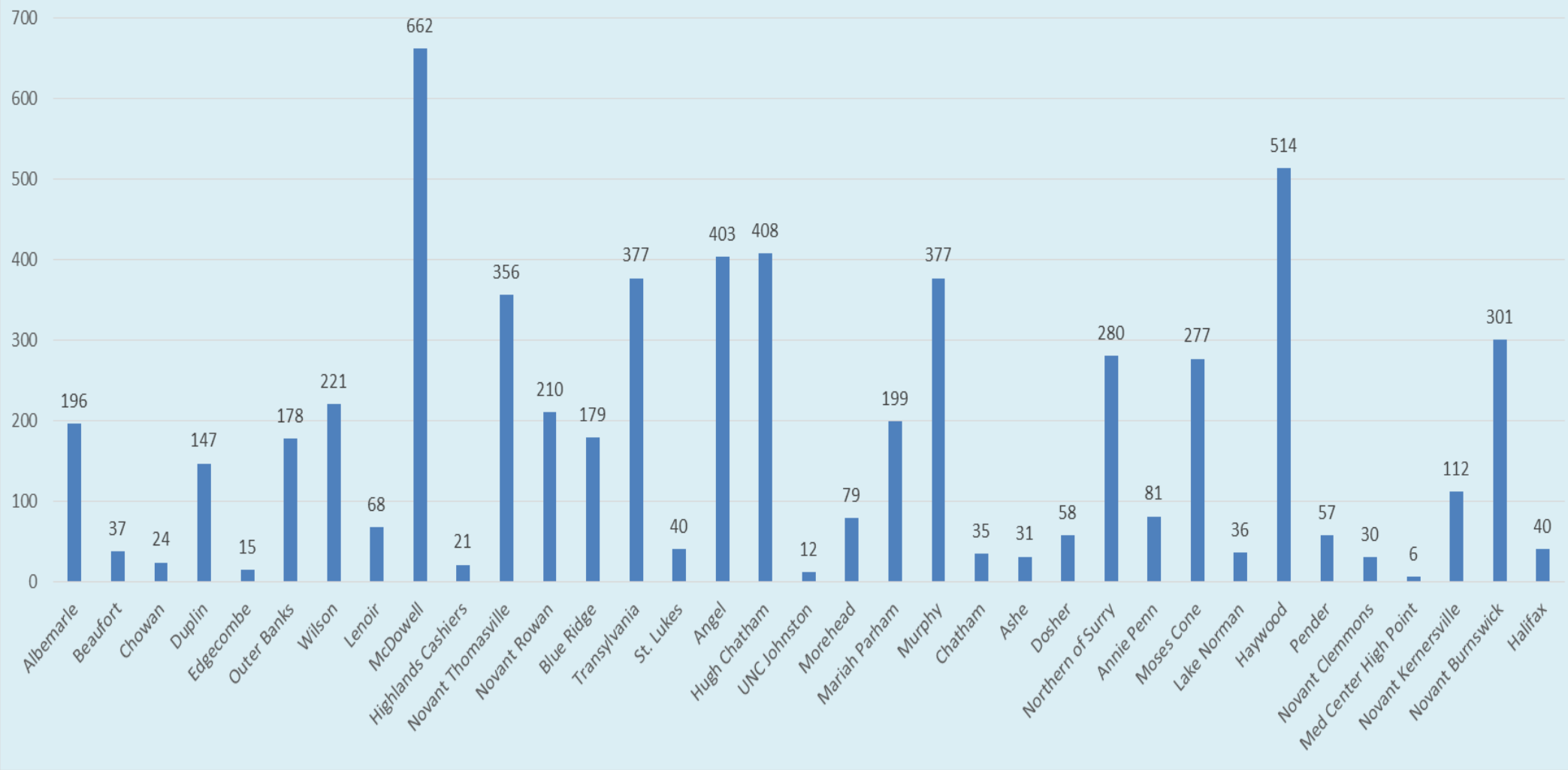
* Indicates Model 2 hospitals

Percent of Use by Hospital Jan-Mar 2019

(based on number of patient encounters)



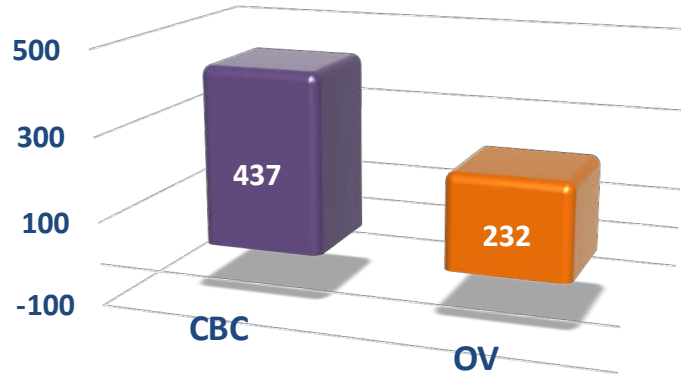
Number of NC-STeP Patients by Hospital January - December 2018



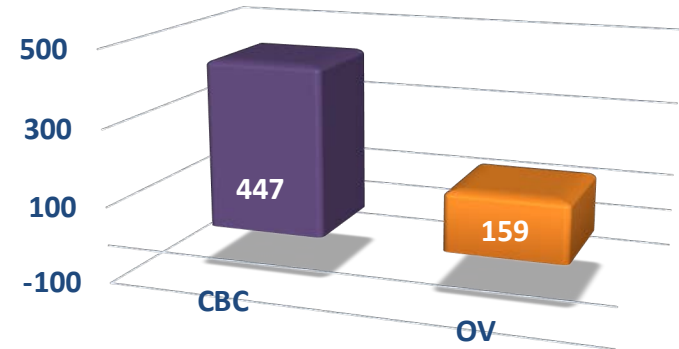
Note: Several hospitals with a count of 5 or fewer were not included on this chart. Those hospitals are: Swain, Person, Wesley Long Cone, Alamance, Novant Forsyth, Bladen, Bertie

Number of Patients by Provider (Model 1)

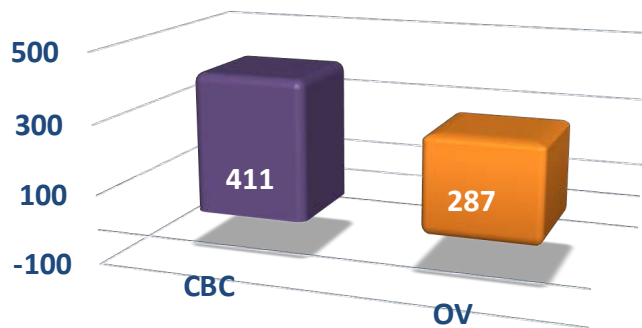
April - June 2018



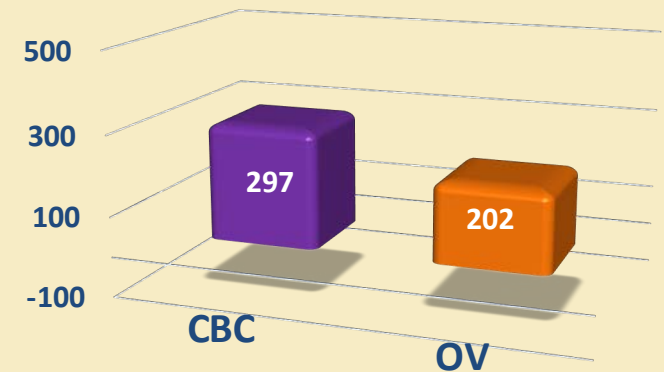
October - December 2018



July - September 2018

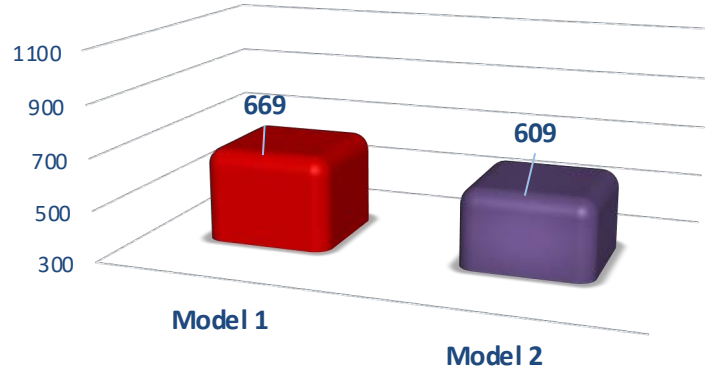


January - March 2019

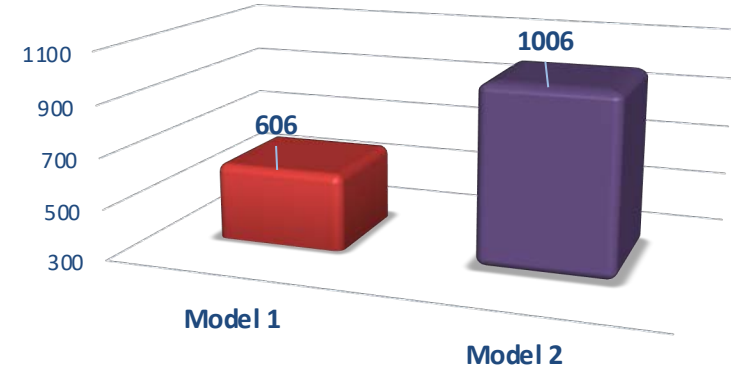


Number of Patients by Model

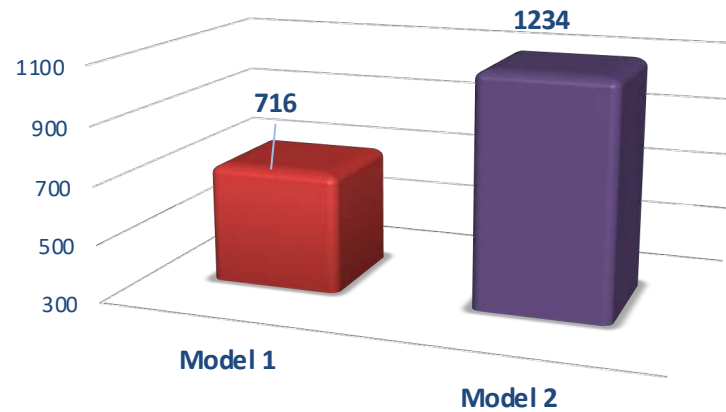
April - June 2018



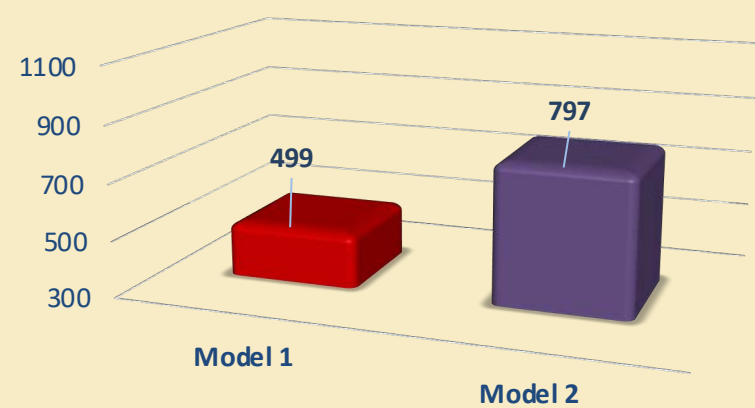
Oct-Dec 2018



July-Sep 2018

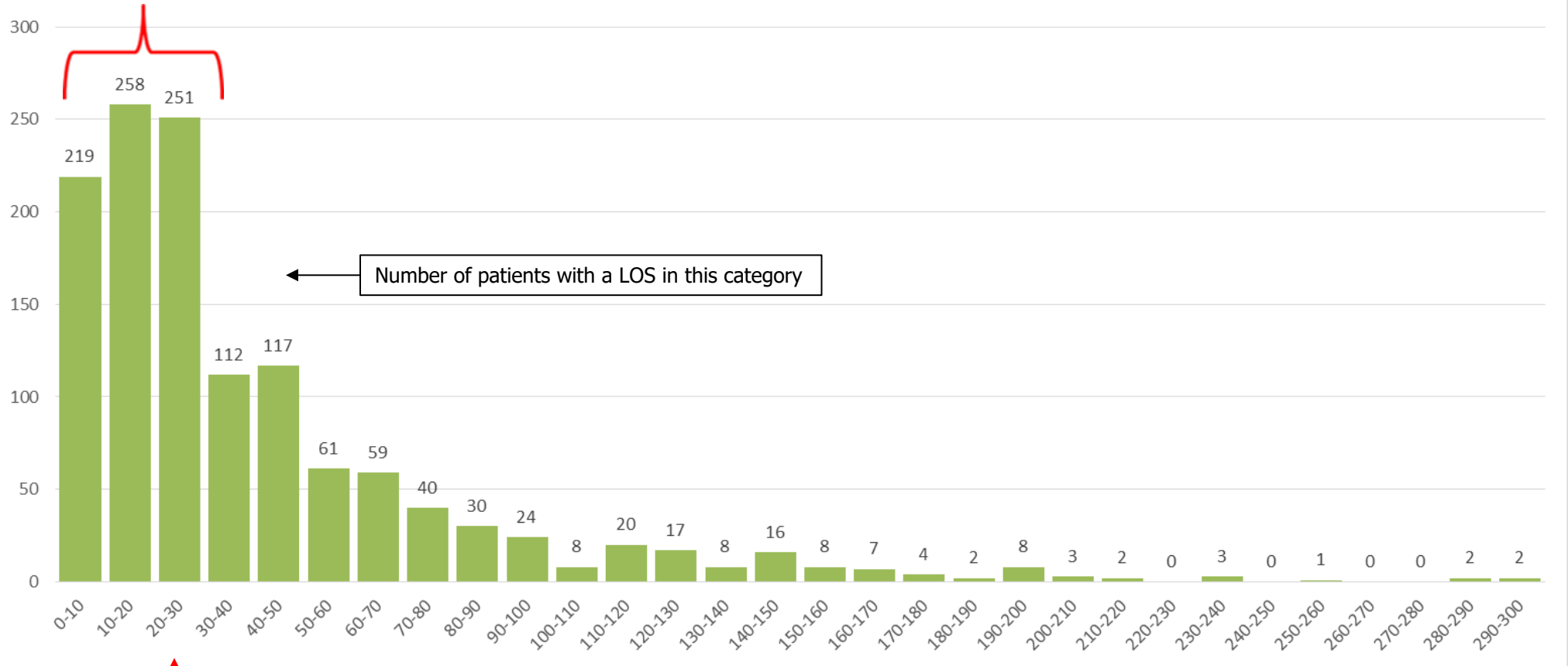


Jan-Mar 2019



Number of NC-STeP Patients by LOS Category Jan-Mar 2019 (in hours)

56.2% percent of patients had a LOS of 30 hours or less



Median Length of Stay for Jan-Mar 2019 = 25.3 Hours

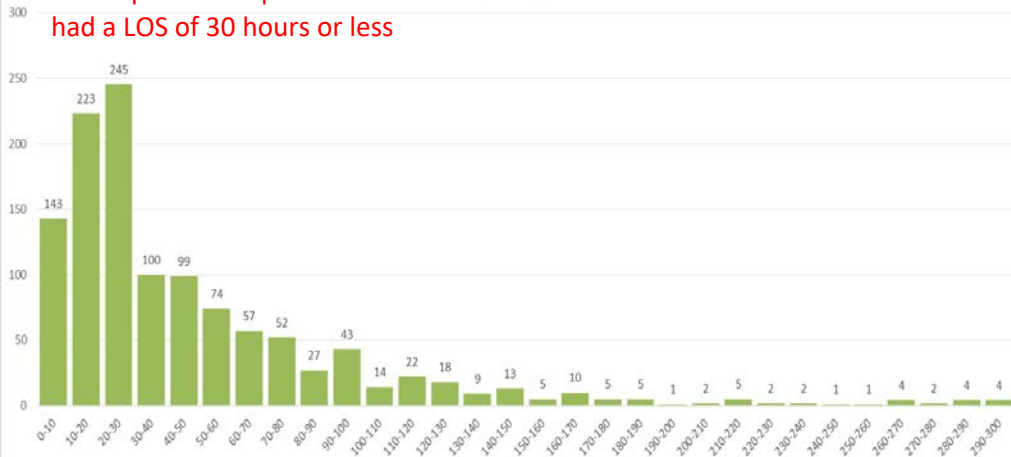
14 patients had a LOS longer than 300 hours

Number of NC-STeP Patients by LOS Category

January - March 2018

(in hours)

50.2% percent of patients
had a LOS of 30 hours or less

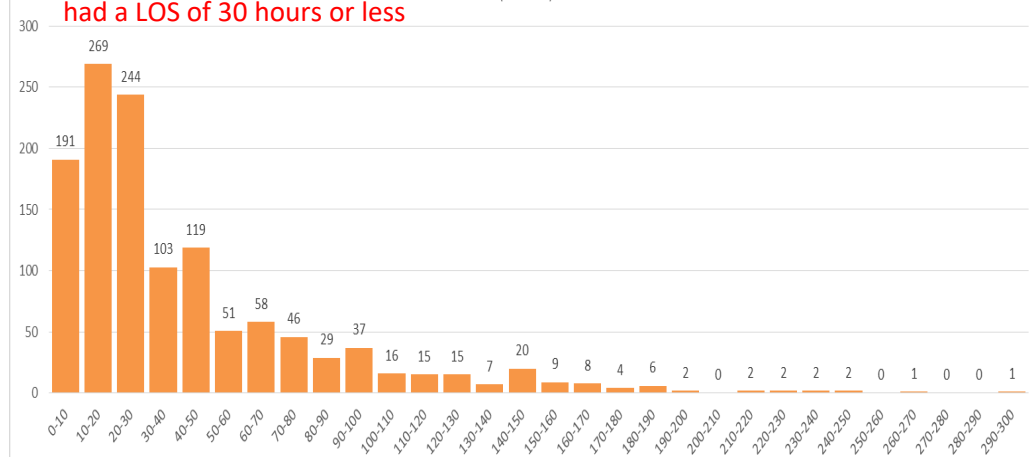


Number of NC-STeP Patients by LOS Category

April - June 2018

(in hours)

55% percent of patients
had a LOS of 30 hours or less

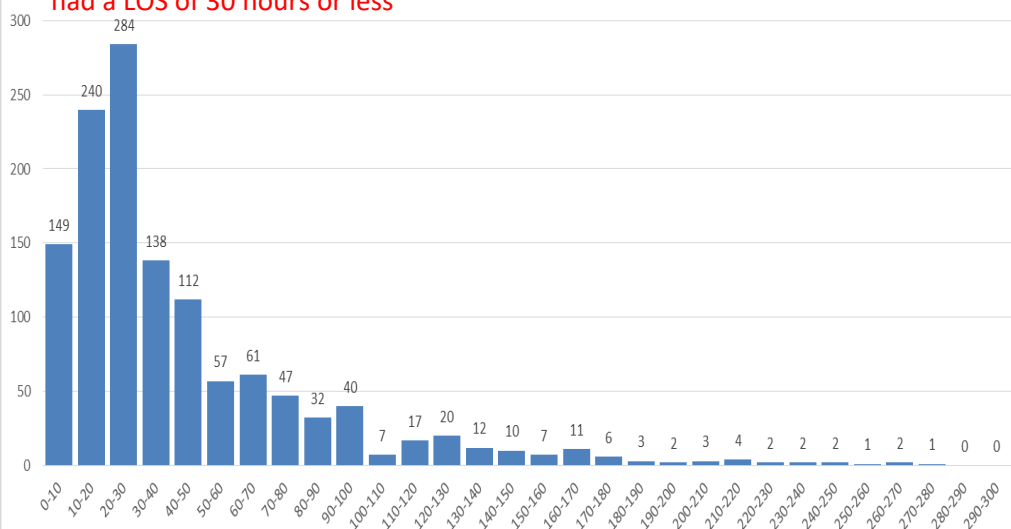


Number of NC-STeP Patients by LOS Category

July - September 2018

(in hours)

52% percent of patients
had a LOS of 30 hours or less

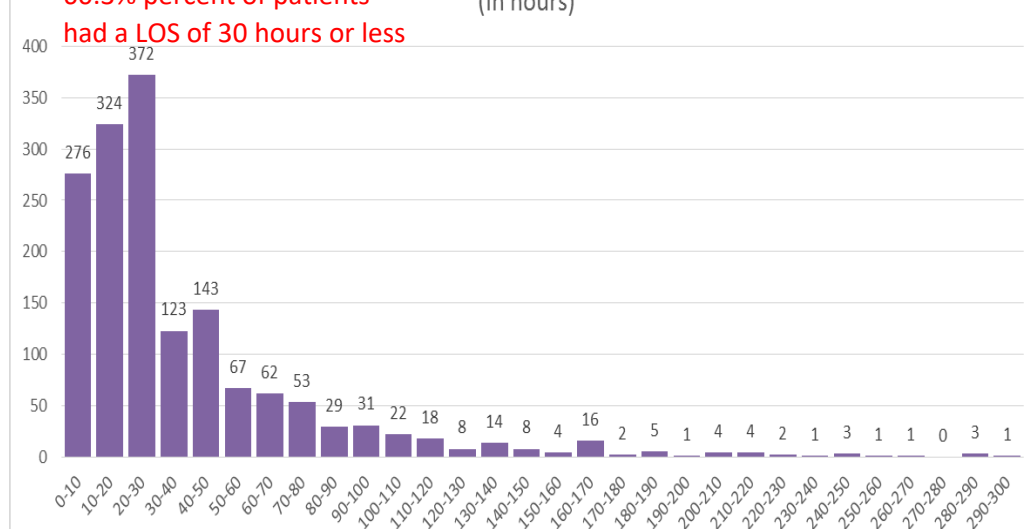


Number of NC-STeP Patients by LOS Category

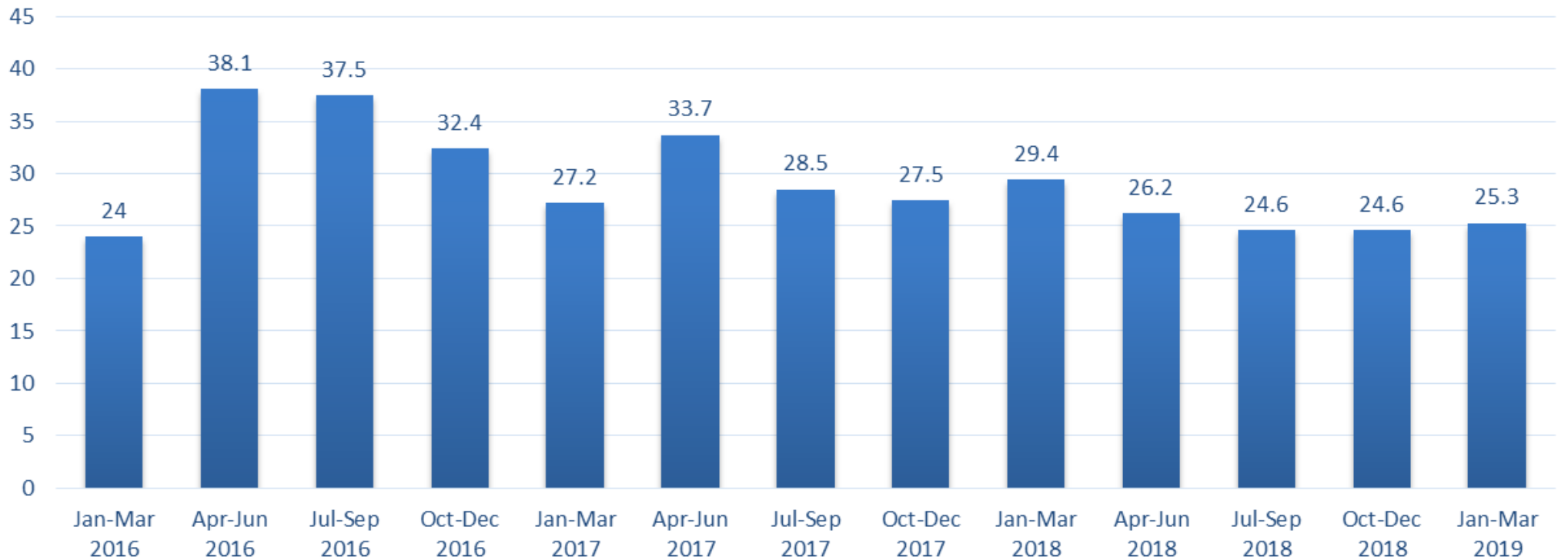
Oct-Dec 2018

(in hours)

