



NORTH CAROLINA  
STATEWIDE TELEPSYCHIATRY PROGRAM

# Quarterly Progress Update



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Brody School of Medicine - East Carolina University

*Director*

North Carolina Statewide Telepsychiatry Program (NC-STeP)





**NC-STeP Advisory Council Meeting**

Friday December 13, 2019

1:00 pm – 3:00 pm

North Carolina Psychiatric Association  
4917 Waters Edge Drive, Suite 250  
Raleigh, NC 27606

**Agenda**

1:00- 1:10 p.m.	Welcome
1:10- 1:15 p.m.	Review and Approval of September 10, 2019 Minutes
1:15- 2:15 p.m.	NC-STeP FY20-Q1 (Jul-Sept) Performance Data
2:15- 2:30 p.m.	Update on Community-Based Pilot(s)
2:30- 2:40 p.m.	Old Business <ul style="list-style-type: none"><li>• Legislative Funding for next fiscal year</li><li>• Startup Costs Allocation and an Annual Base Subscription for Hospitals</li></ul>
2:40- 2:45 p.m.	New Business
2:45- 2:50 p.m.	Announcements
3:00 p.m.	Adjourn

**[Join WebEx meeting](#)**

Meeting number (access code): 734 201 897

**Join from a video system or application**

Dial [734201897@ecu.webex.com](mailto:734201897@ecu.webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

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Tap to call in from a mobile device (attendees only)

[+1-415-655-0003](tel:+14156550003) US Toll

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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. Richard P. Smith, 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. Kalyan Muppavarapu, MD, MPH, 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: July - September 2019

- 53 hospitals were live, as of 9/30/19 with 27 hospitals reporting Telepsychiatry patients in their ED
  - not all live hospitals had telepsychiatry patients
- Total number of assessments for this quarter = 1,131
- Total number of encounters for this quarter = 1,034

# NC-STeP Quality Management and Outcomes Monitoring Processes: July - September 2019


- The Median Length of Stay was 27.2 hours
- The Average Length of Stay was 45.8 hours
  - 44.8 hours for those discharged to home
  - 45.9 hours for those transferred to another facility
- Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 3 hours and 9 minutes.

# NC-STeP Quality Management and Outcomes Monitoring Processes: July – September 2019

- 574 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  - 219 (38.2%) of those patients did not have an IVC in place when discharged.
- Of the ED patients who received telepsychiatry services, 46.6% were discharged to home. 47.0% were discharged to another facility.

## Notes:

- Bladen, Novant, and Cone hospitals did not submit data for this quarter.

	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
<b>Total Patient Encounters</b>	28,814	3,622	1,461	1,139	1,034	
<b>Model 1 Hospital Patient Encounters</b>	18,253	1,473	509	502	474	
<b>Model 2 Hospital Patient Encounters</b>	10,561	2,149	952	637	560	
<b>Total Number of Assessments</b> (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)	39,353	3,974	1,594	1,268	1,131	

# NC-STeP Benchmarks



Goals	Values Reached		
Cumulative Target to be reached by (06/30/2020)	Value Reached as of most recent previous quarter (06/30/2019)	Value Reached as of this reporting quarter (09/30/2019)	Year-to-Date Total with % of the Yearly Target (09/30/2019)
<b>Number of IVCs</b>	2,774	2,887	574 20.7% of Yearly Target
<b>Number of IVCs Overturned</b>	1,190	1,181	219 18.4% of Yearly Target
<b>Total Number of Assessments</b> (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)	6,805	6,695	1,131 16.6% of Yearly Target



# NC-STeP Status as of September 30, 2019

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2019	TARGET TO BE REACHED BY 06/30/2020	VALUES/MEASURES REACHED AS OF 09/30/2019
1. The number of full-time equivalent (FTE) positions supported by these contracts	2.75 FTEs	4.02 FTEs	3.60 FTEs
2. The number of overturned involuntary commitments (inpatient admission prevented)	922	1,190	219 in this quarter YTD Total 219 Cumulative total since program inception 5,420
3. The number of participating consultant providers	54	48	53



# NC-STeP Status as of September 30, 2019

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2019	TARGET TO BE REACHED BY 06/30/2020	VALUES/MEASURES REACHED AS OF 09/30/2019
4. The number of telepsychiatry assessments conducted.	5,252	6,805	1,131 in this quarter YTD Total 1,131 Cumulative total since program inception 39,533
5. The number of telepsychiatry referring sites	56	56	57 53 Live
6. The reports of involuntary commitments to enrolled hospitals	2,143	2,774	574 in this quarter YTD Total 574 Cumulative total since program inception 16,392



# NC-STeP Status as of September 30, 2019

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2019	TARGET TO BE REACHED BY 06/30/2020	VALUES/MEASURES REACHED AS OF 09/30/2019
7. The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions.	46.7 hours	55 hours	QTD Average = 45.8  QTD Median = 27.2
8. The rate of "satisfied" or "strongly satisfied" among emergency department staff participating in NC-STeP.	78%	78%	63%