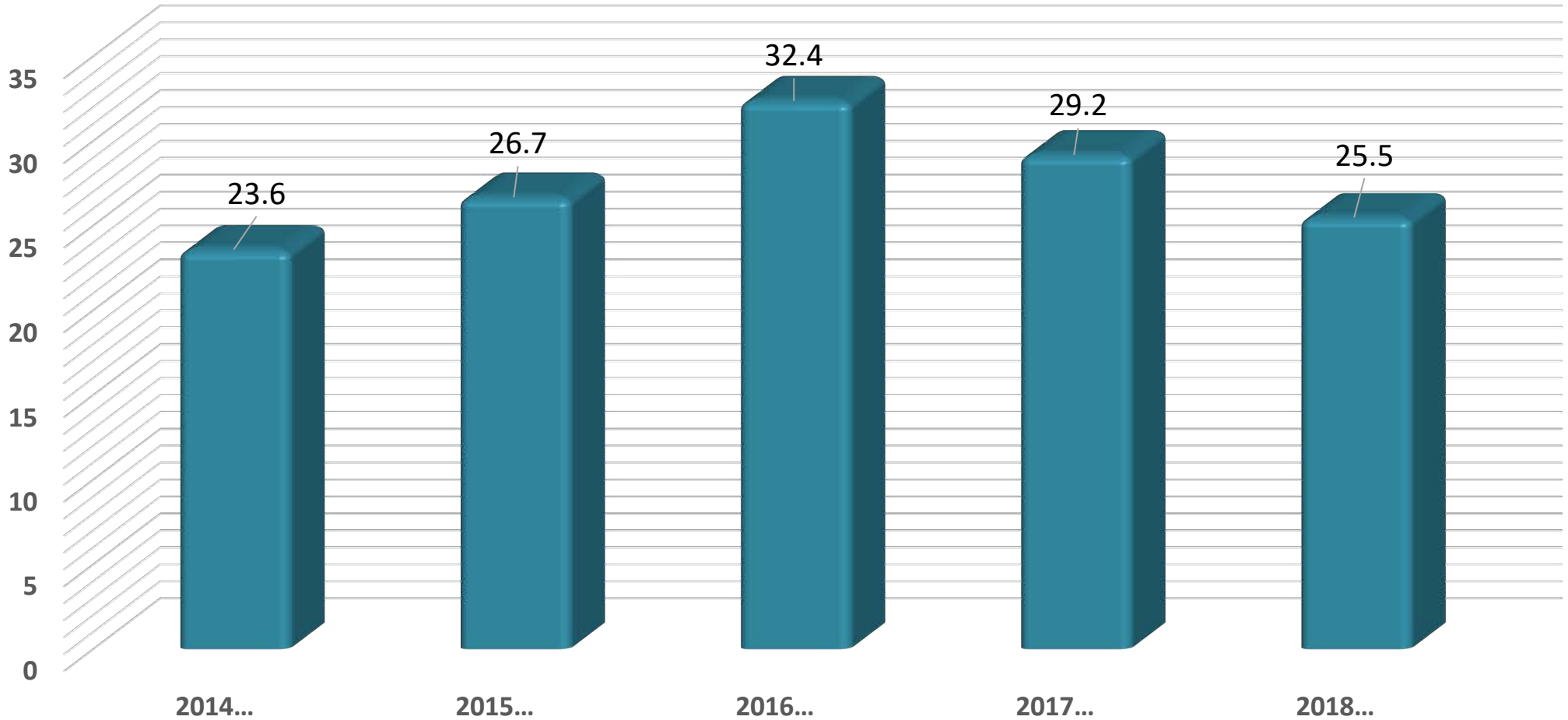
60.3% percent of patients
had a LOS of 30 hours or less



Median Length of Stay by Quarter (in hours)



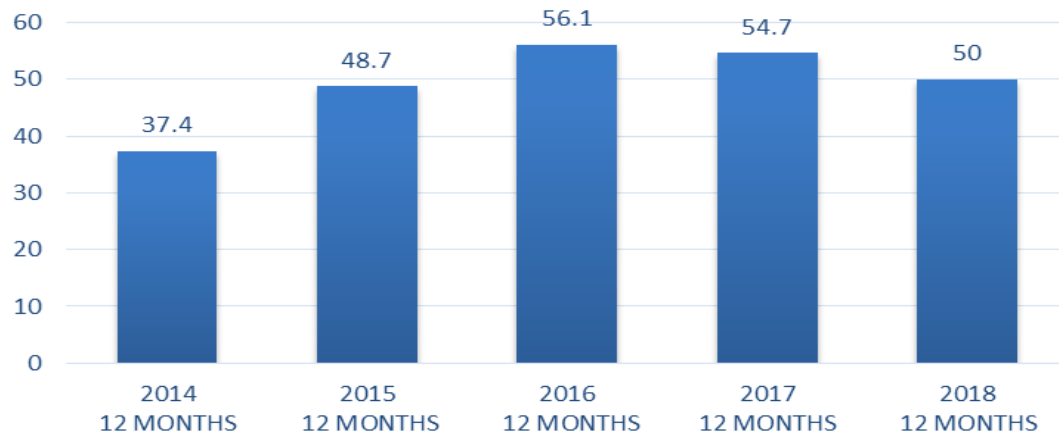
Median Length of Stay by Year (in hours)



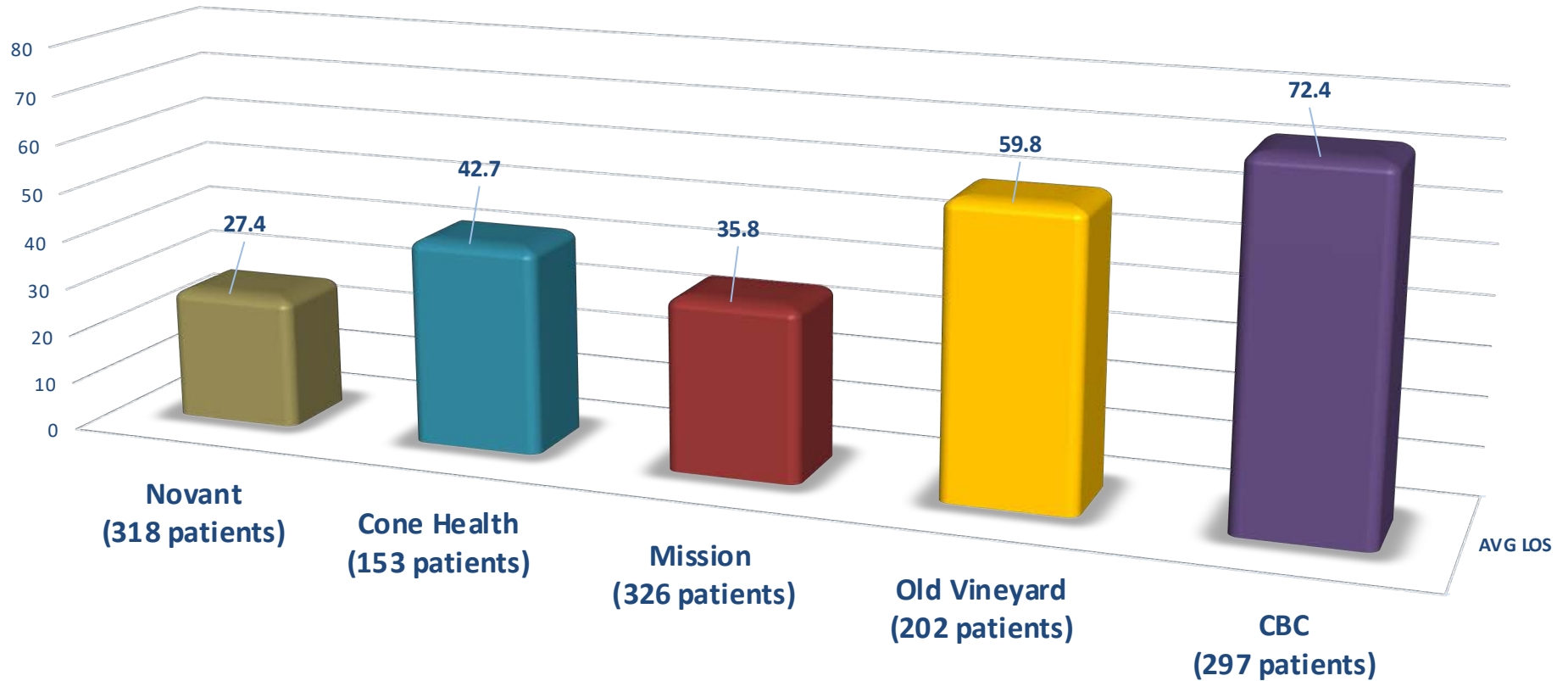
Average Length of Stay by Quarter for Hospitals Participating in NC-STeP (in hours)



Average Length of Stay by Year (in hours)

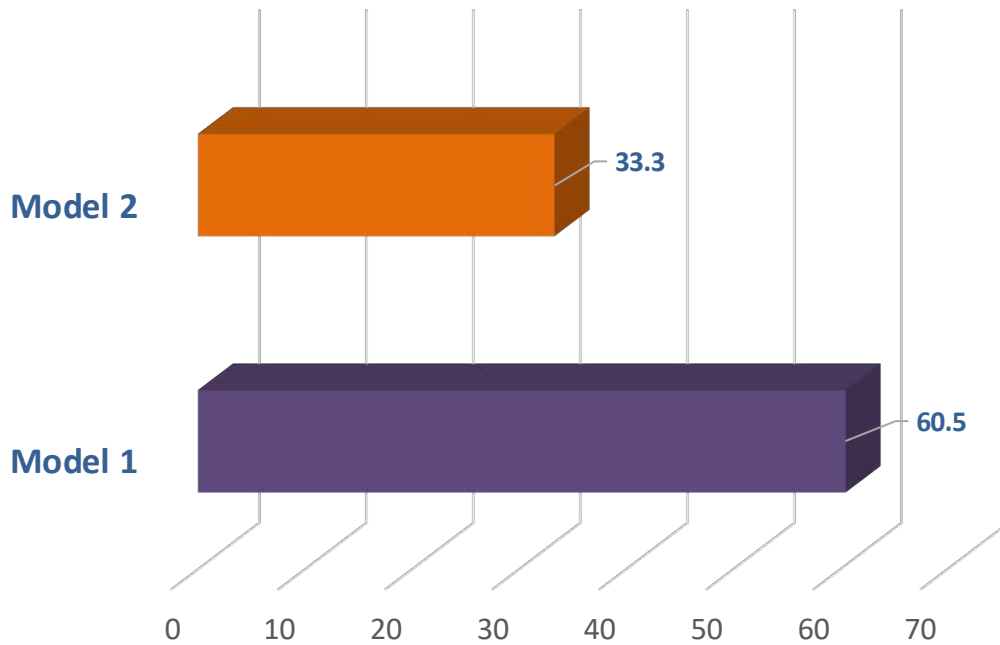


Average Length of Stay by Provider Jan-Mar 2019 (in hours)

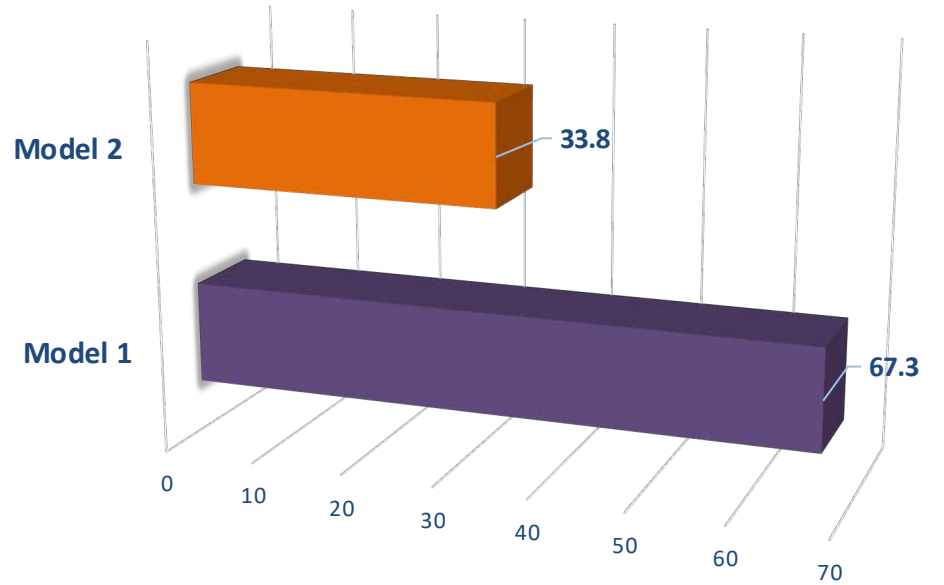


Average LOS by Model (in hours)

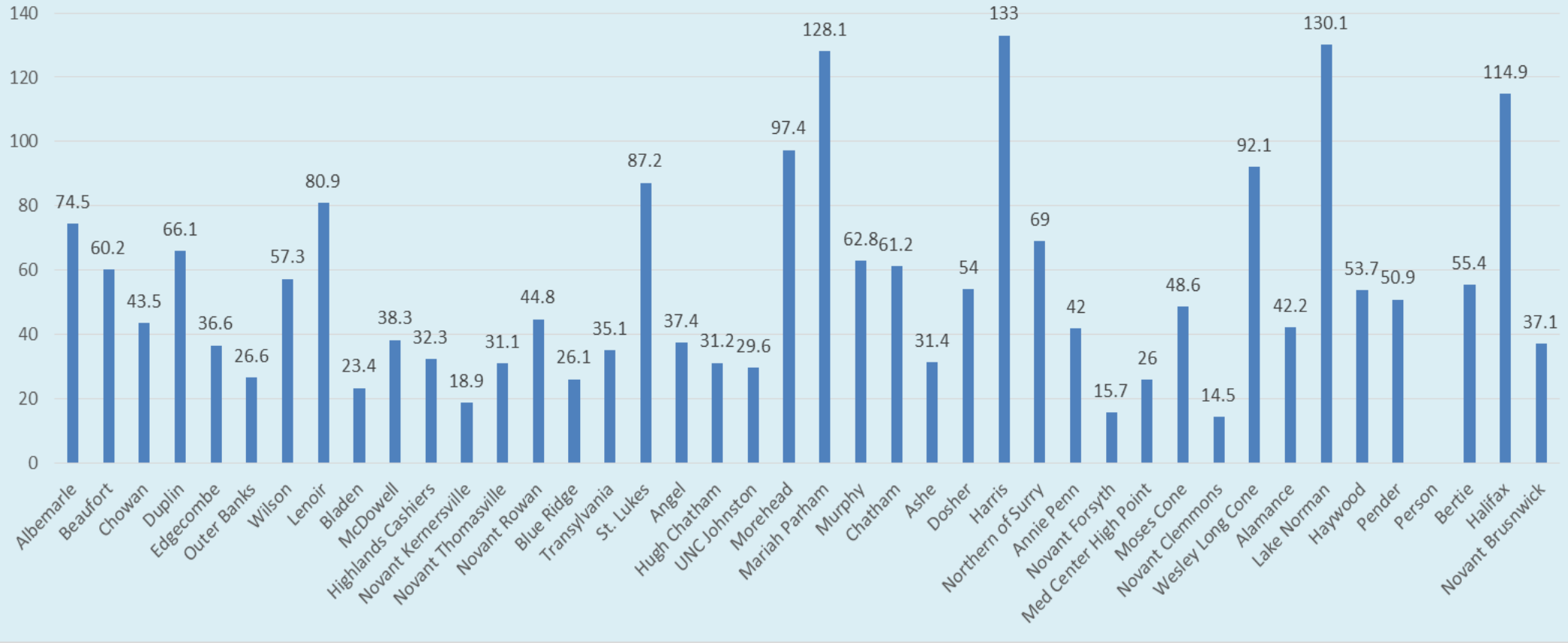
Oct-Dec 2018



Jan-Mar 2019



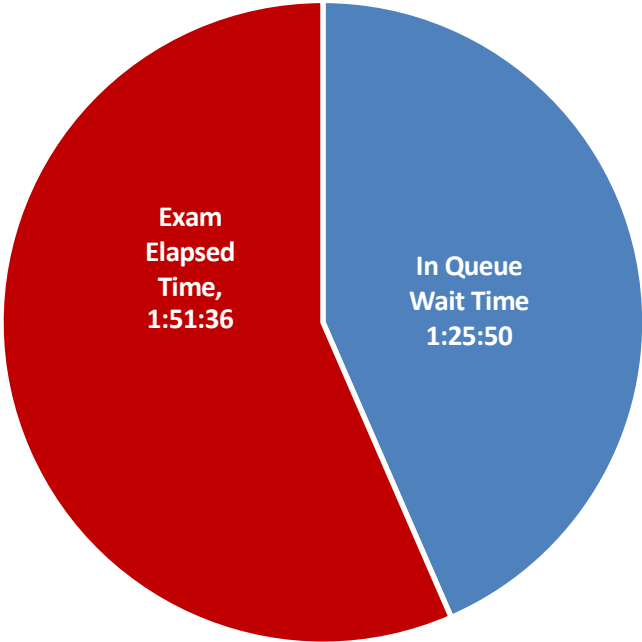
Average Length of Stay for NC-STEP Patient by Hospital January - December 2018 (in hours)



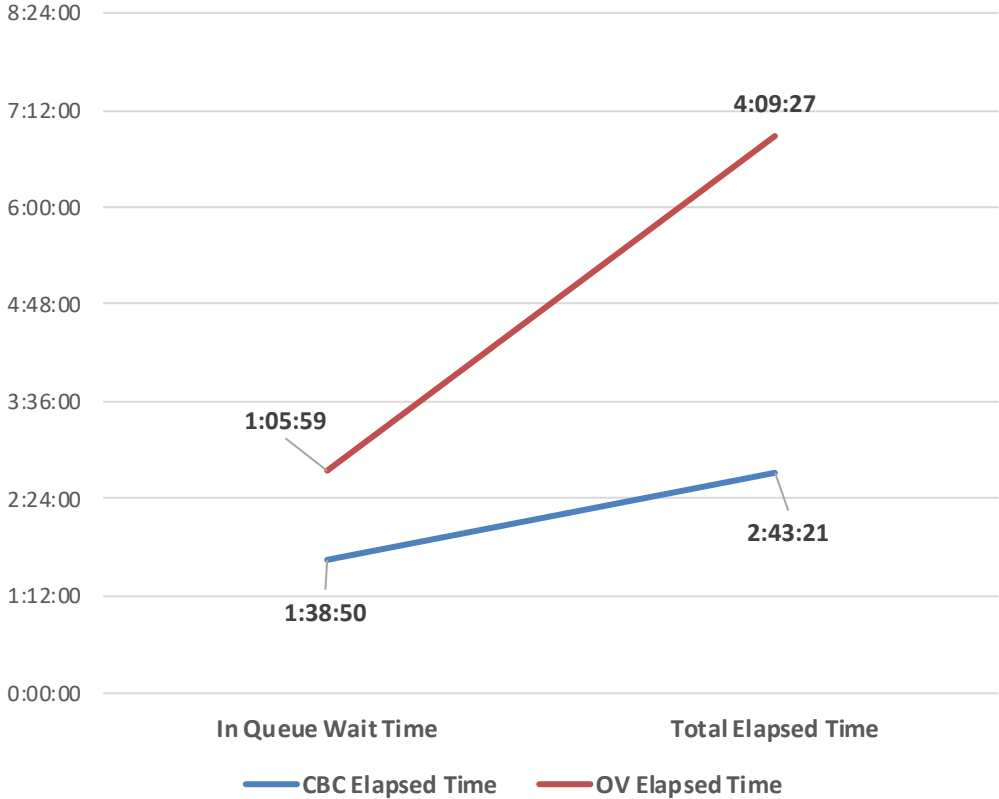
Note: Swain was not included on this chart. It had one patient, with a LOS of 252 hours.

Consult Elapsed Time: January - March 2019

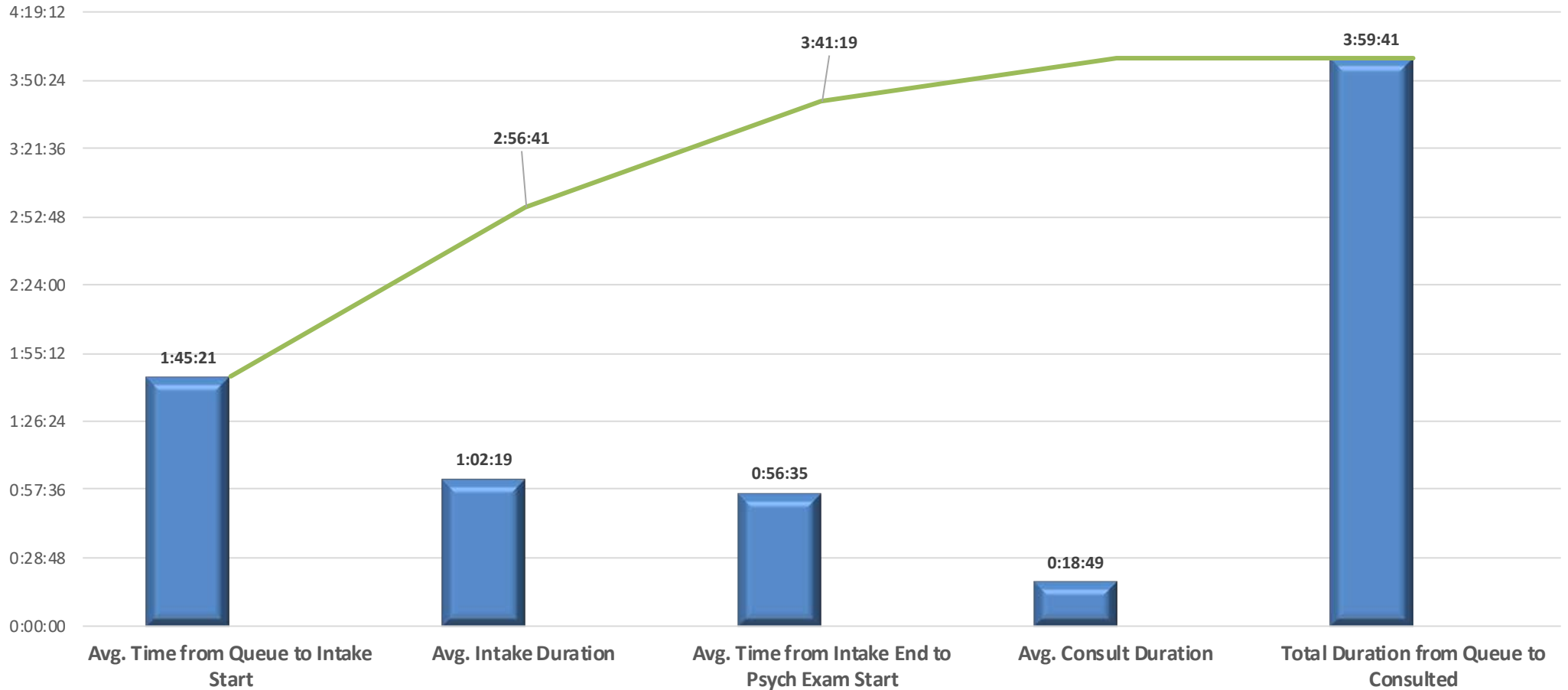
Average Consult Elapsed Time
In Queue to Exam Complete
(3:17:26)



Comparison of CBC & OV
Average Consult Elapsed Time
In Queue to Exam Complete
(hh:mm:ss)

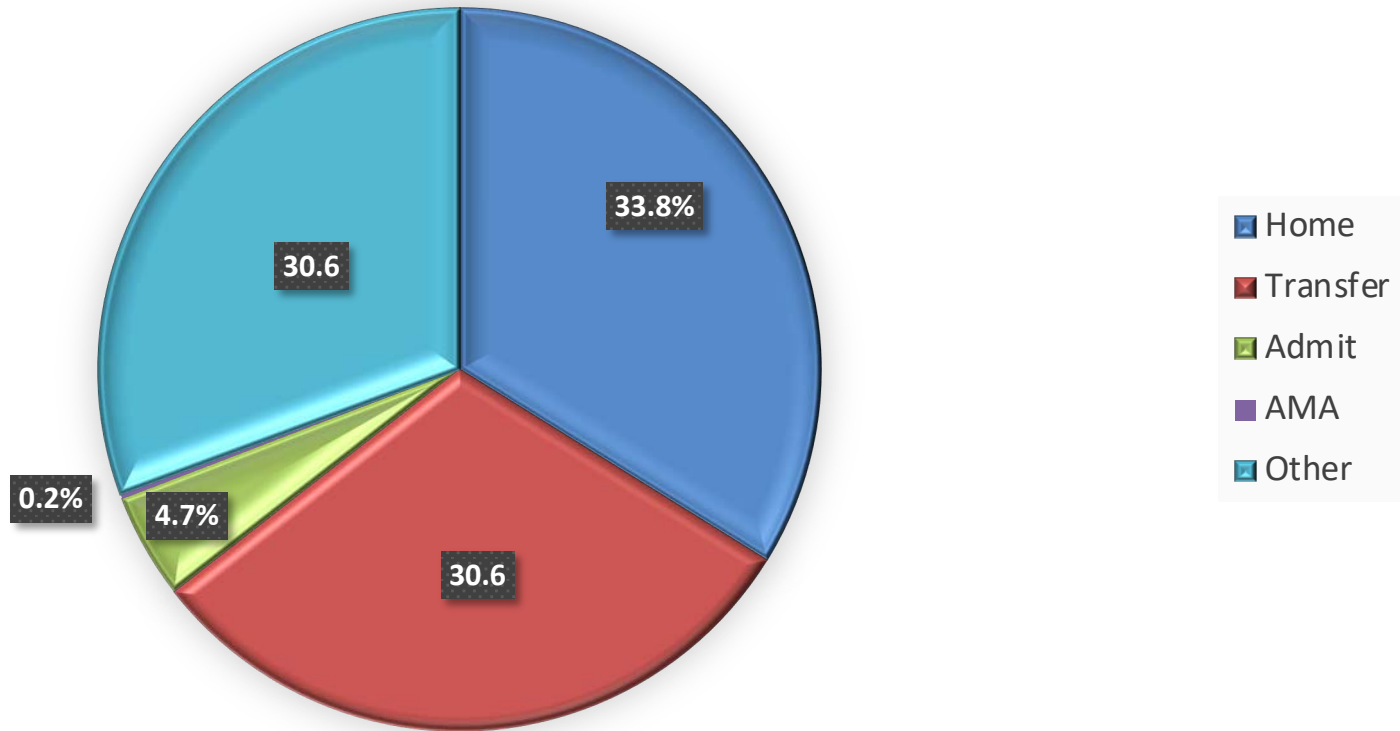


Carolina Behavioral Care & Old Vineyard Health Services Key Processes and Elapsed Times Averages January - December 2018



Percent of Patients by Discharge Disposition

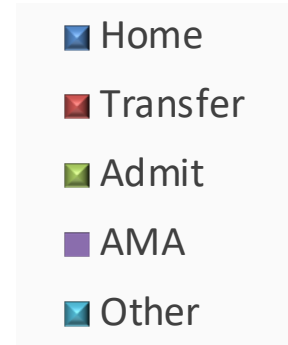
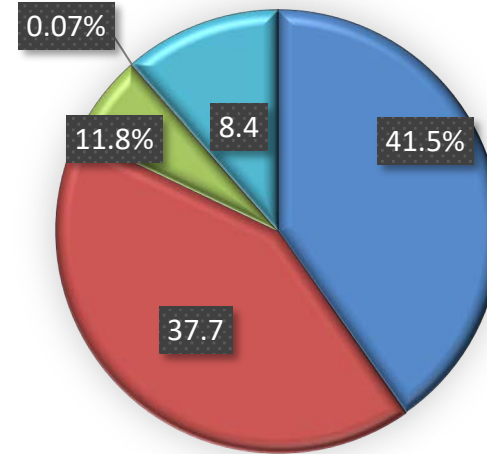
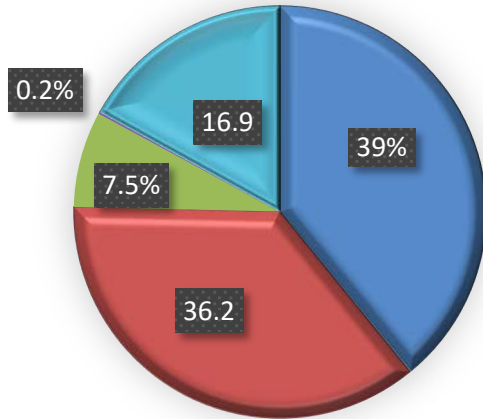
Jan-Mar 2019



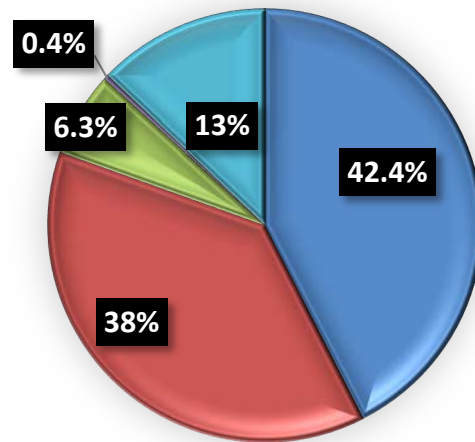
Percent of Patients by Discharge Disposition

Jul-Sep 2018

Oct-Dec 2018

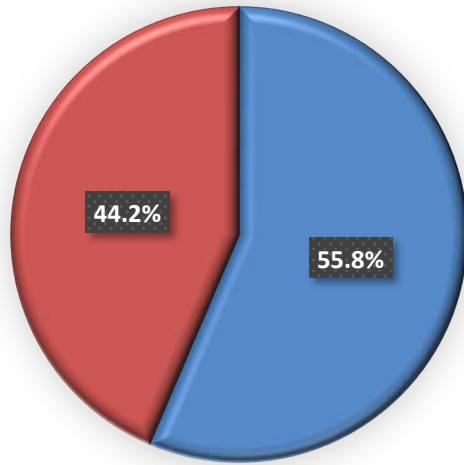


Apr-Jun 2018

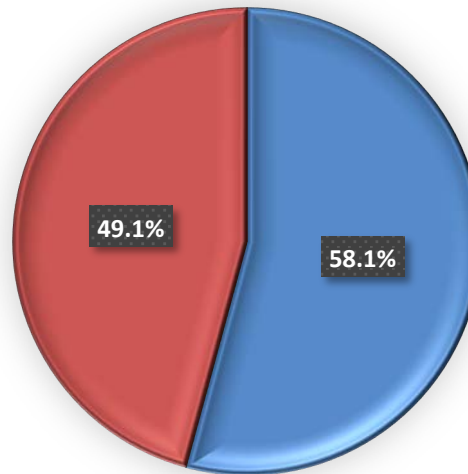


IVCs - By Release Status

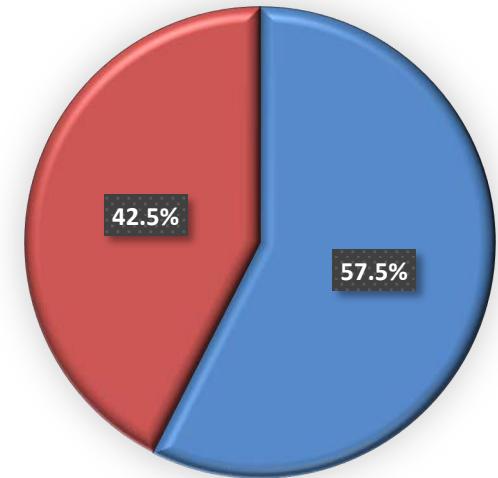
Jul-Sep 2018



Oct-Dec 2018



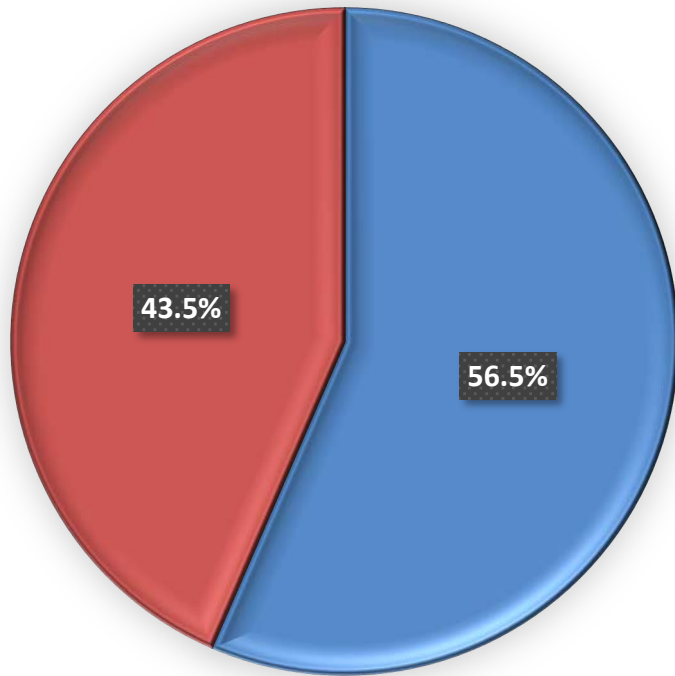
Jan-Mar 2019



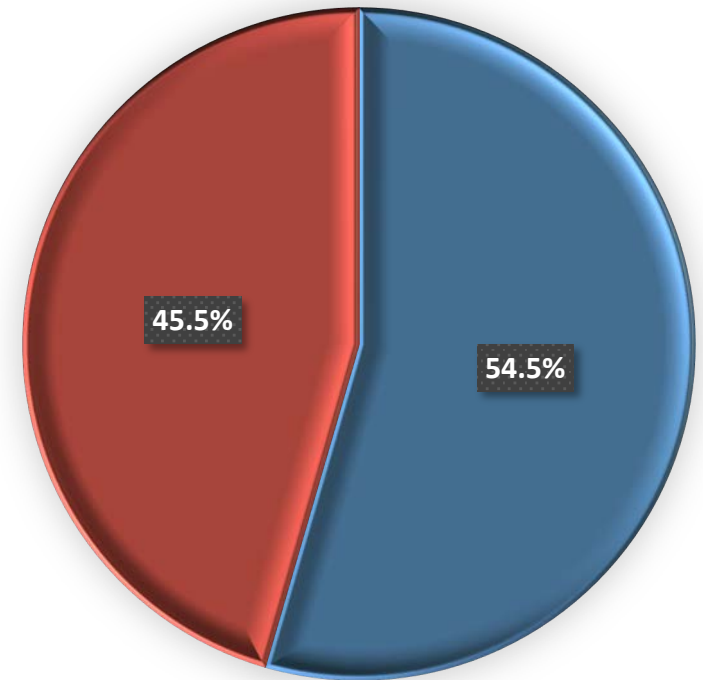
- IVCs - percent not released
- IVCs - percent released

IVCs - By Release Status

April - June 2018



January - March 2018

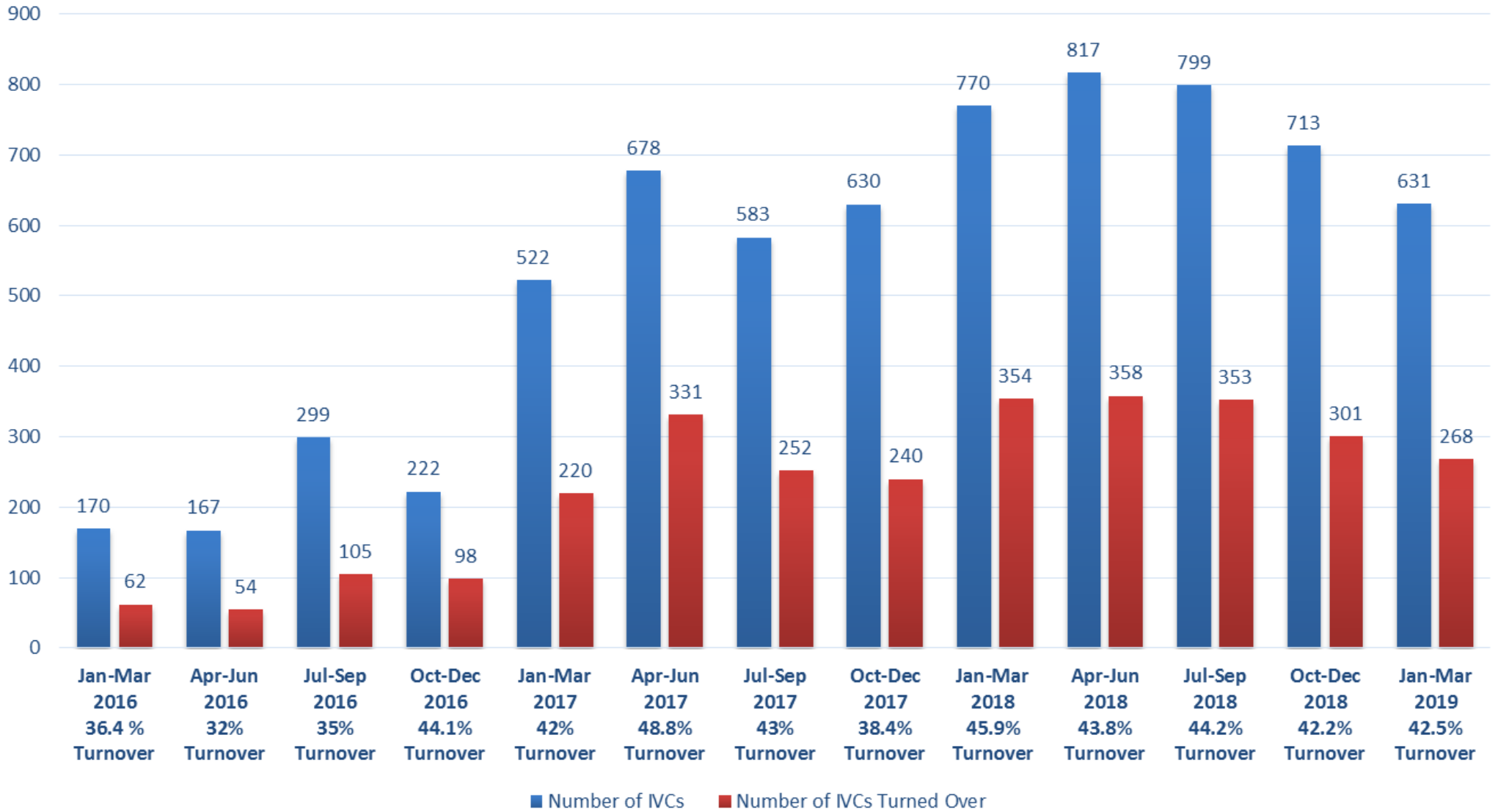


■ IVCs - percent not released

■ IVCs - percent released

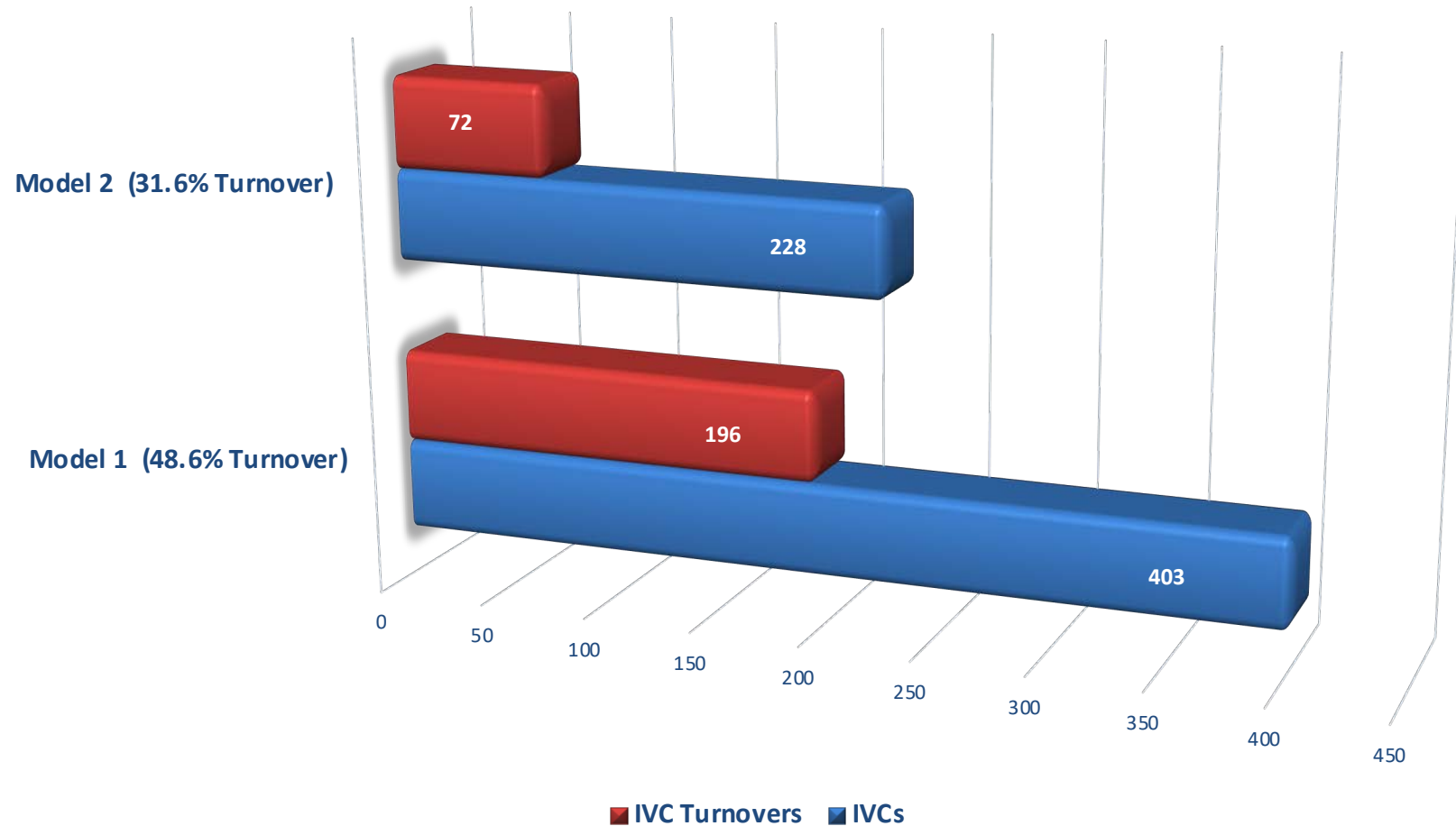


Number of IVCs and IVCs Turned Over by Quarter



Number of IVCs and IVC Turnovers by Model

Jan-Mar 2019



Satisfaction Surveys Methodology

Satisfaction surveys were conducted in March 2019 with 9 groups

1. Model 1 Emergency Department Physicians
2. Model 1 Emergency Department Staff
3. Model 1 Provider Psychiatrists
4. Model 1 Psychiatric Intake Specialists
5. Model 1 Hospital CEOs
6. Model 2 Emergency Department Physicians
7. Model 2 Emergency Department Staff
8. Model 2 Provider Psychiatrists
9. Model 2 Hospital CEOs

Each group was given a different survey (with different questions) based on their role in the program.



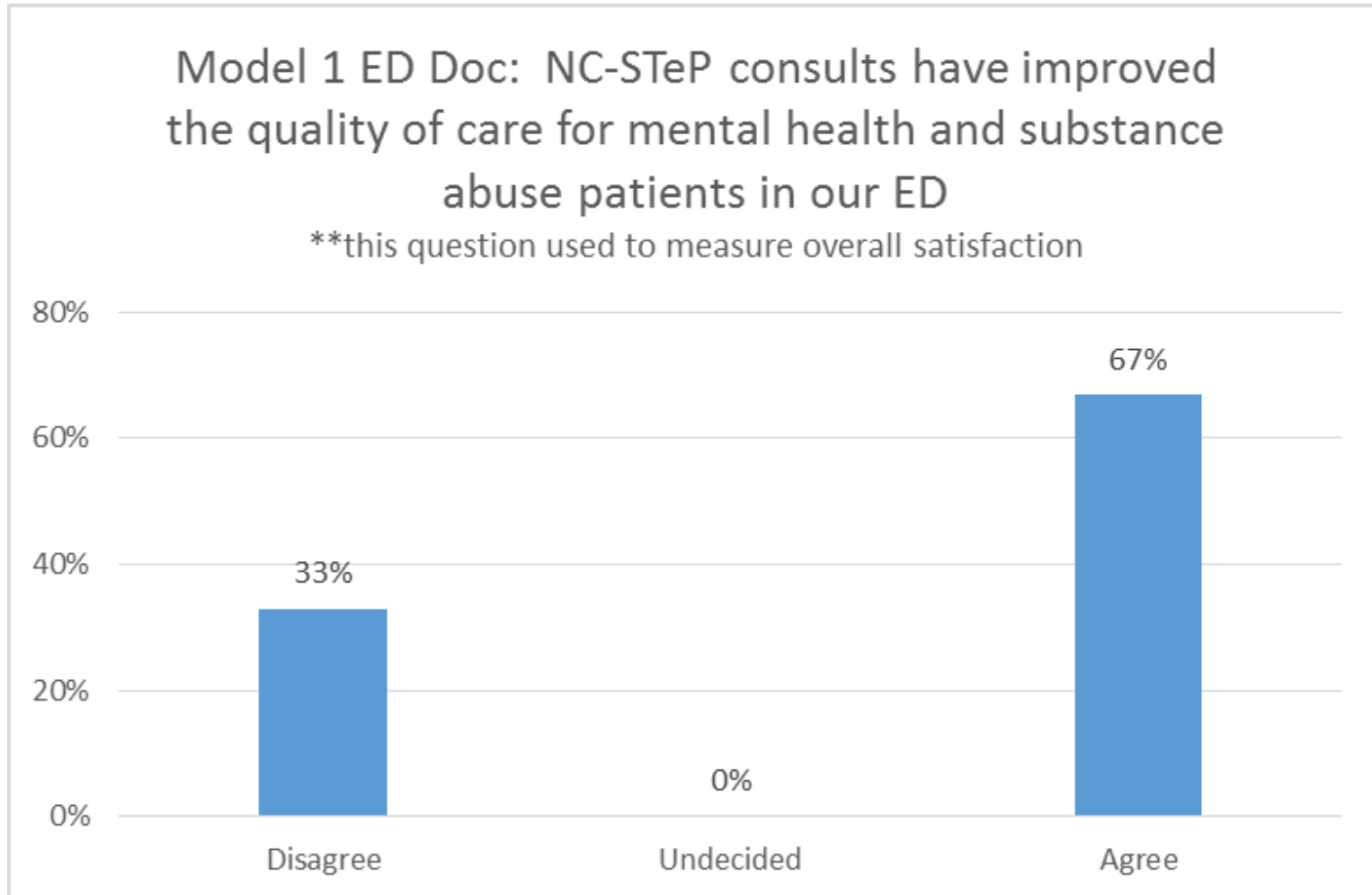
Satisfaction Surveys Methodology

- Invitations to participate were sent via electronic mail.
- For groups that use the portal (Model 1 ED staff, psychiatrists, and intake specialists) there was a link to the survey on the portal log-in page.
- ED staff also received a pop-up within the portal with a link to the survey.
- Surveys were completed online via Qualtrics software.
- For each group, one summary question was selected for an overall “satisfaction” rate.
- **The overall satisfaction rate was 81%.**