# NC-STeP Status as of September 30, 2019

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2019	TARGET TO BE REACHED BY 06/30/2020	VALUES/MEASURES REACHED AS OF 09/30/2019
9. The rate of "satisfied" or "strongly satisfied" among hospital CEOs/COOs participating in NC-STeP.	100%	100%	Response too small to calculate
10. The rate of "satisfied" or "strongly satisfied" among consulting (hub) providers participating in NC-STeP.	100%	100%	88%

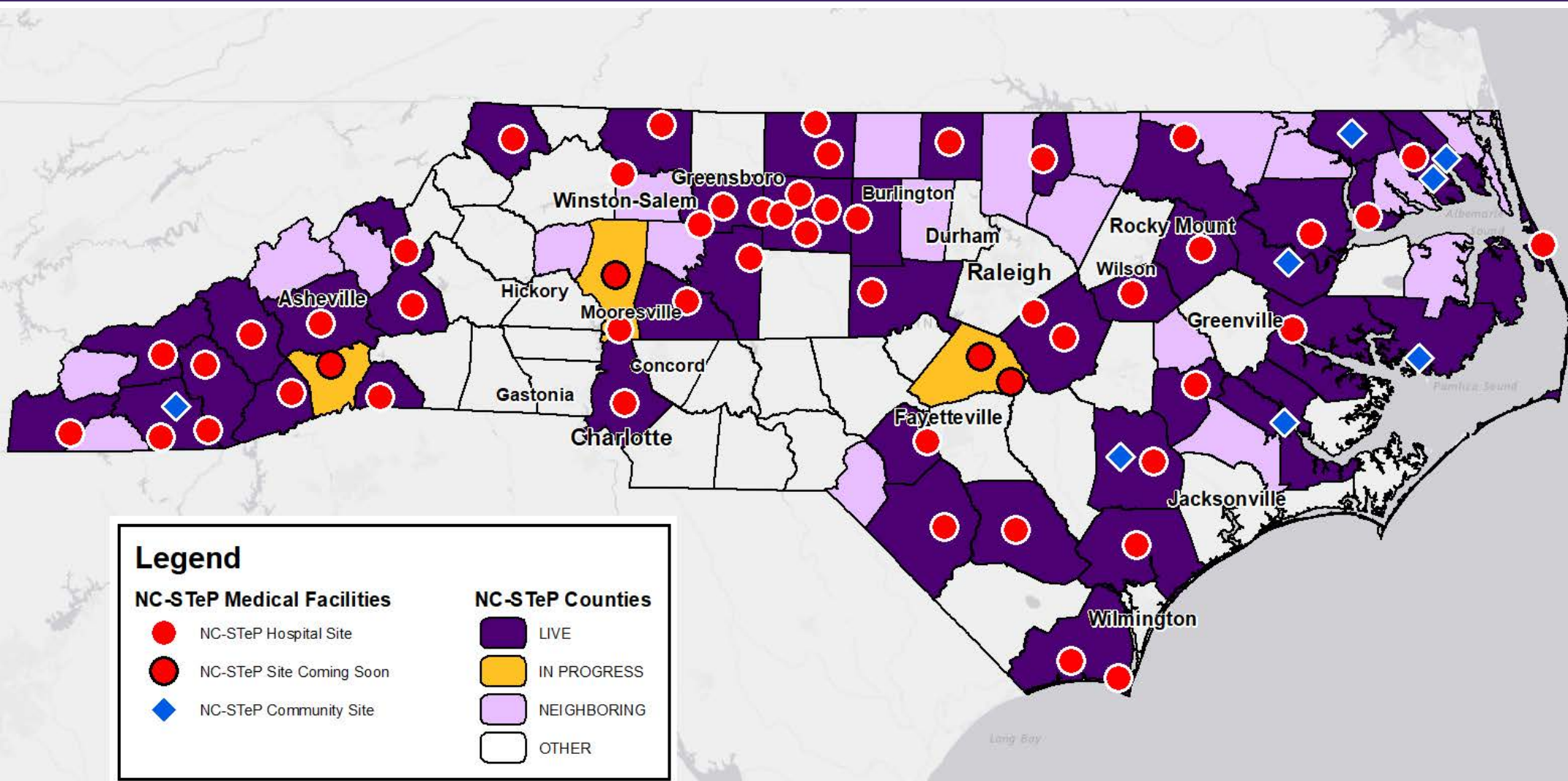


# NC-STeP Status as of September 30, 2019

EVALUATION CRITERIA	BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2019	TARGET TO BE REACHED BY 06/30/2020	VALUES/MEASURES REACHED AS OF 09/30/2019
11. The rate of "satisfied" or "strongly satisfied" among emergency department physicians participating in the statewide telepsychiatry program.	72%	85%	64%
12. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments (inpatient admission prevented)	\$4,978,800	\$6,463,800	\$1,182,600  YTD Average \$1,182,600  Cumulative average since program inception \$29,268,000