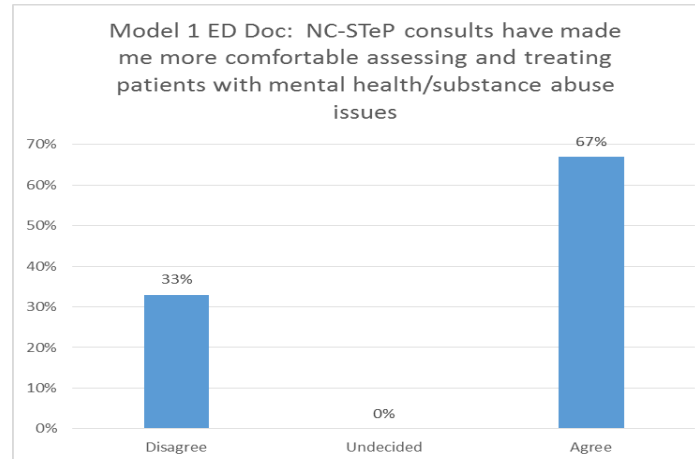
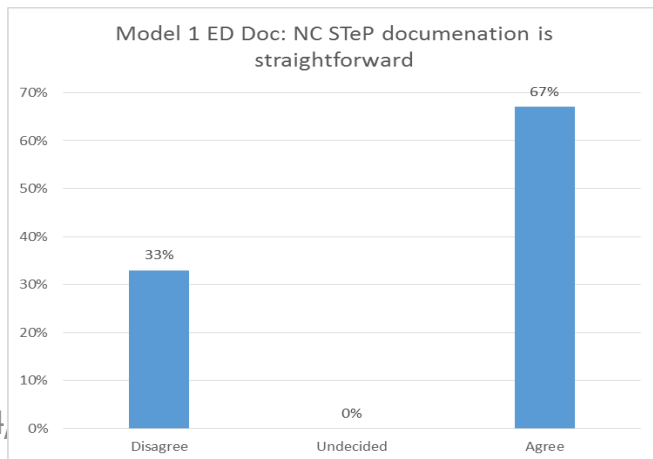
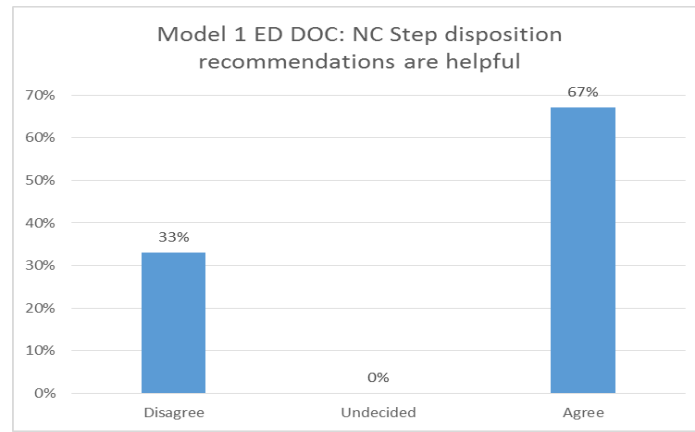
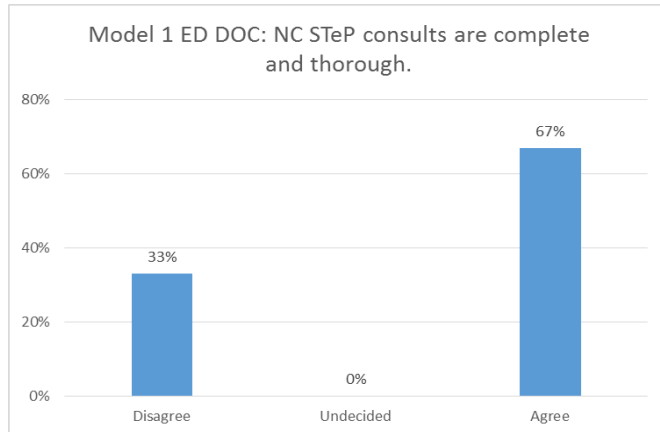
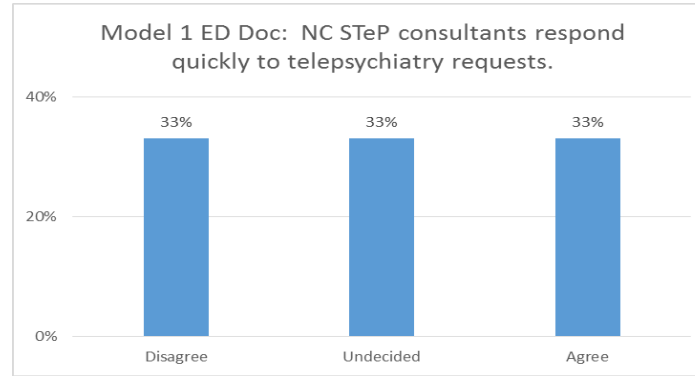
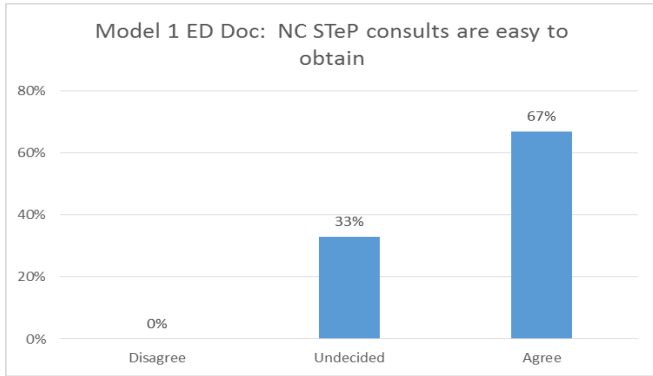


Model 1 Hospital ED Physicians Results

67% report that NC-STeP consults have improved the quality of care for mental health/substance abuse patients in our ED

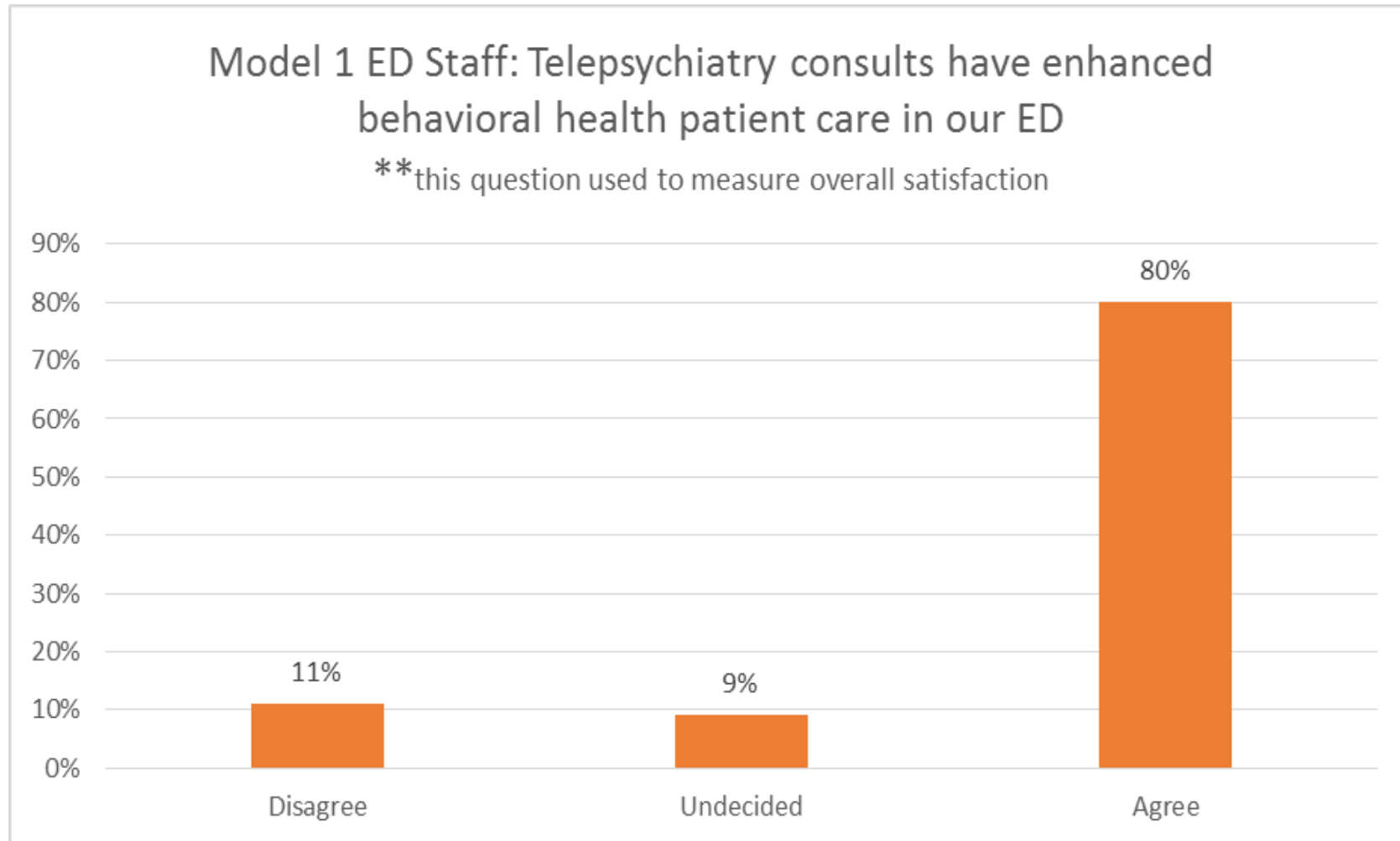


Model 1 Hospital ED Physicians Results



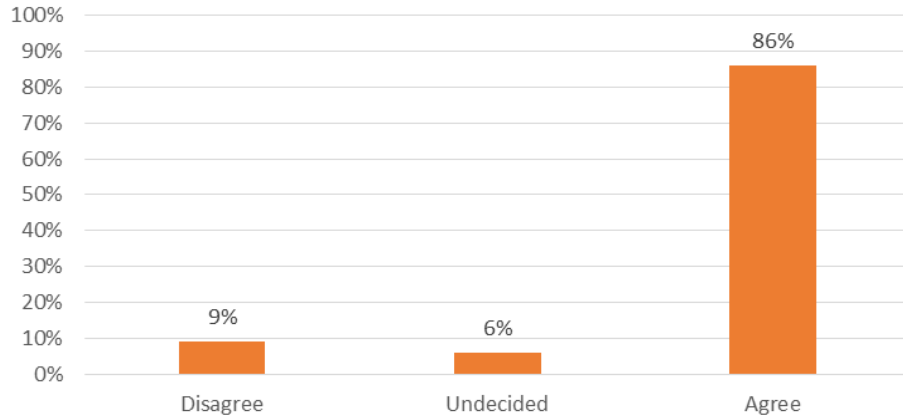
Model 1 Hospital ED Staff Results

80% agreed with the statement that telepsychiatry consults have enhanced behavioral health patient care in our ED, 11% disagreed, and 9% were undecided

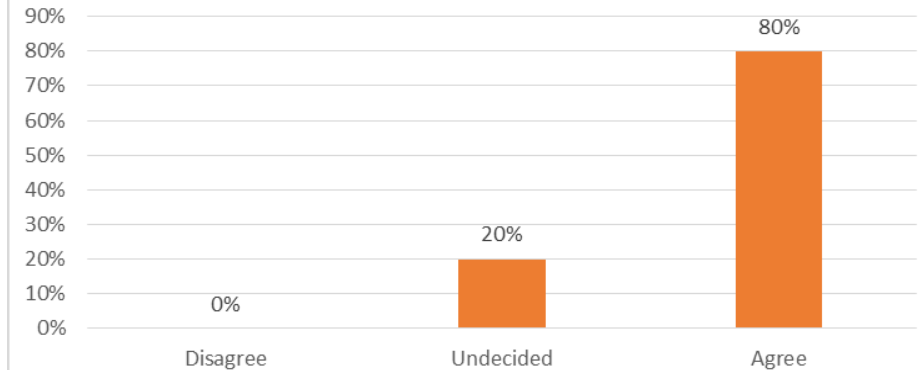


Model 1 Hospital ED Staff Results

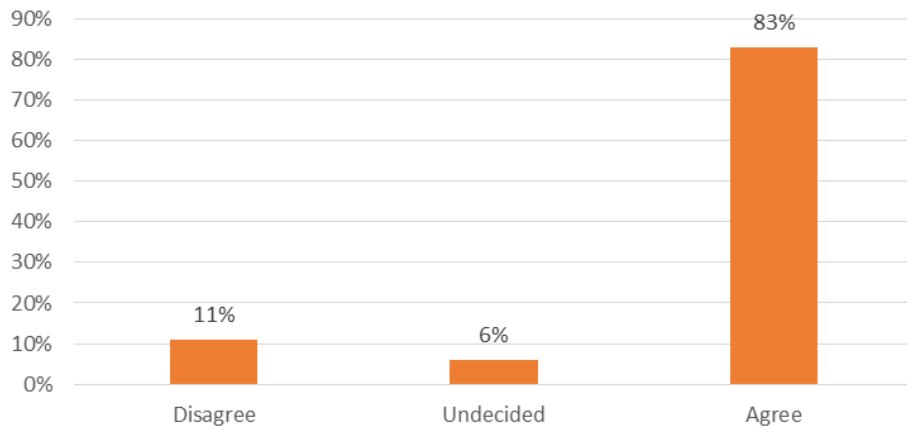
Model 1 ED Staff: The telepsychiatry cart is easy to use



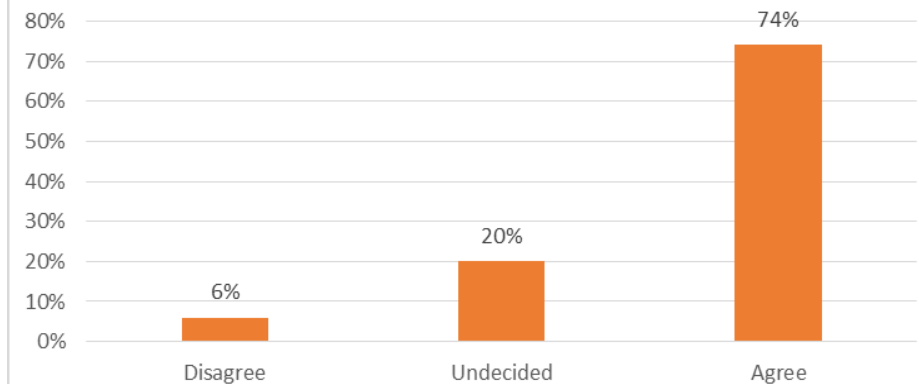
Model 1 ED Staff: I received adequate training/instruction preparing me to use the telepsychiatry cart



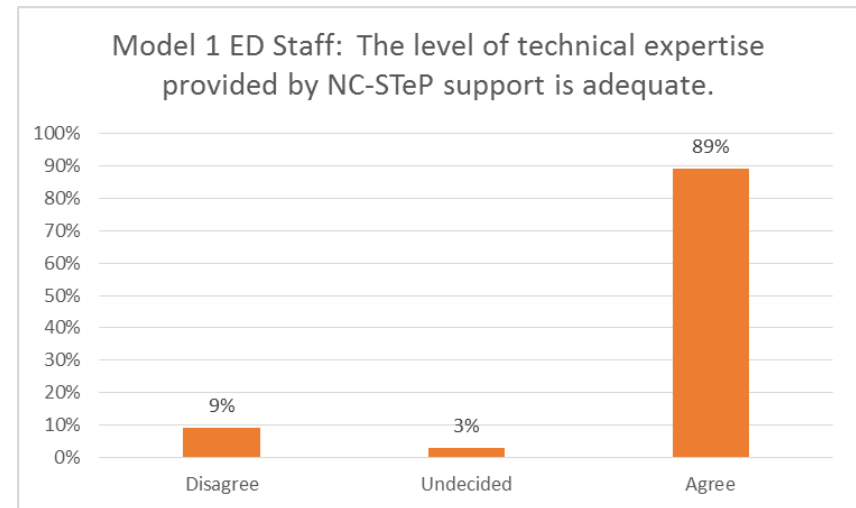
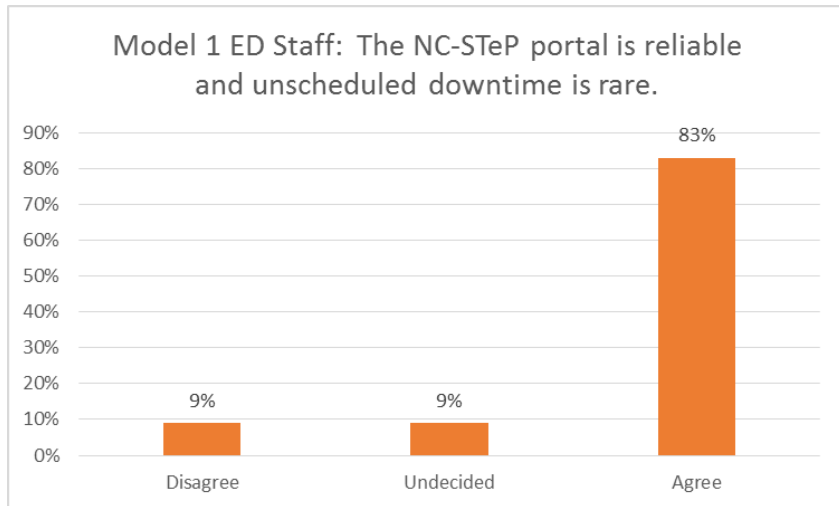
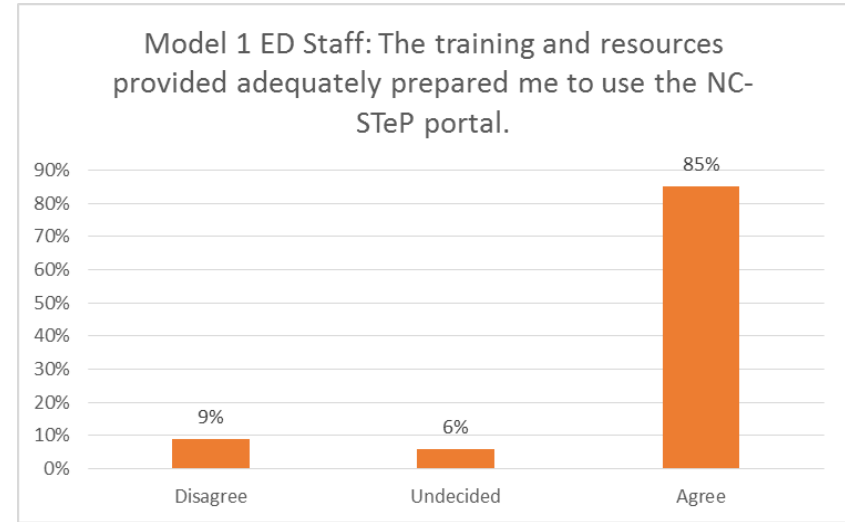
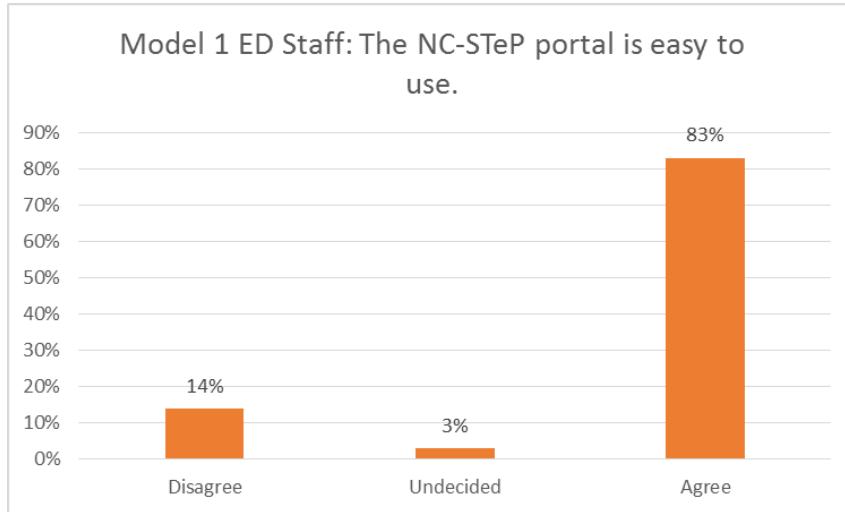
Model 1 ED Staff: The telepsychiatry cart is reliable and seldom goes down.



Model 1 ED Staff: Patients appear comfortable interacting with the psychiatric providers via the telepsychiatry cart.

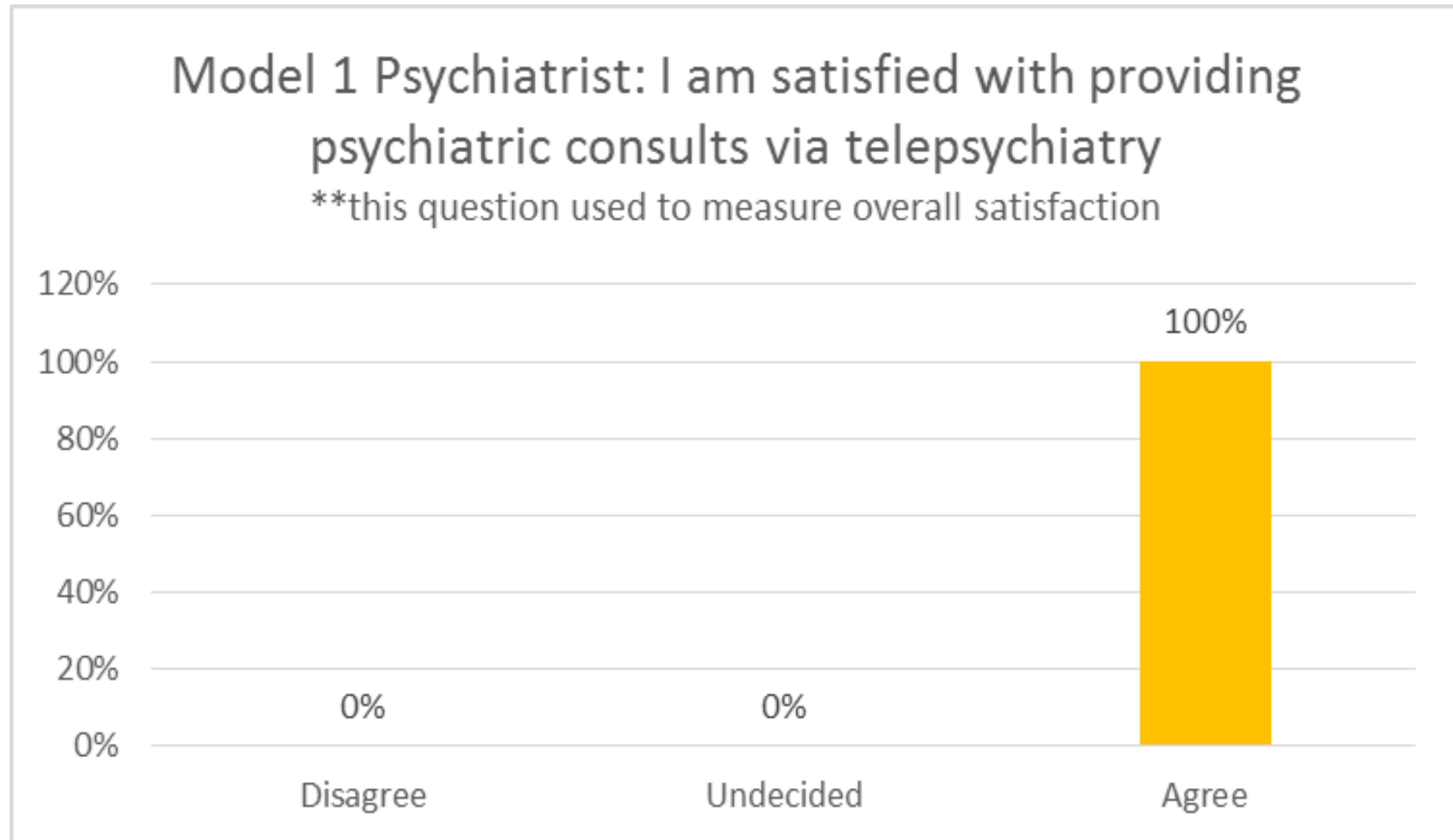


Model 1 Hospital ED Staff Results



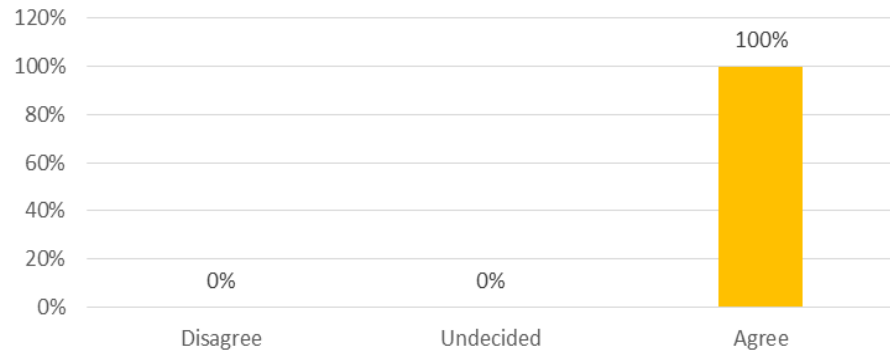
Model 1 Provider Psychiatrist Results

100% agreed, “I am satisfied with providing psychiatric consults via telepsychiatry”

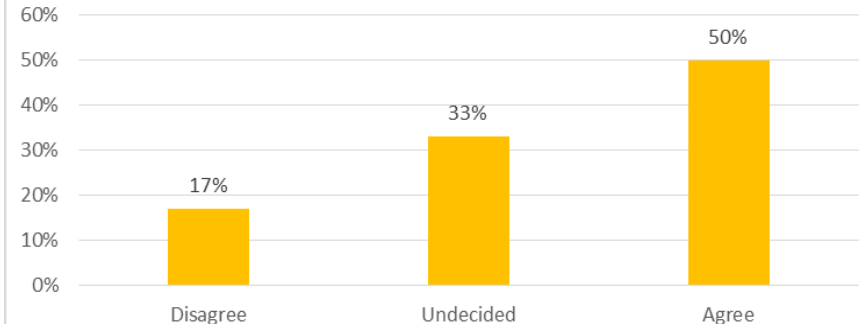


Model 1 Provider Psychiatrist Results

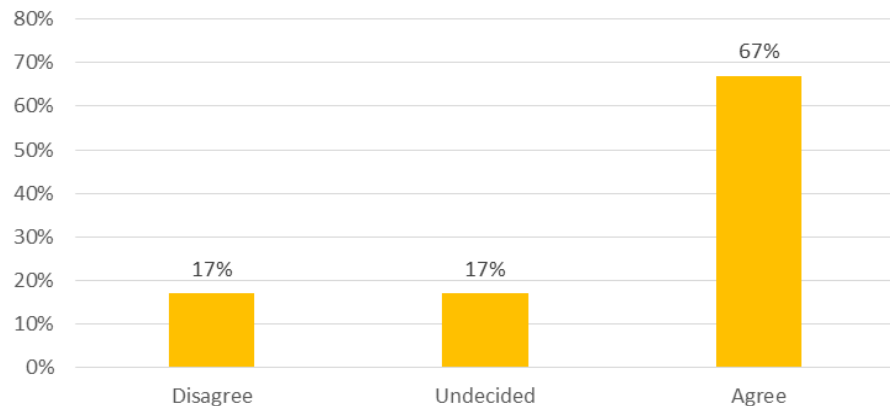
Model 1 Psychiatrist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients



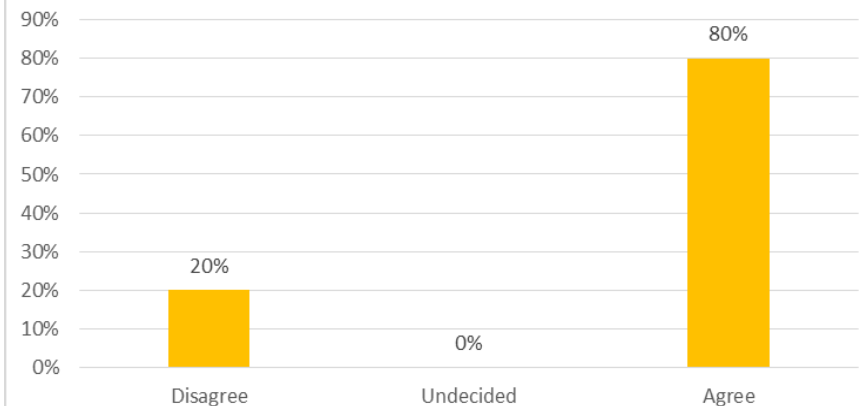
Model 1 Psychiatrist: I believe the quality of psychiatric care I provide via telepsychiatry is comparable to the quality of care I deliver face to face



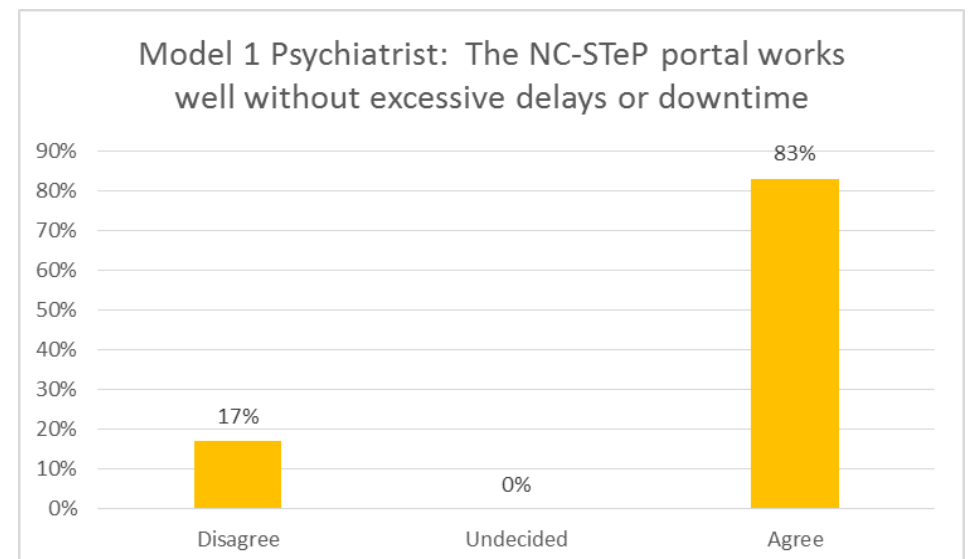
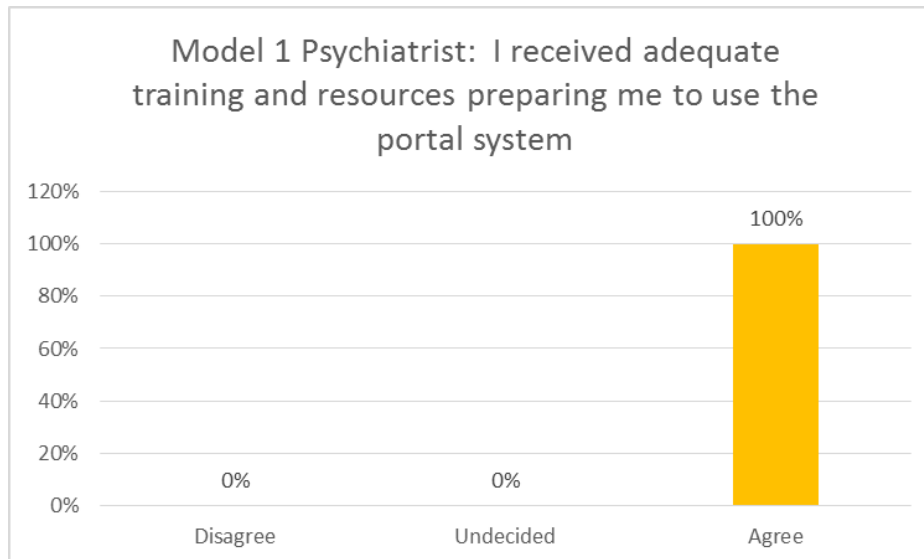
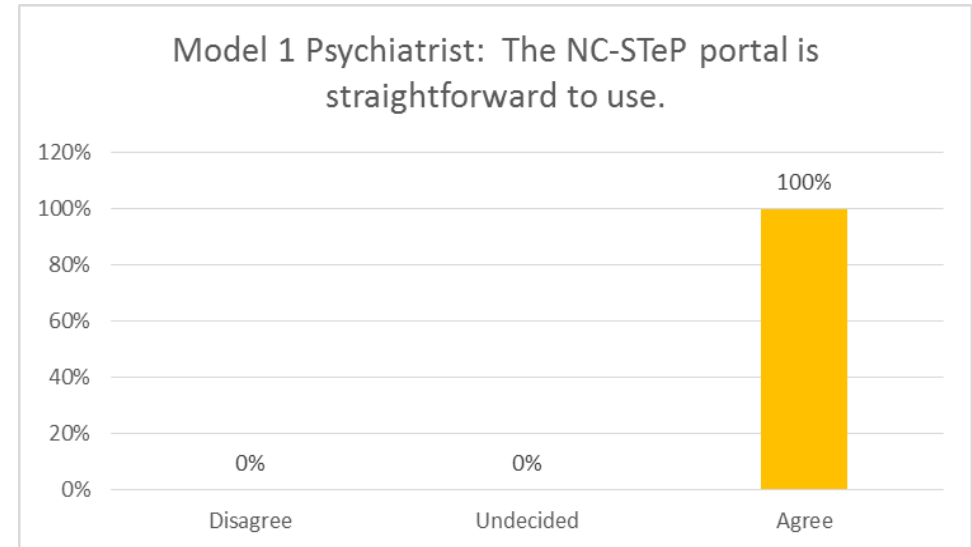
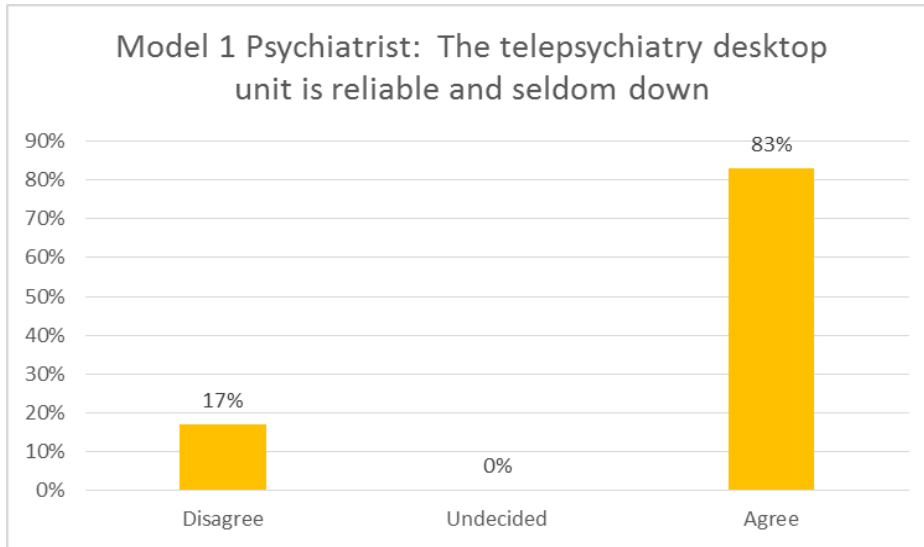
Model 1 Psychiatrist: Telepsychiatry increases my productivity and/or efficiency.



Model 1 Psychiatrist: The telepsychiatry desktop unit is straightforward to use

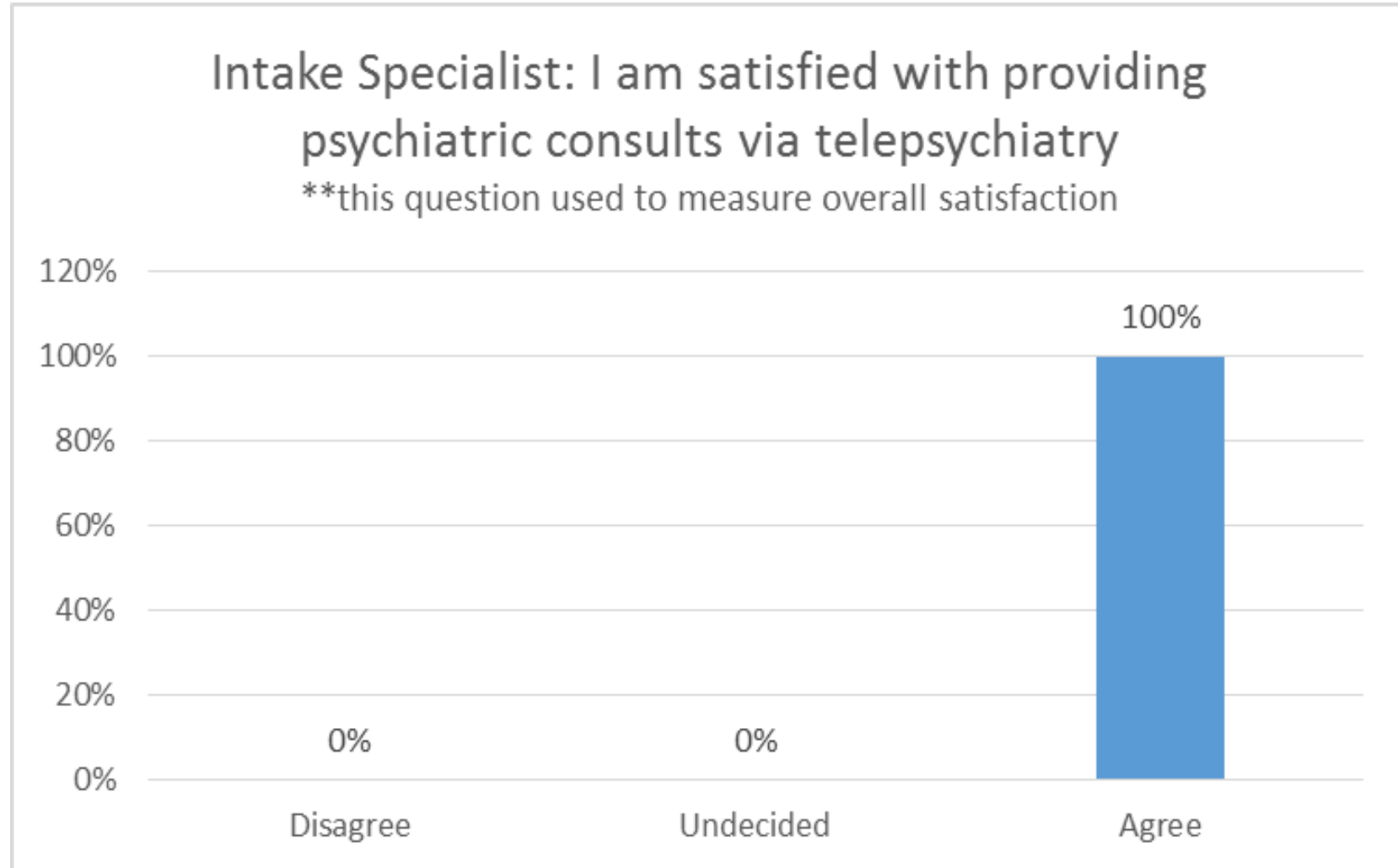


Model 1 Provider Psychiatrist Results

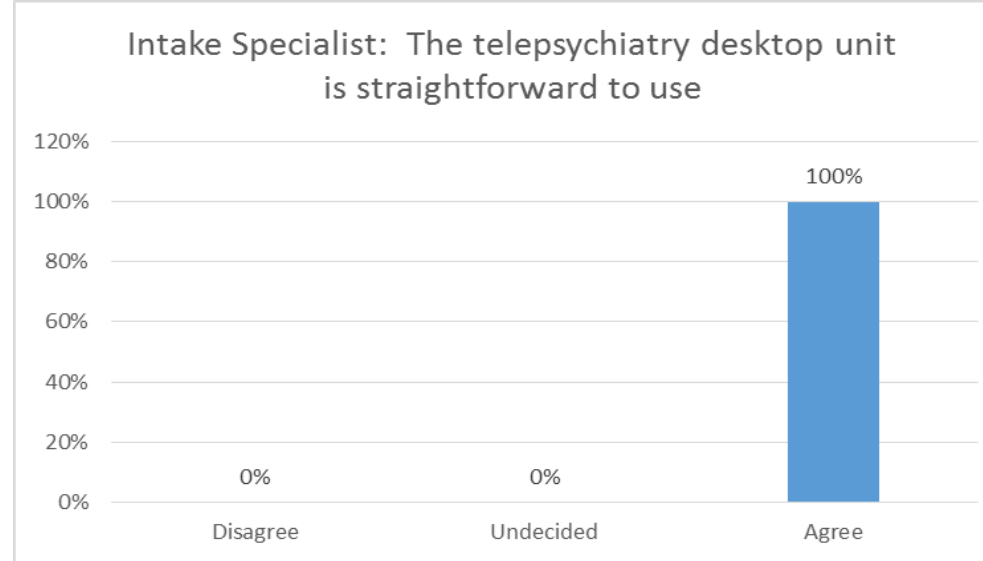
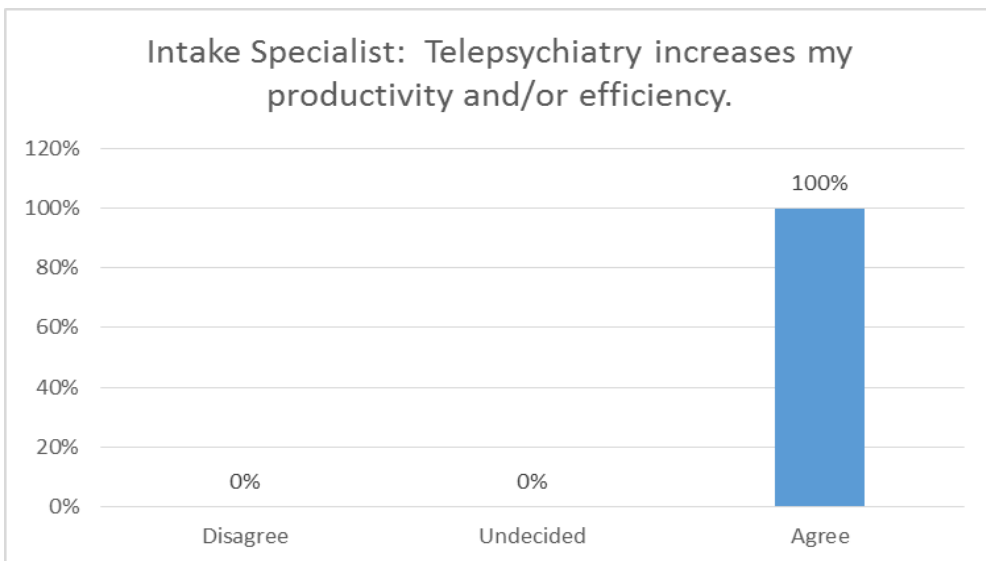
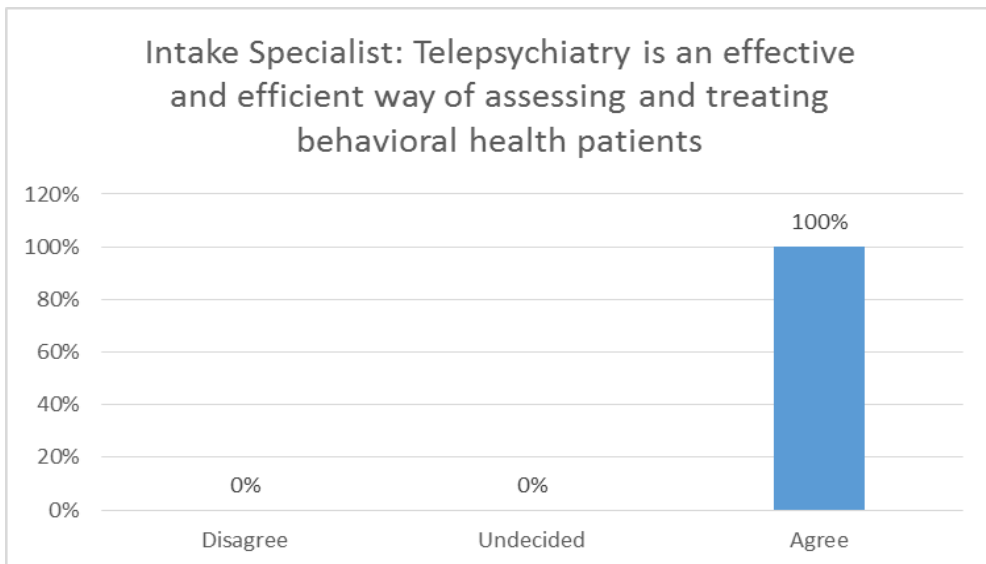