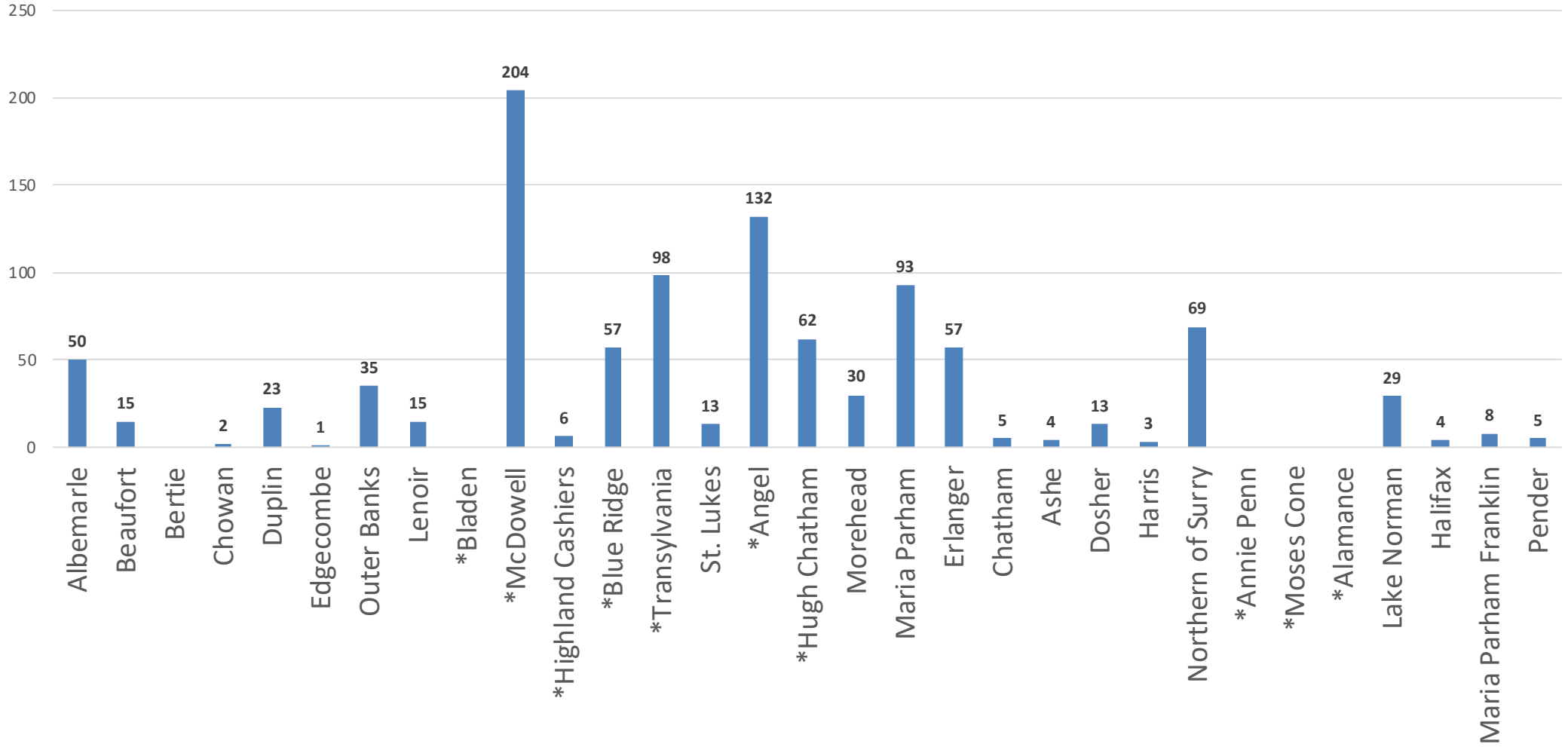


# NC-STeP Status as of September 30, 2019



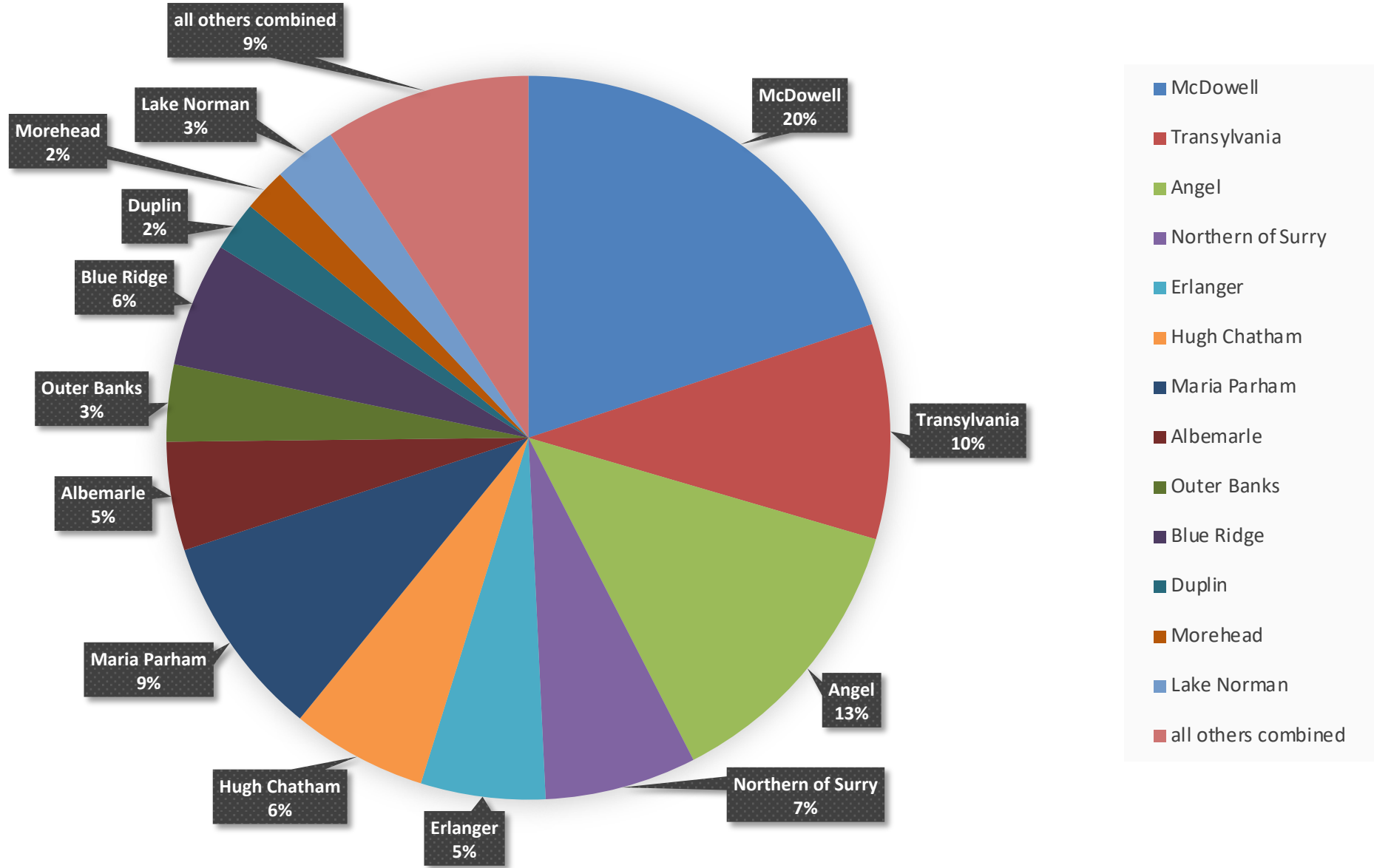
# Number of NC-SteP Patients by Hospital

July - September 2019



# Percent of use by Hospital Jul-Sep 2019

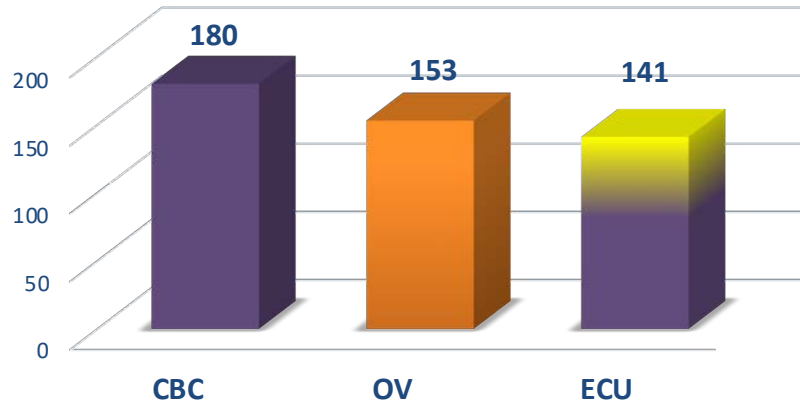
(based on number of patient encounters)



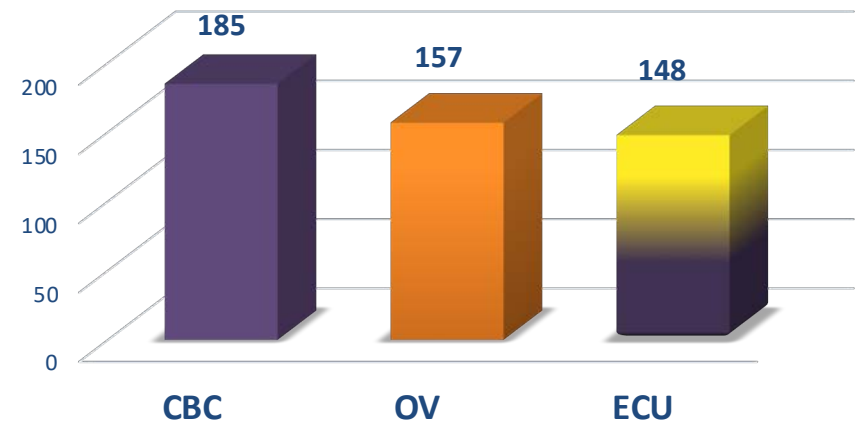


# Number of Patients by Provider (Model 1)

Jul-Sep 2019

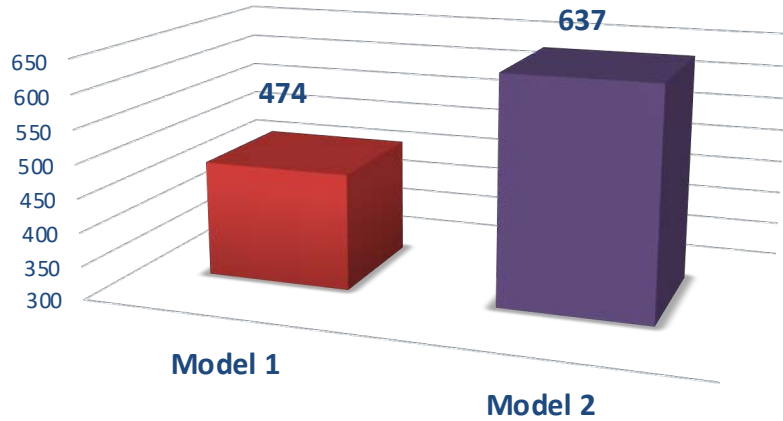


Apr-Jun 2019

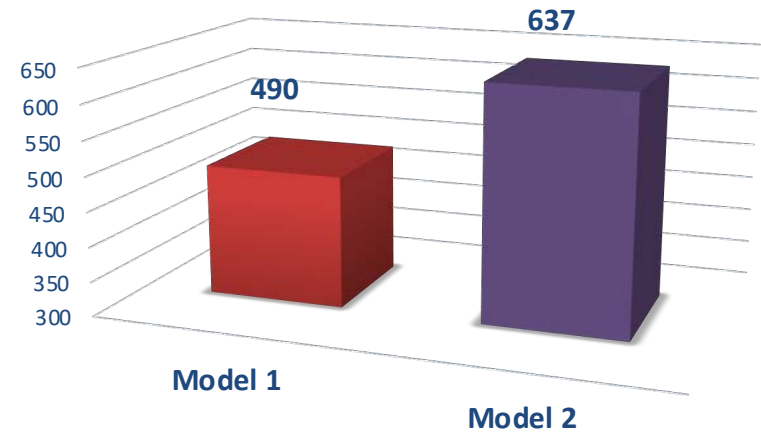


# Number of Patients by Model

Jul-Sep 2019

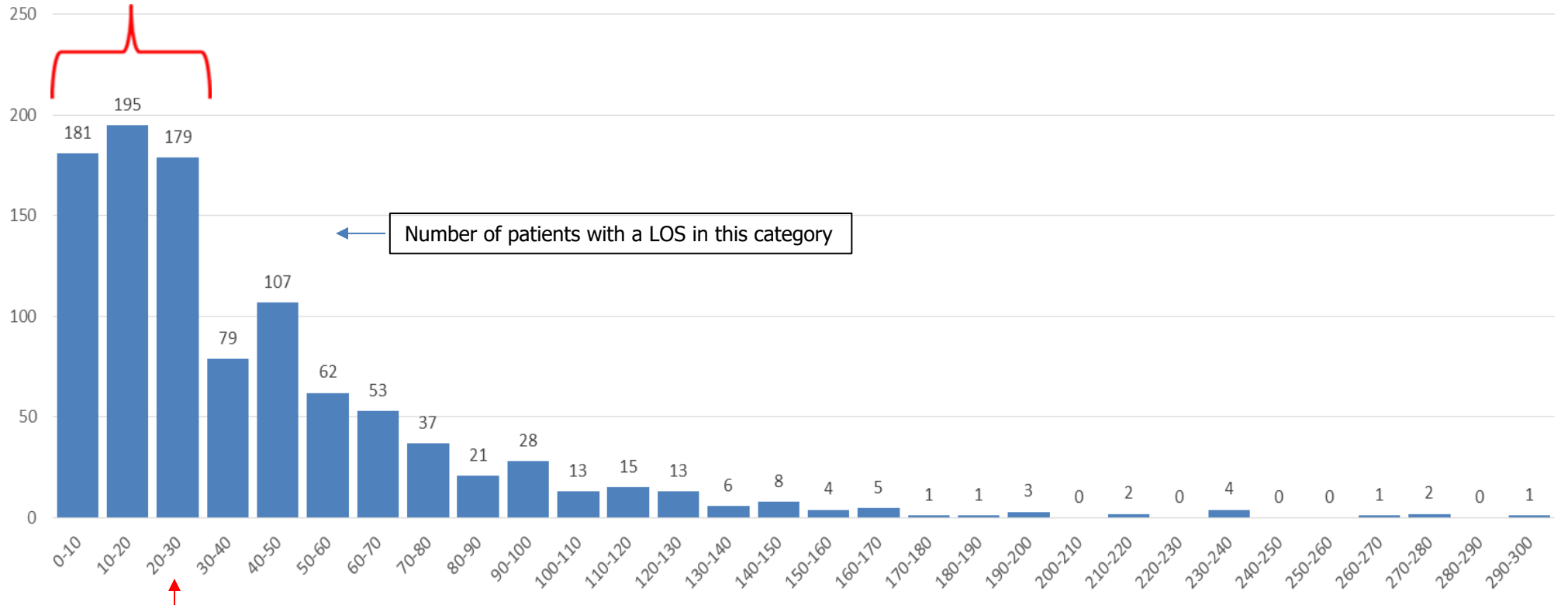


Apr-Jun 2019



## Number of NC-STEP Patients by LOS Category Jul-Sep 2019 (in hours)

53.6% percent of patients had a LOS of 30 hours or less



Median Length of Stay for Jul-Sep 2019 = 27.2 Hours