Model 1 Psychiatric Intake Specialist Results

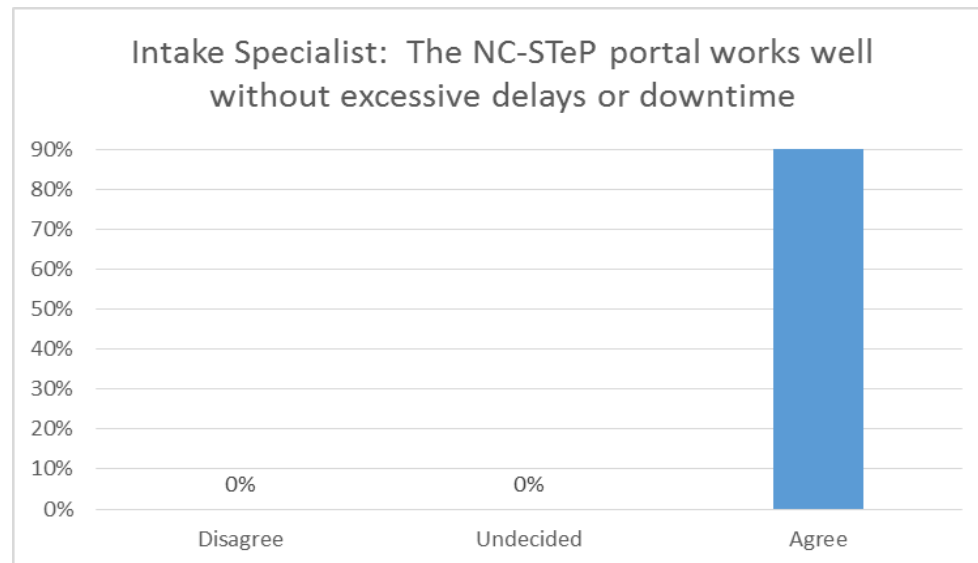
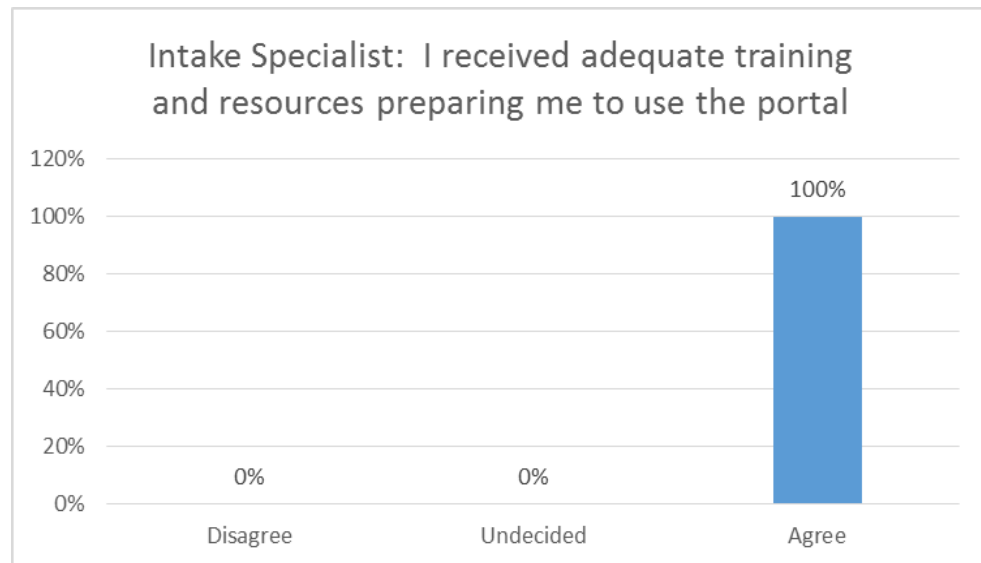
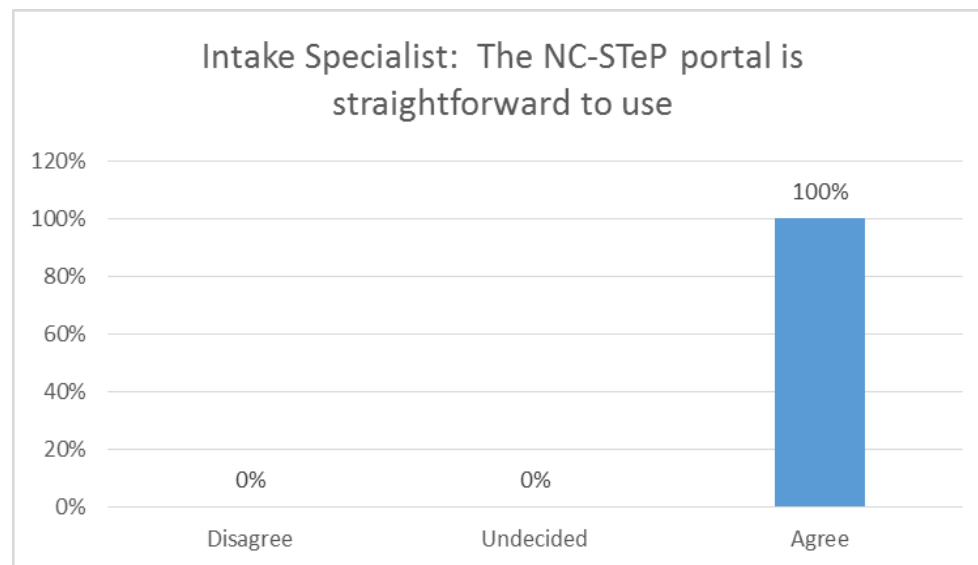
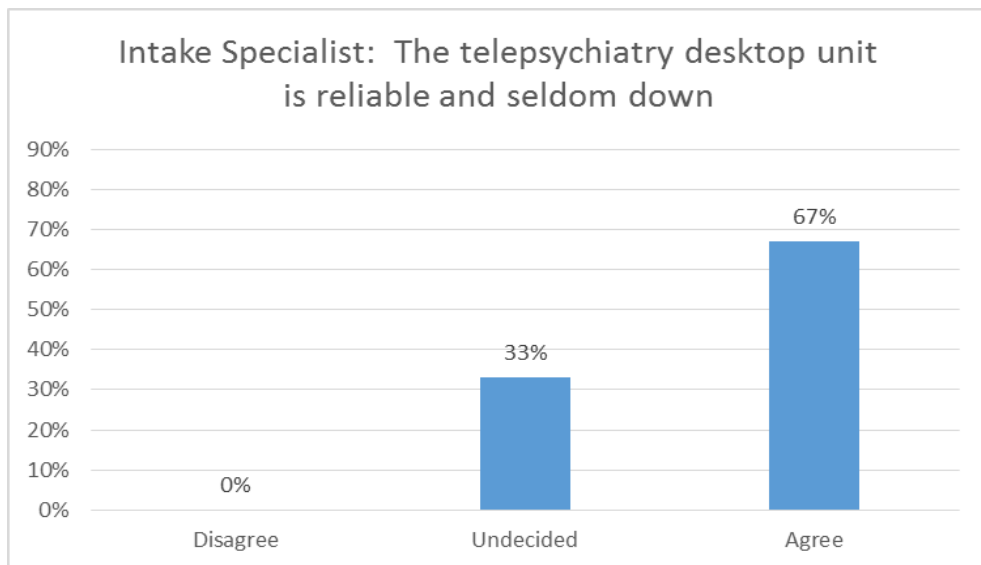
100% agreed, “I am satisfied with providing psychiatric consults via telepsychiatry”



Model 1 Psychiatric Intake Specialist Results

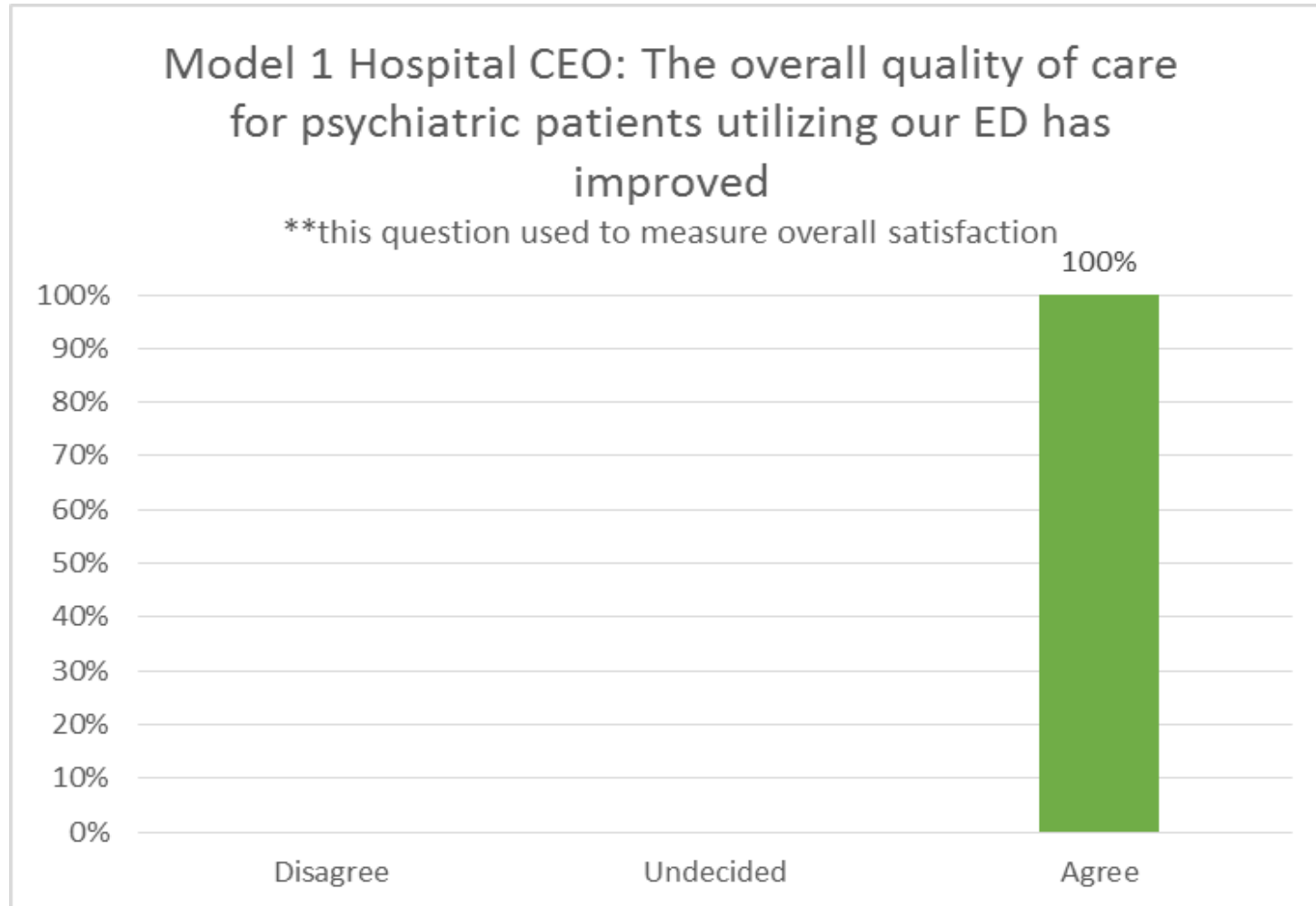


Model 1 Psychiatric Intake Specialist Results

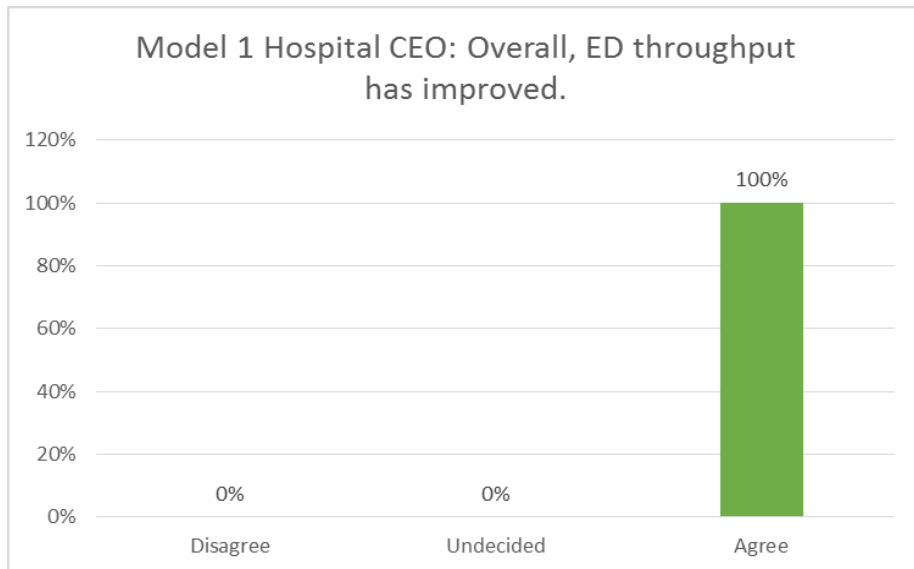
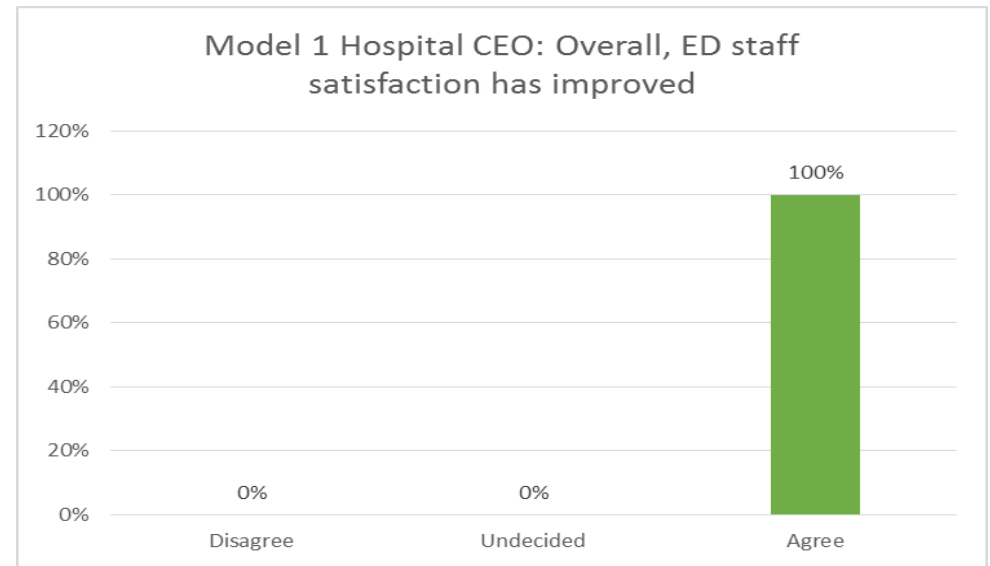
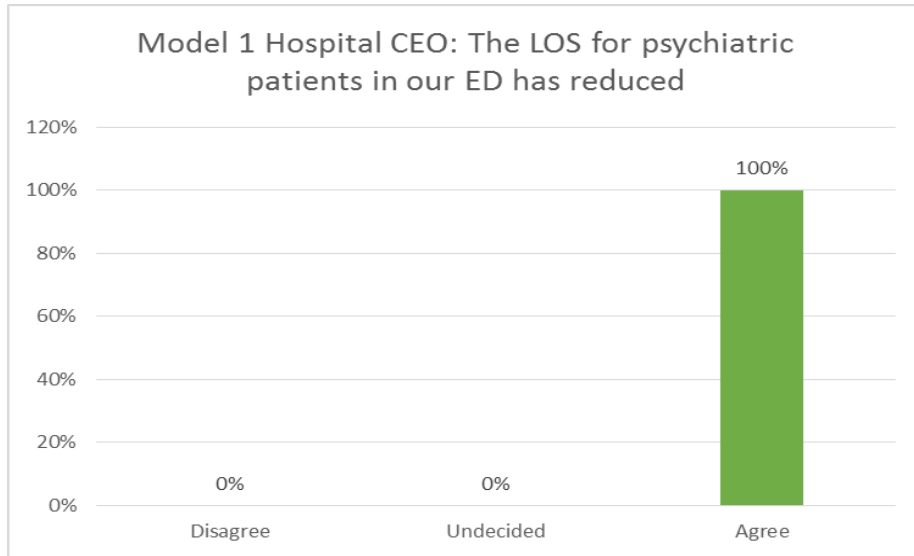


Model 1 CEO/COO/CNO/ED Manager Results

100% agree that, “the overall quality of care for psychiatric patients in our ED has improved”

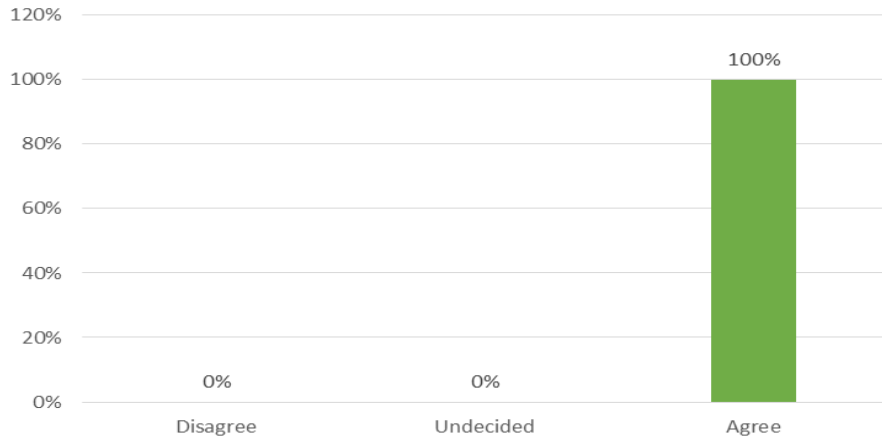


Model 1 CEO/COO/CNO/ED Manager Results

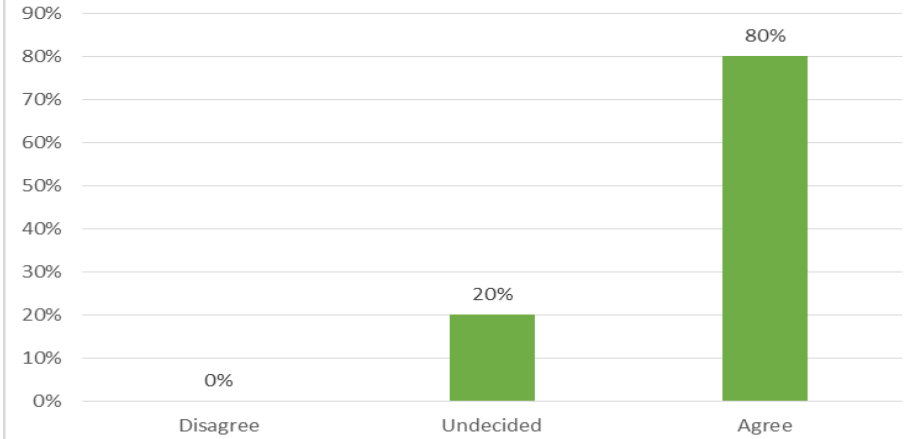


Model 1 CEO/COO/CNO/ED Manager Results

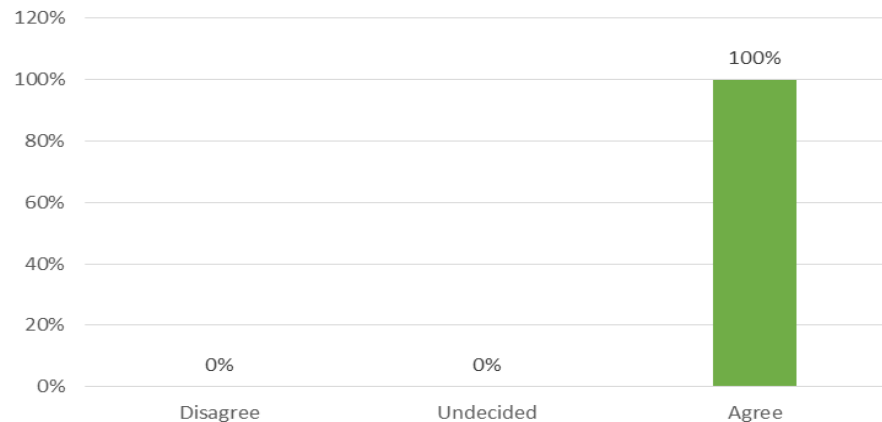
Model 1 Hospital CEO: Medical staff's understanding of mental health issues and treatment options in our ED has improved



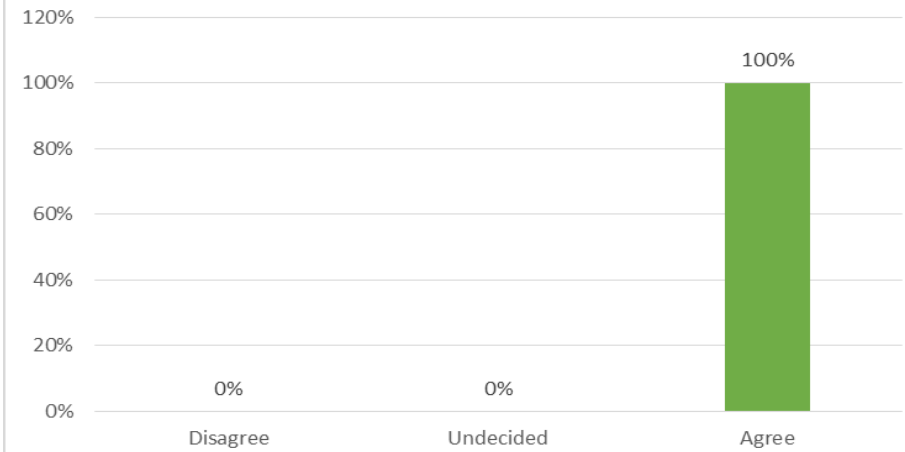
Model 1 Hospital CEO: There has been an improvement in discharge planning and referrals for psychiatric patients in our ED



Model 1 Hospital CEO: I would pursue additional uses of telemedicine technology for other medical specialty areas