13 patients had a LOS longer than 300 hours

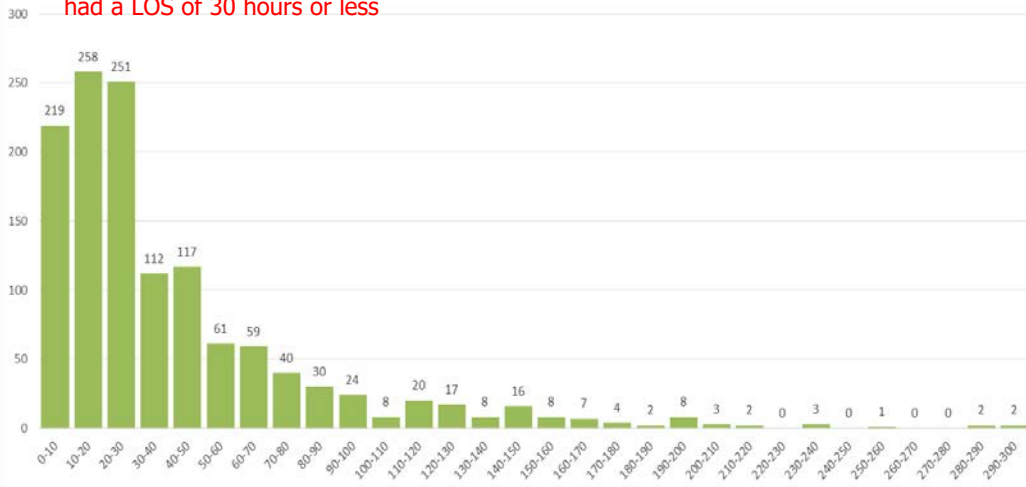


Number of NC-STeP Patients by LOS Category

Jan-Mar 2019

(in hours)

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

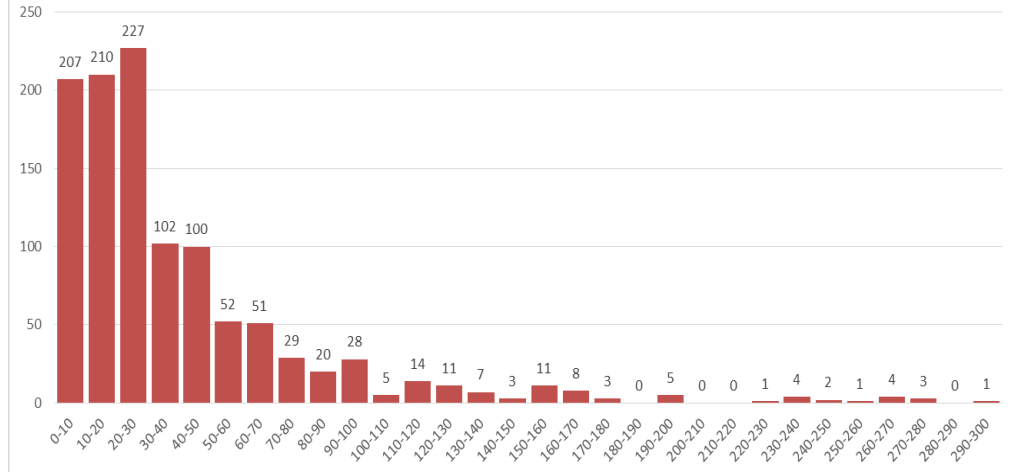


Number of NC-STeP Patients by LOS Category

Apr-Jun 2019

(in hours)

57.1% percent of patients had a LOS of 30 hours or less

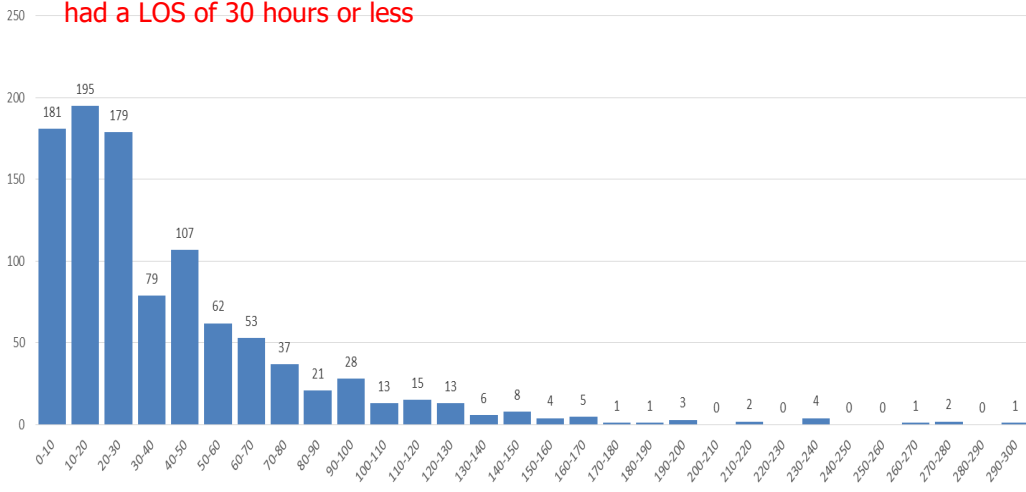


Number of NC-STeP Patients by LOS Category

Jul-Sep 2019

(in hours)

53.6% percent of patients had a LOS of 30 hours or less

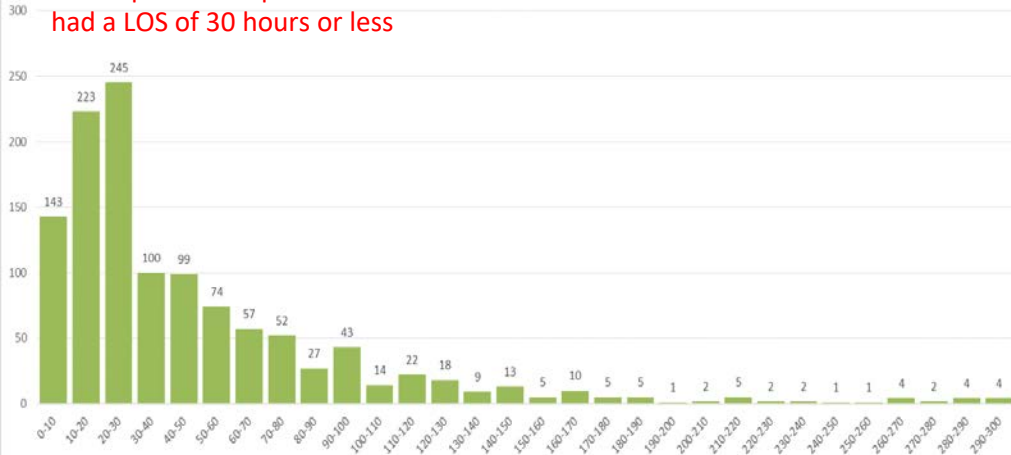


Number of NC-STeP Patients by LOS Category

January - March 2018

(in hours)

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

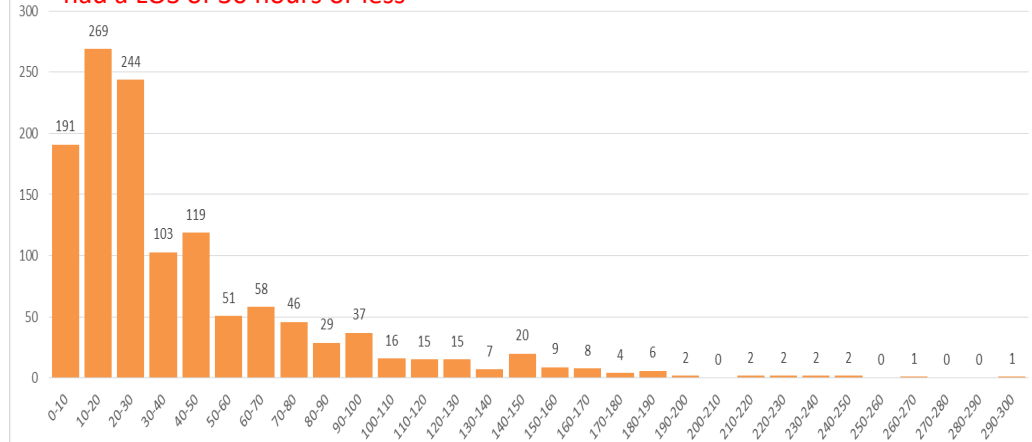


Number of NC-STeP Patients by LOS Category

April - June 2018

(in hours)

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

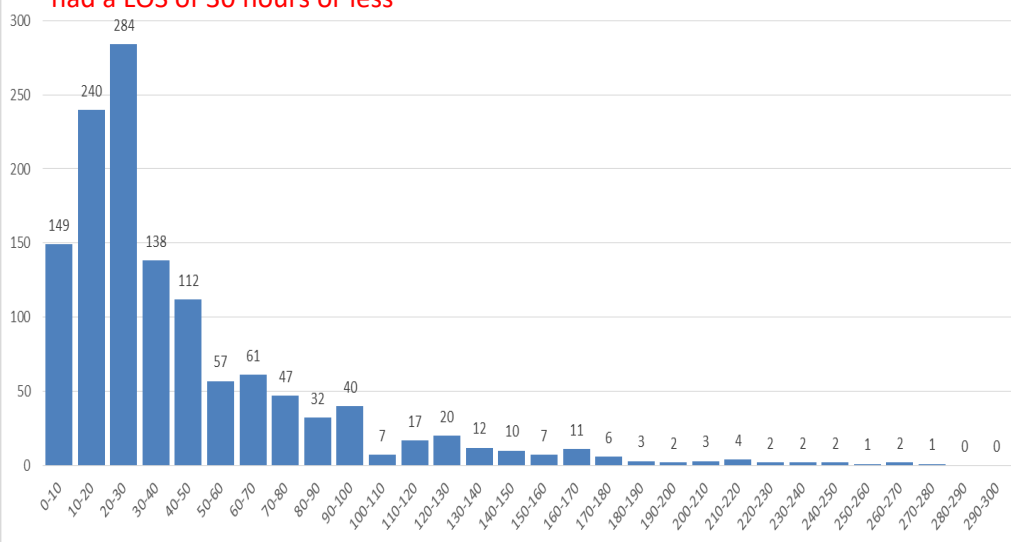


Number of NC-STeP Patients by LOS Category

July - September 2018

(in hours)