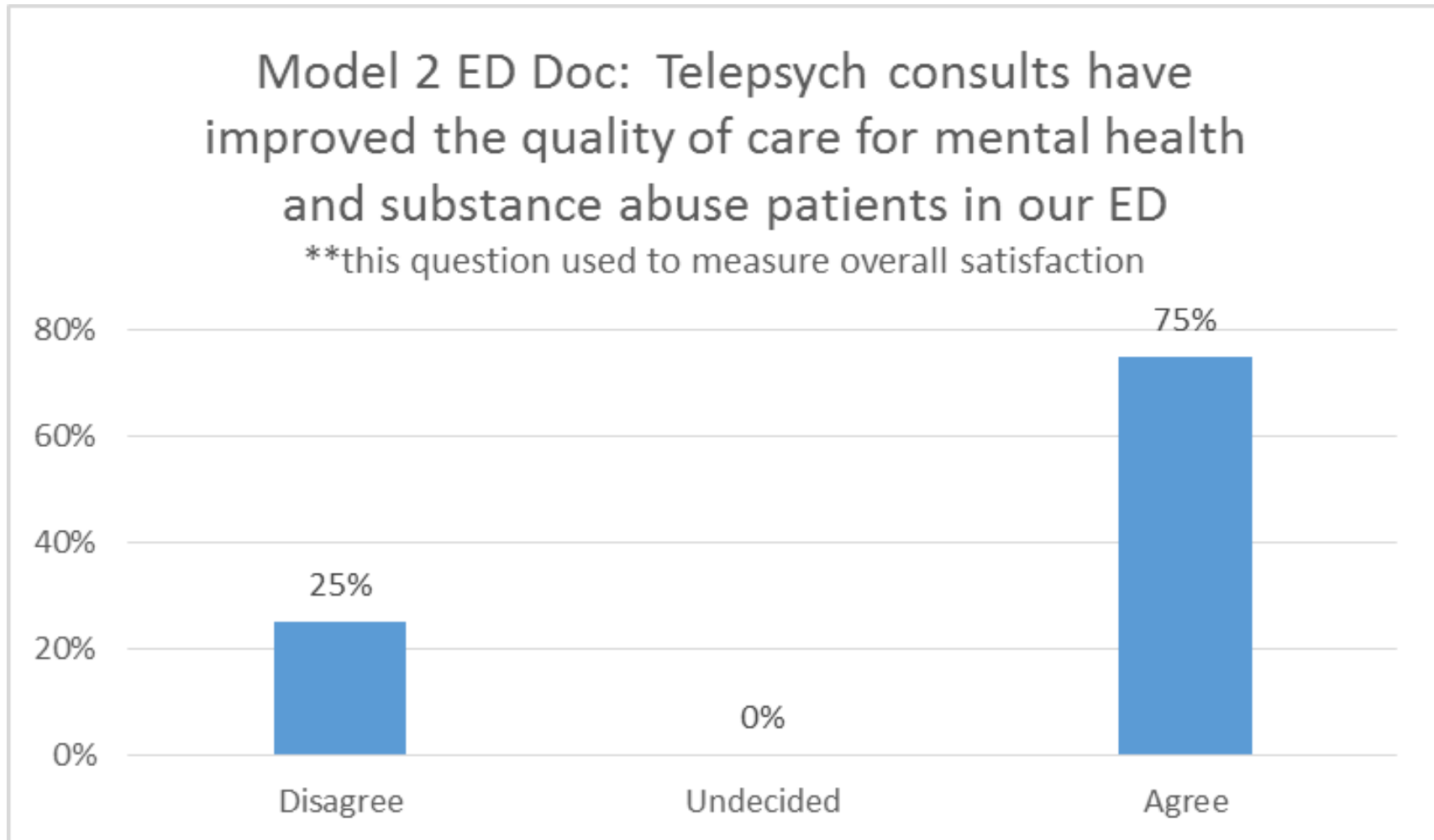


Model 1 Hospital CEO: I would recommend NC-SteP to other hospitals

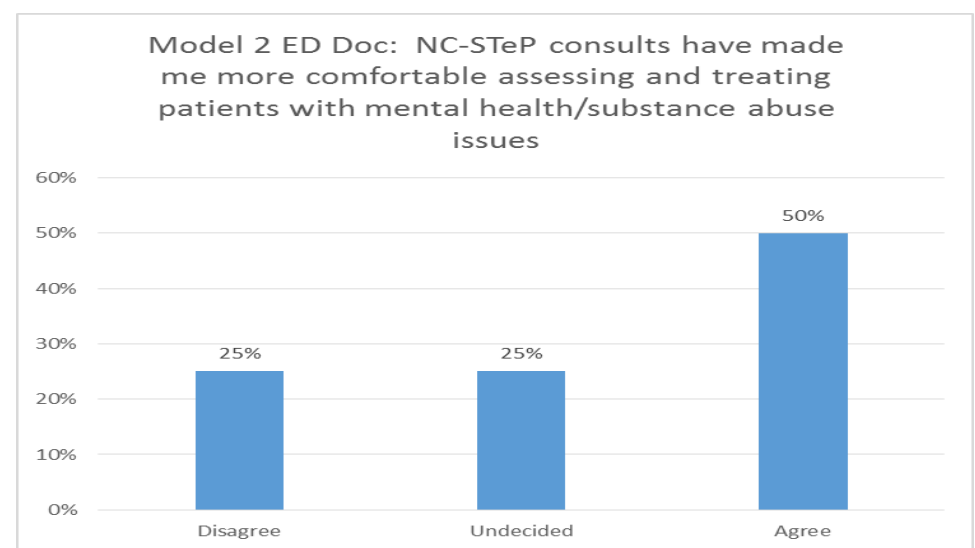
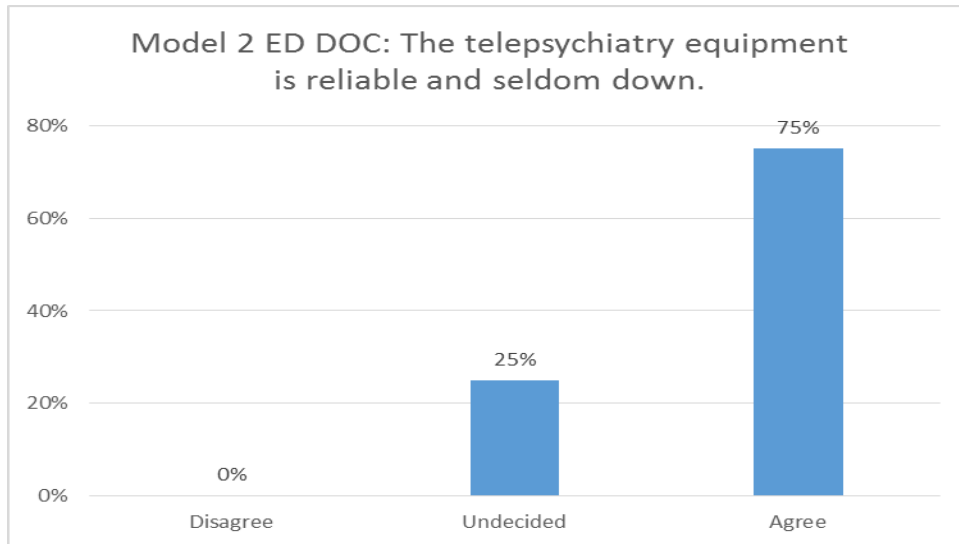
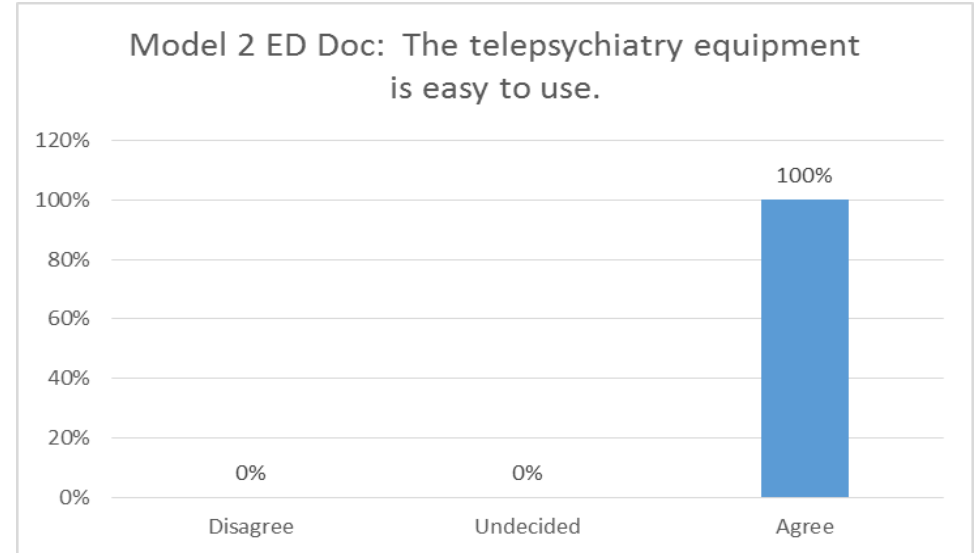
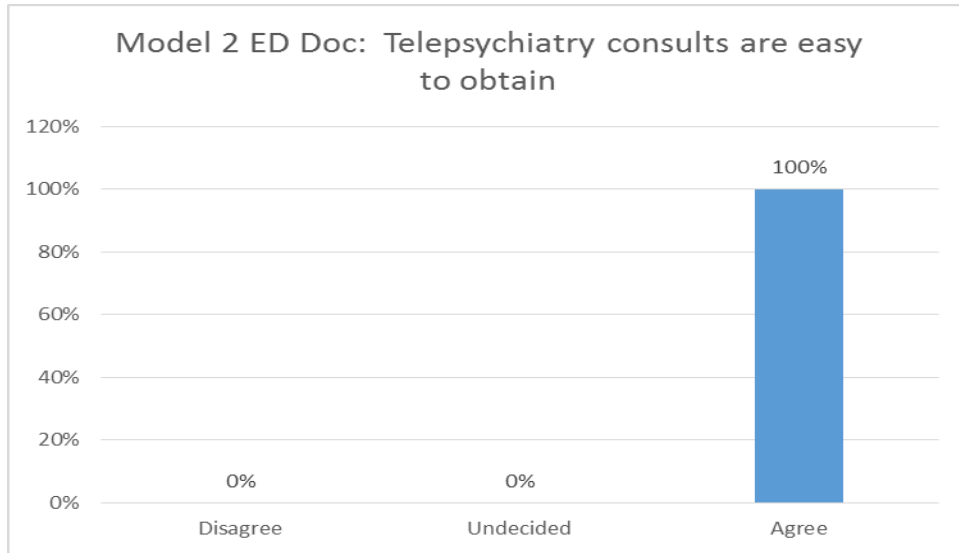


Model 2 Hospital ED Physicians Results

75% report that telepsych consults have improved the quality of care for mental health/substance abuse patients in the ED

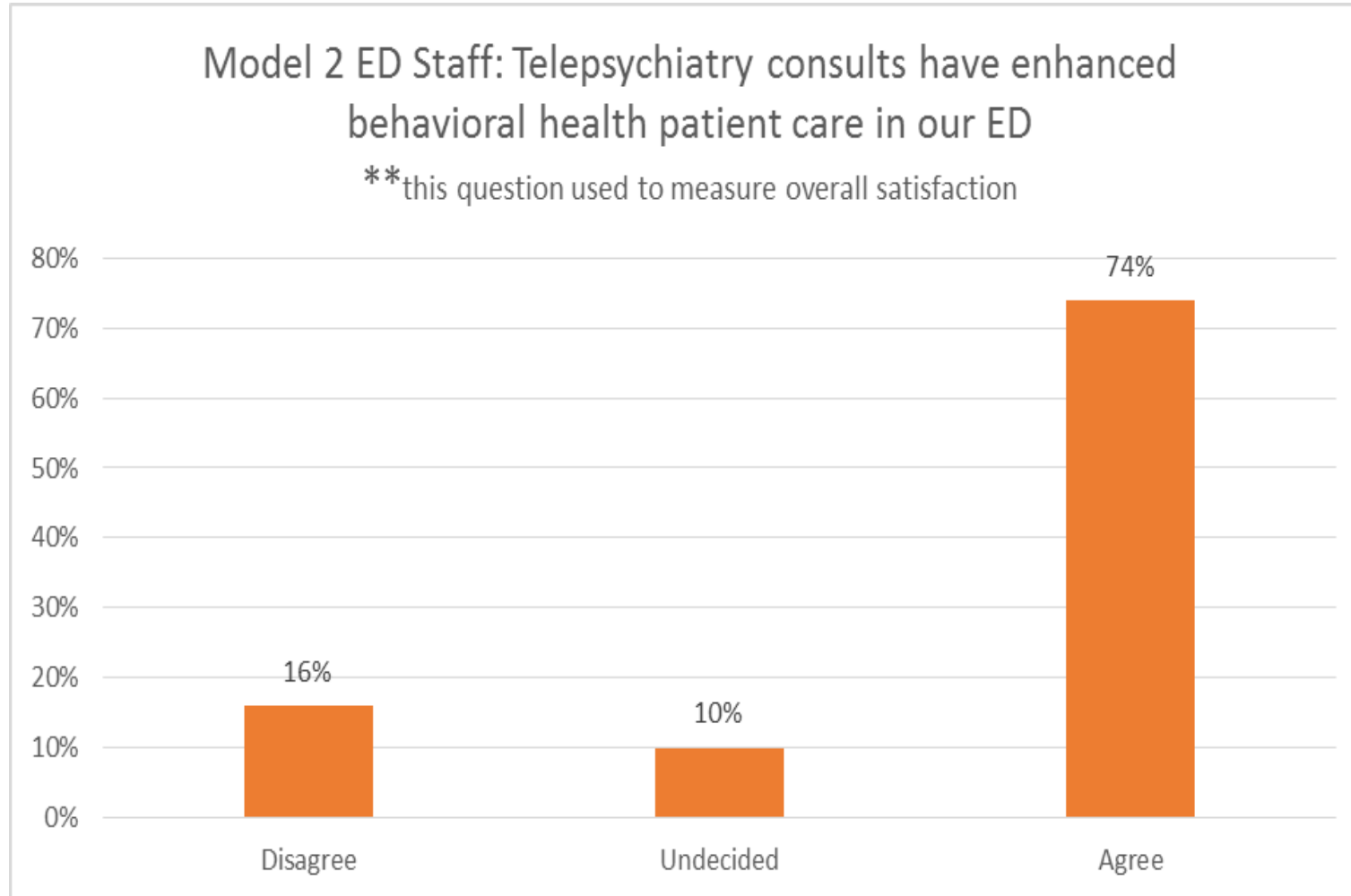


Model 2 Hospital ED Physicians Results

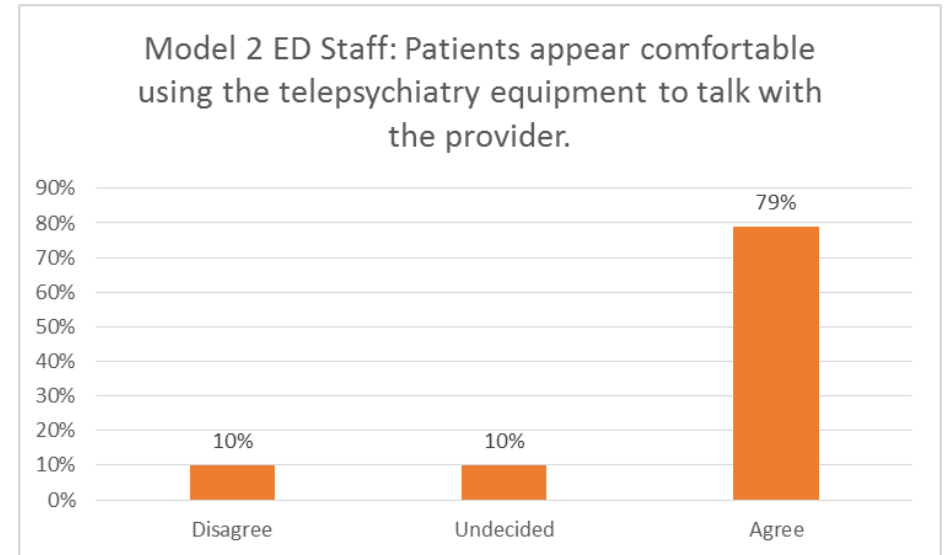
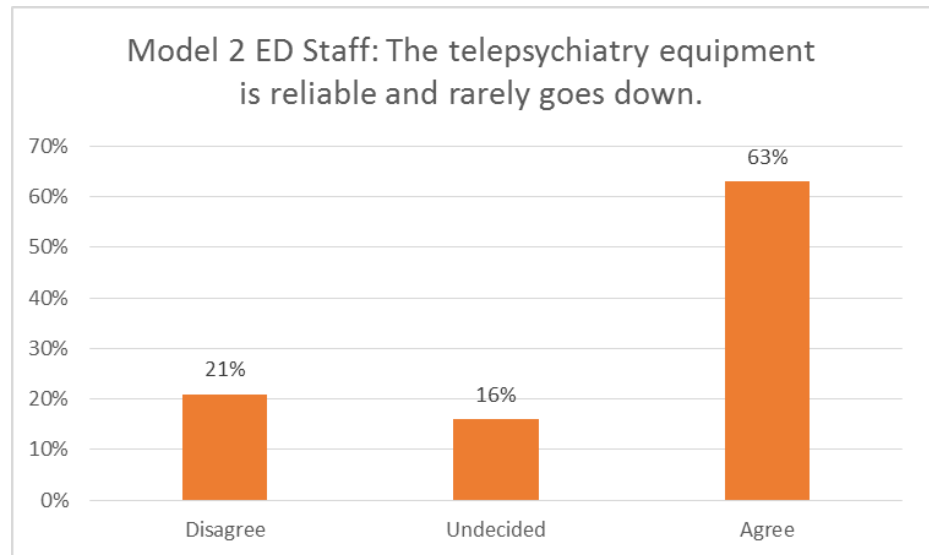
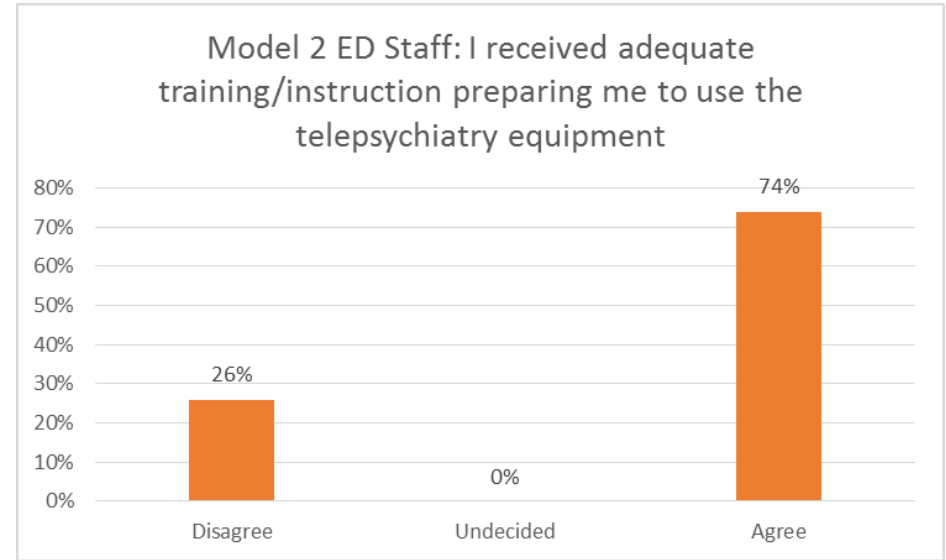
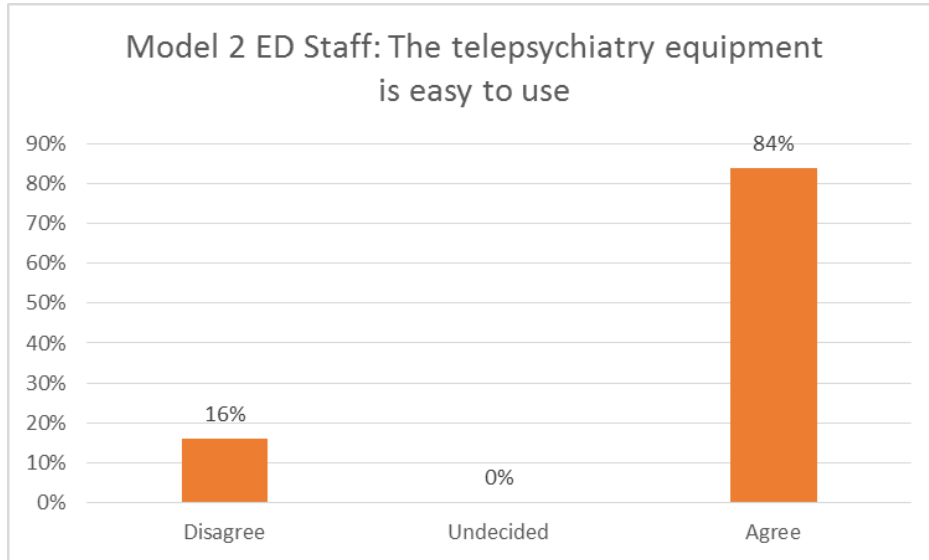


Model 2 Hospital ED Staff Results

74% report that telepsych consults have enhanced behavioral Health patient care in our ED

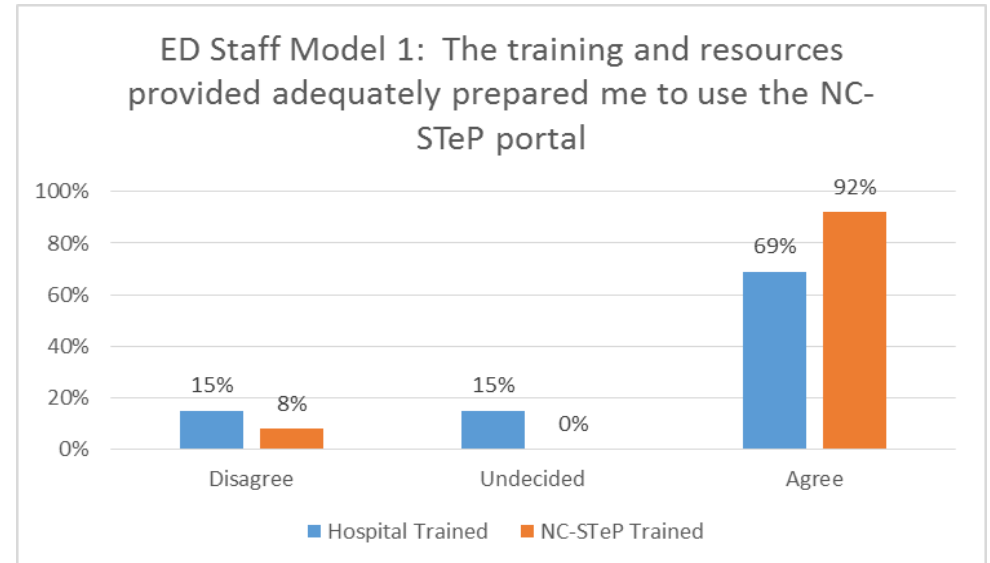
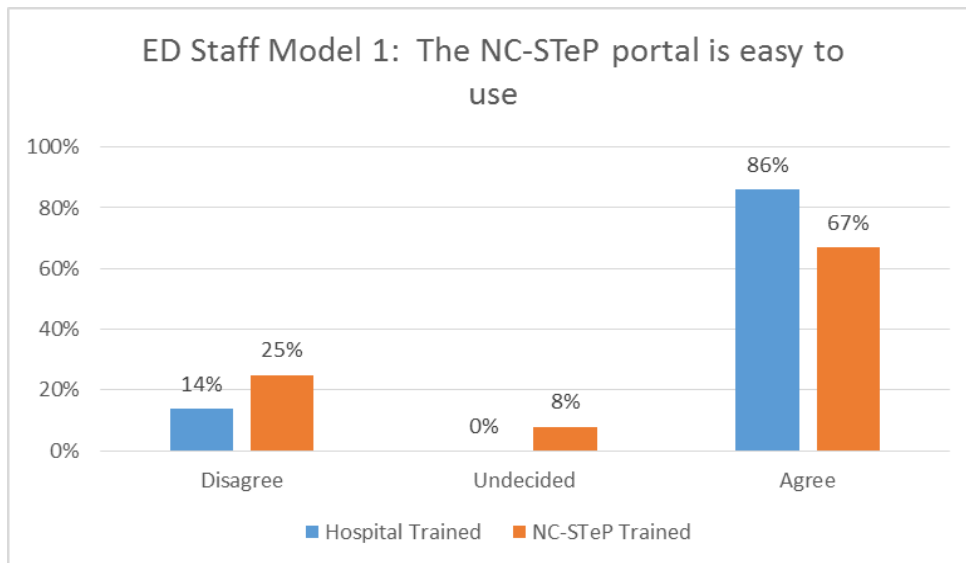
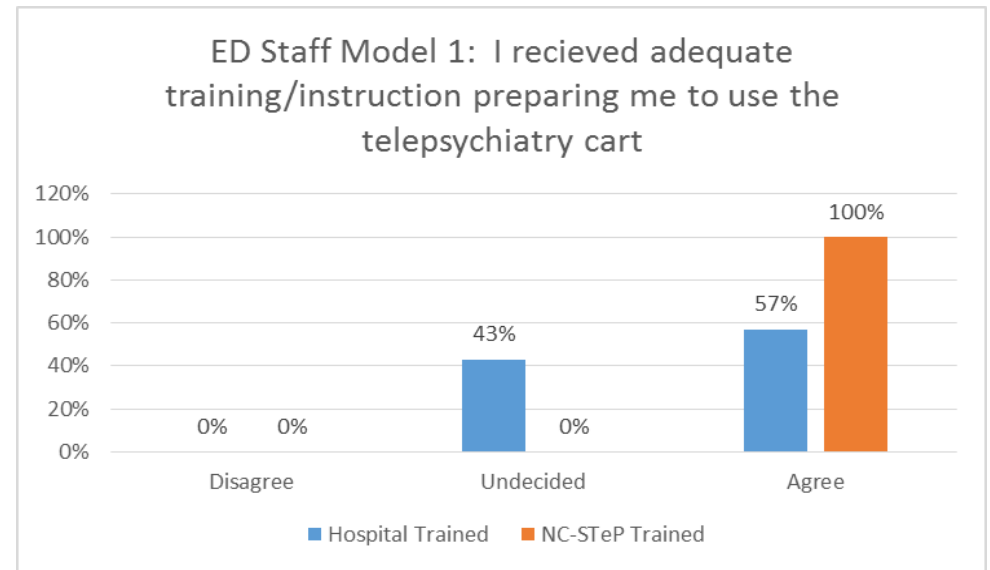
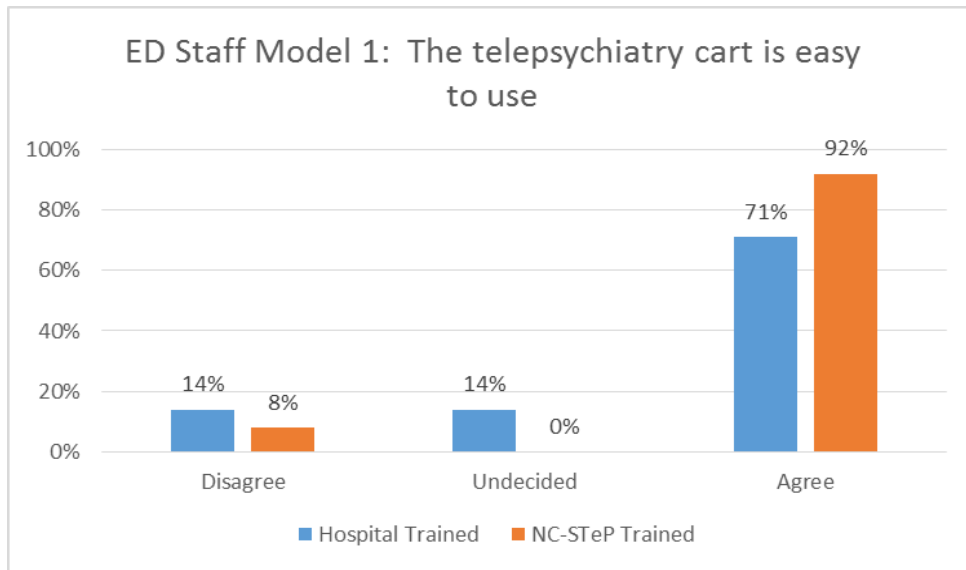


Model 2 Hospital ED Staff Results



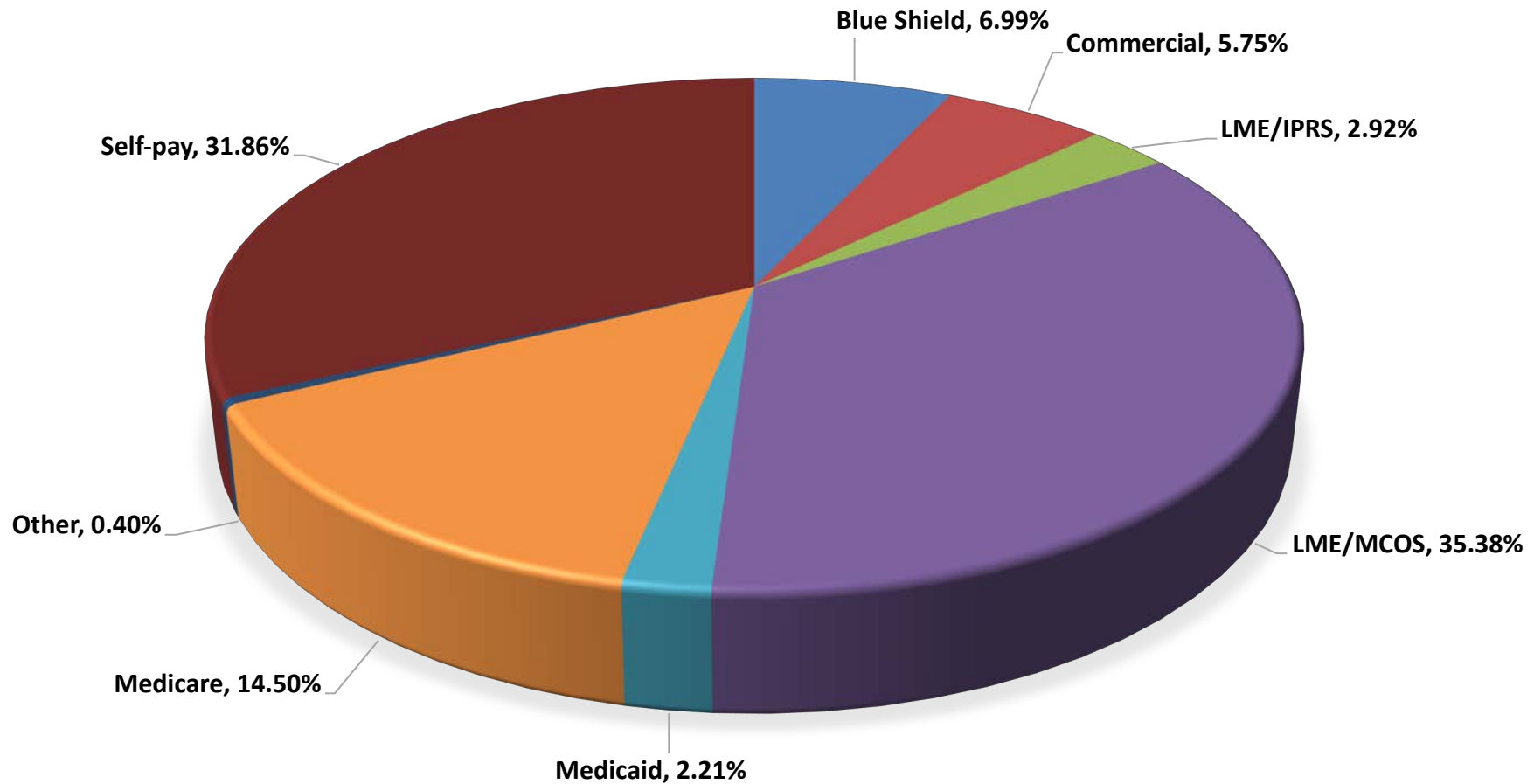
Model 1 ED staff results, by source of training:

Total n=35, trained by NC-STeP n=12, trained by hospital personnel n=14



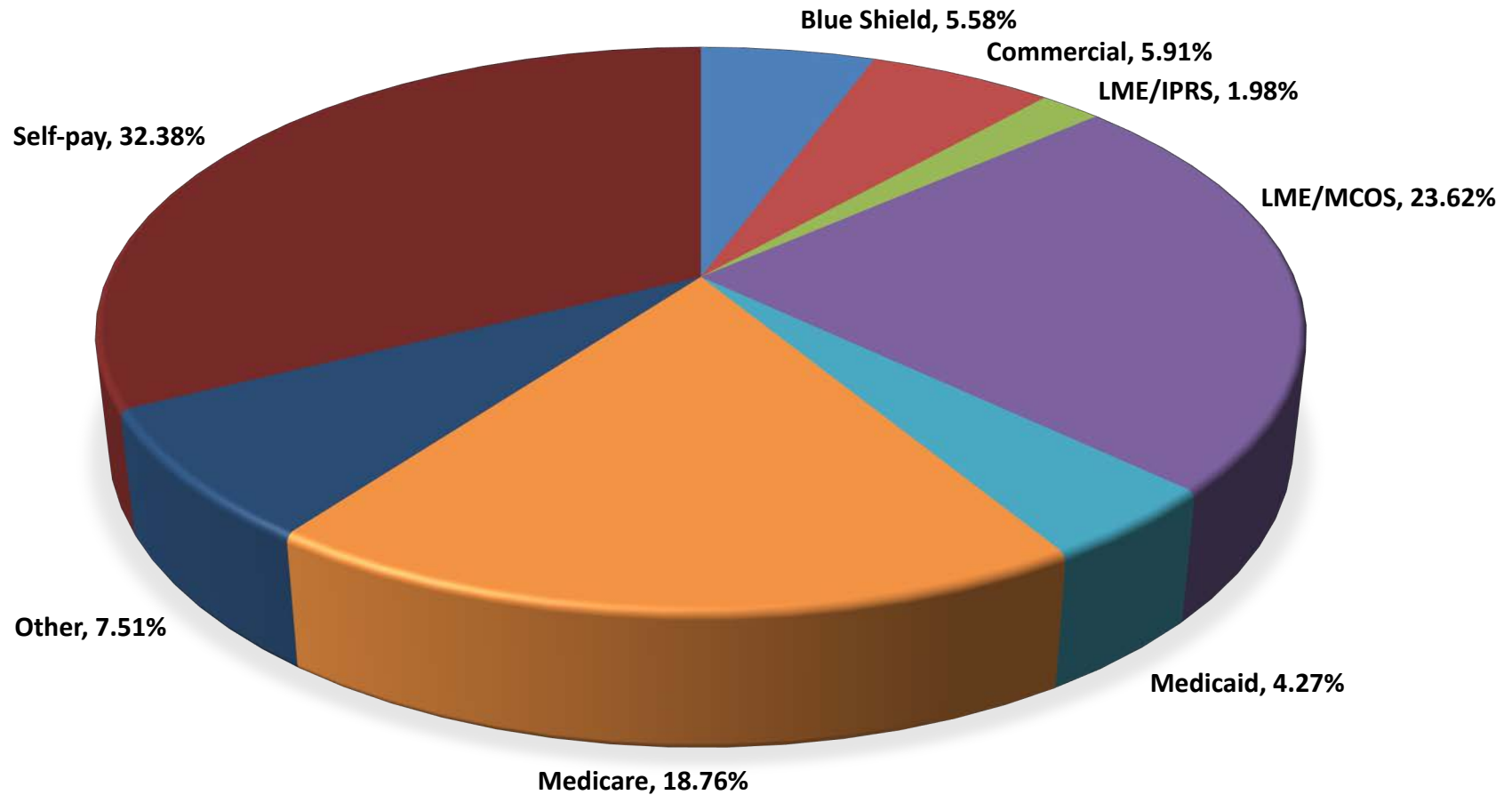
NC-STeP Charge Mix

QTD 2019 - Quarter 3



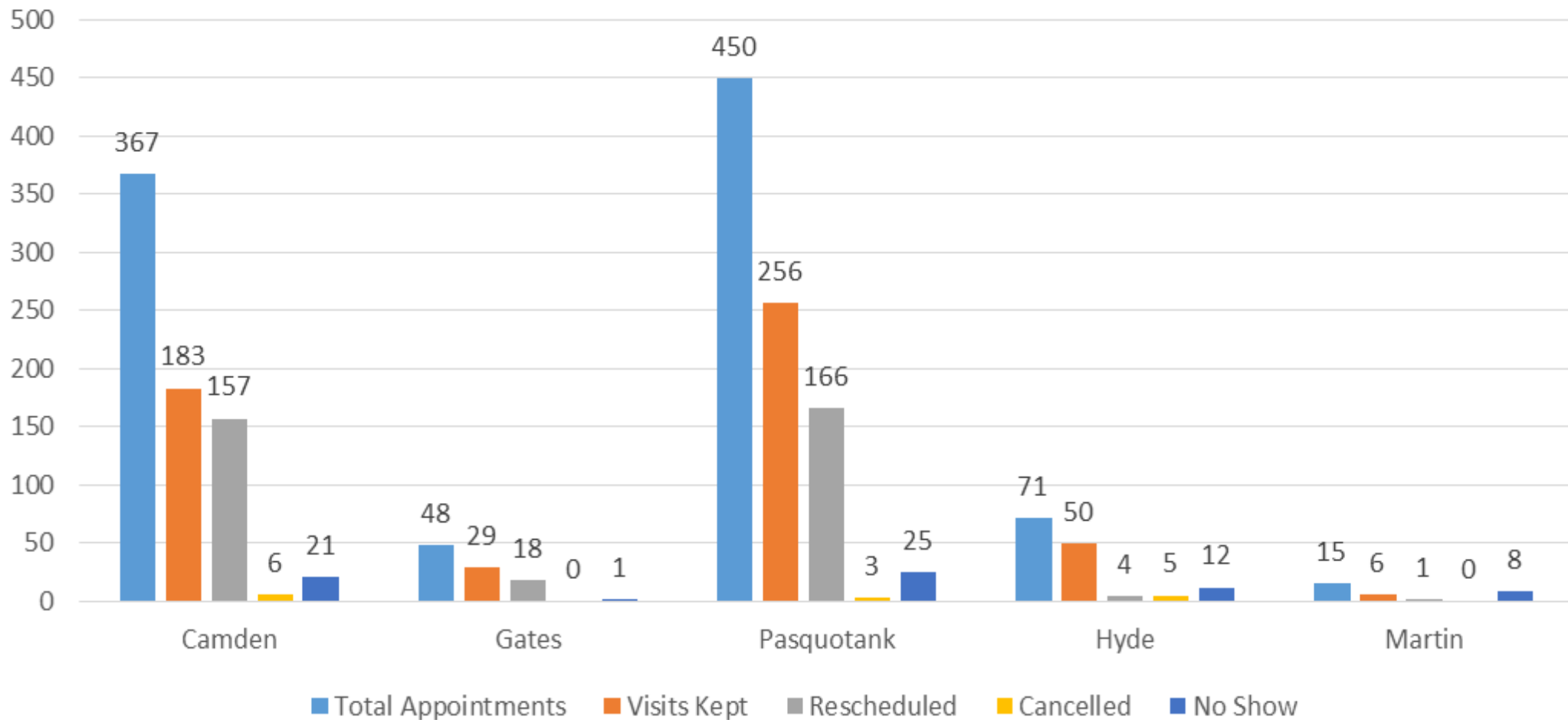
NC-STeP Charge Mix – Project to Date

October 1, 2013 – March 31, 2019



NC-STeP Community Appointments by Site

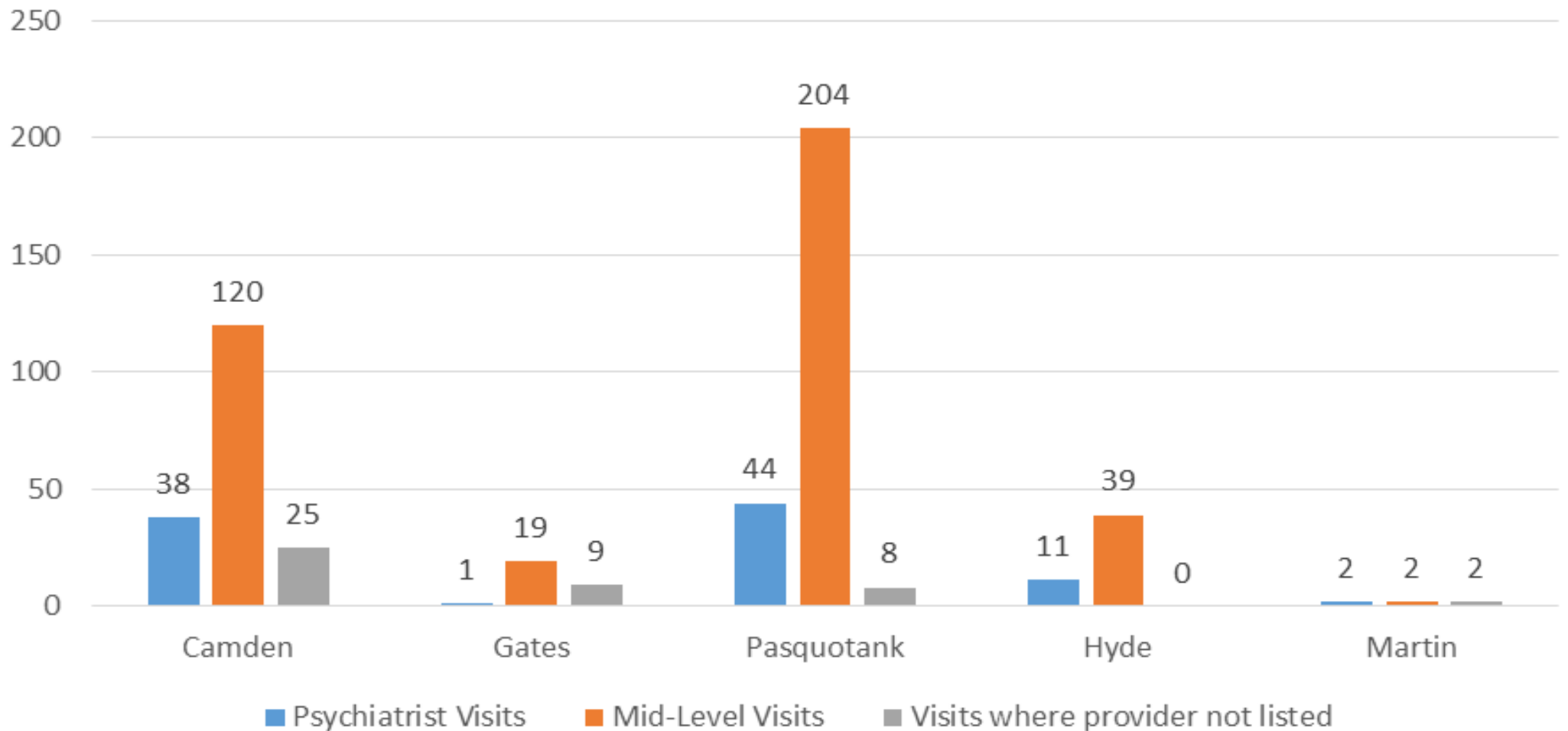
Appointments, Visits Kept, Rescheduled, Cancelled, No Show
January - March 2019



NC-STeP Community Visits by Site

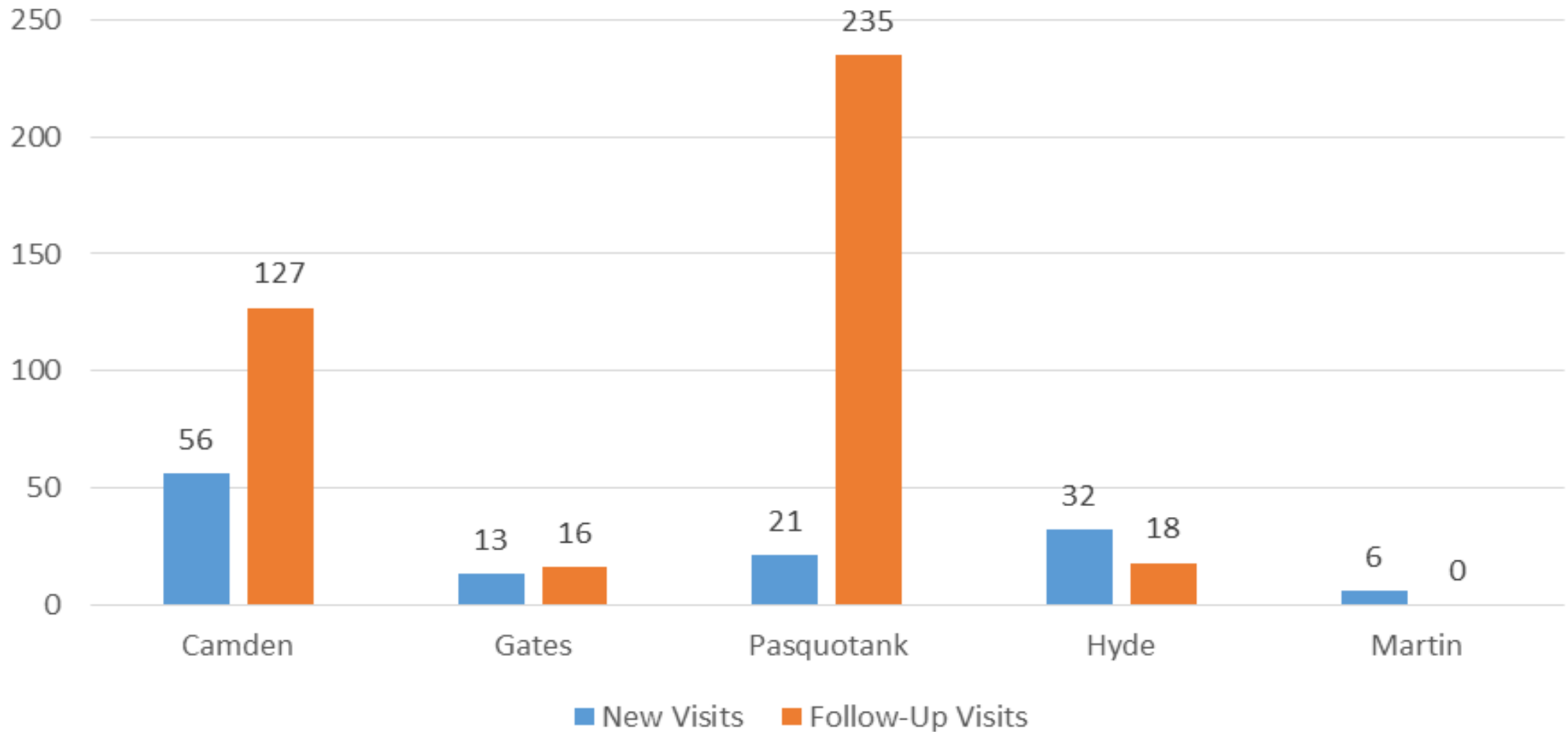
by provider type

January - March 2019



NC-STeP Community Visits by Site

New and Follow-up
January - March 2019



NC-STeP Status as of March 31, 2019

- 56 hospitals in the network. 53 live.
- 36,959 total psychiatry assessments since program inception
- 4,942 IVCs overturned
 - Cumulative return on investment = \$26,686,800
(savings from preventing unnecessary hospitalizations)
- Eight Clinical Provider Hubs with 54 consultant providers
- Administrative costs below industry standard
- Over 30% of the patients served had no insurance coverage



East Carolina University
CENTER FOR TELEPSYCHIATRY



NC-STEP

Contact

Sy Atezaz Saeed, M.D., M.S., FACPsych
Professor and Chairman

Department of Psychiatry and Behavioral Medicine
Brody School of Medicine | East Carolina University

Director

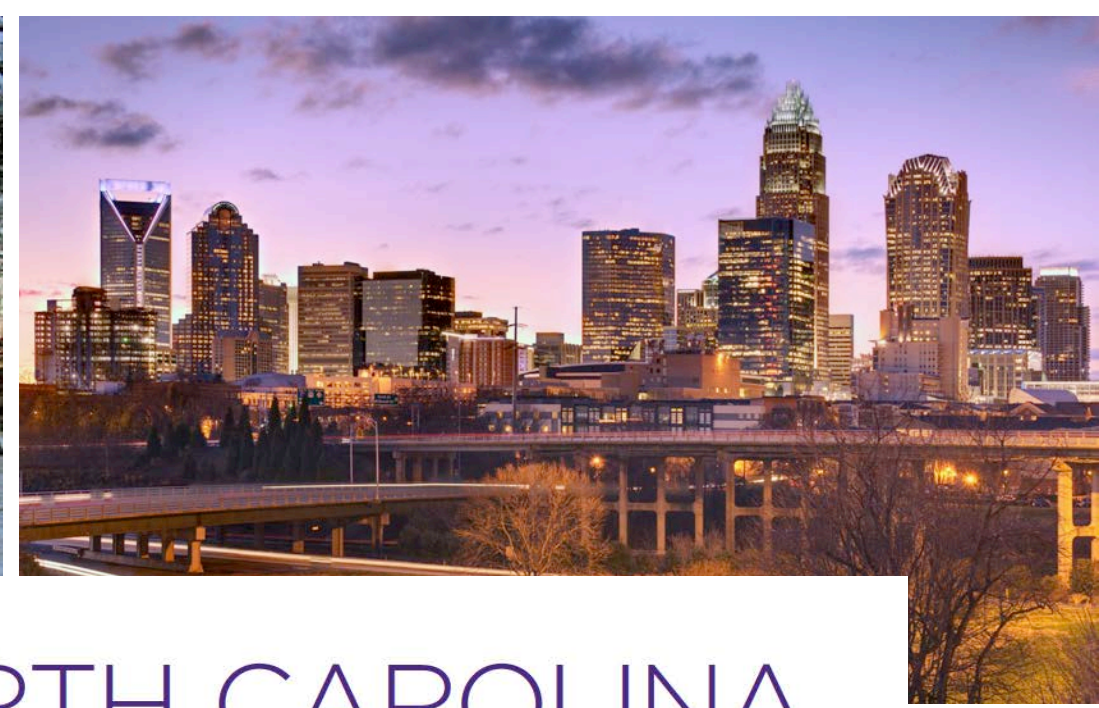
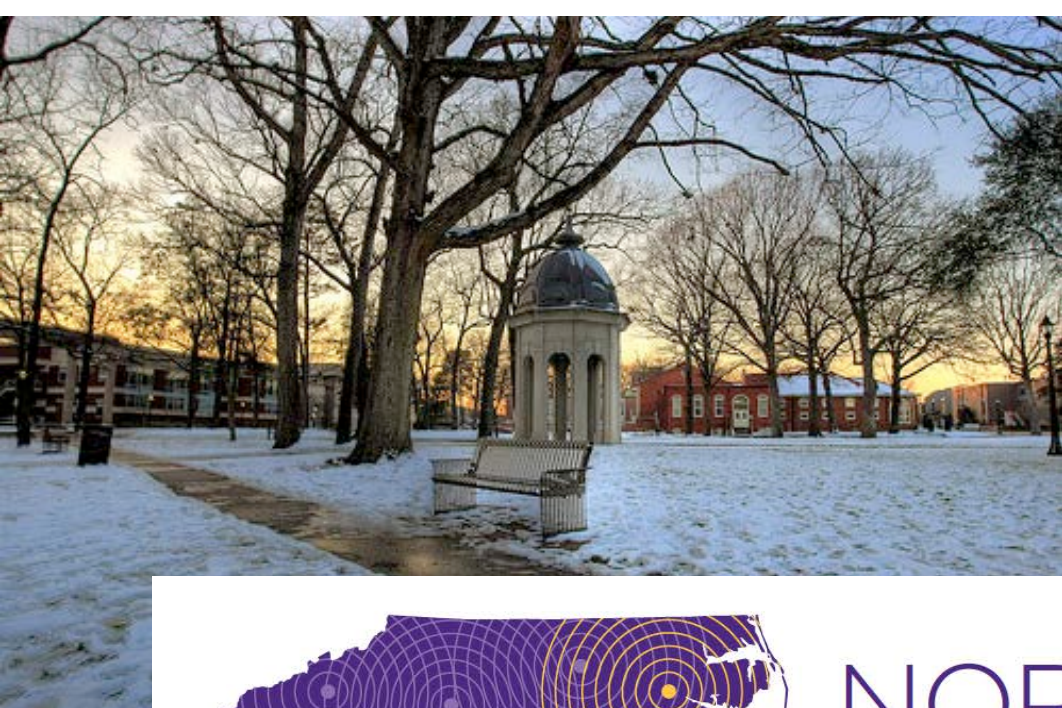
North Carolina Statewide Telepsychiatry Program (NC-STEP)

Phone: 252.744.2660 | e-mail: saeeds@ecu.edu

Website: <http://www.ecu.edu/psychiatry>

Mail: 600 Moye Boulevard, Suite 4E-100,
Greenville, NC 27834





NORTH CAROLINA

STATEWIDE TELEPSYCHIATRY PROGRAM