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

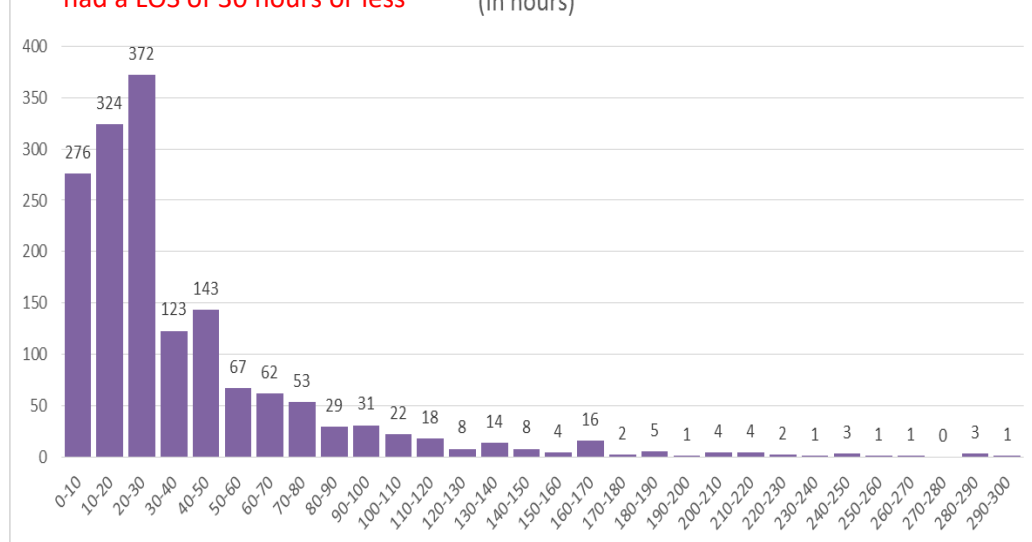


Number of NC-STeP Patients by LOS Category

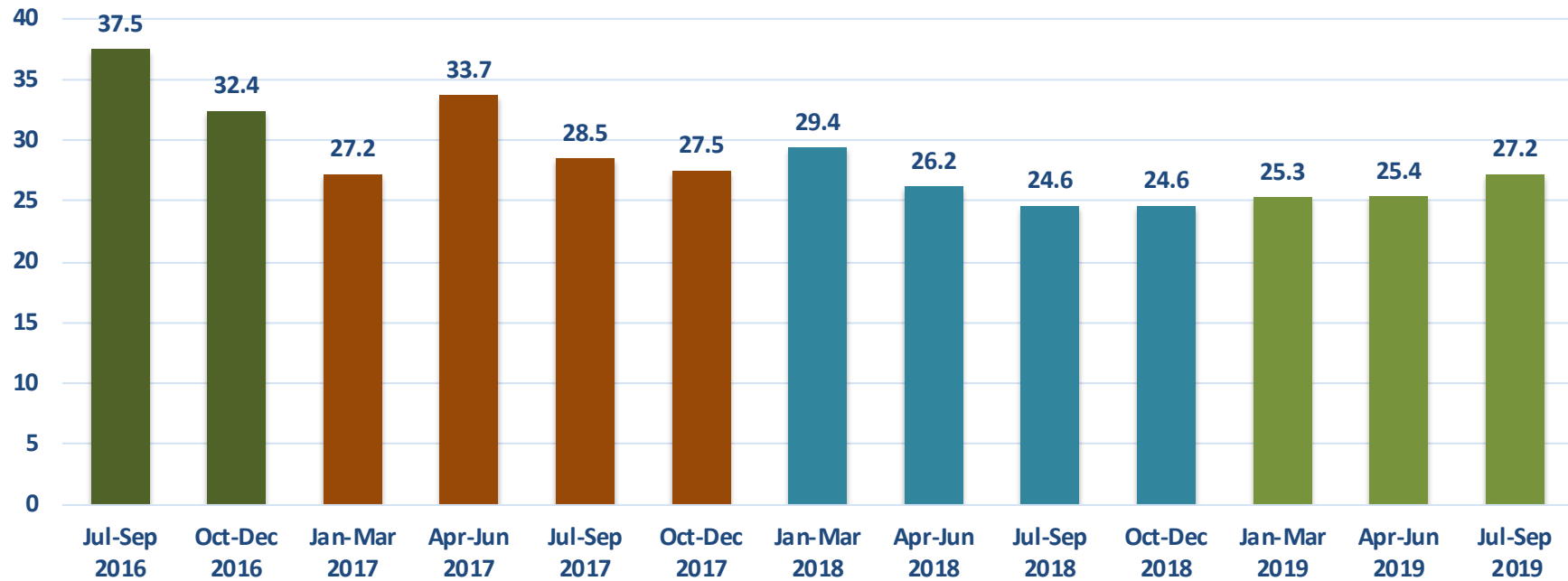
Oct-Dec 2018

(in hours)

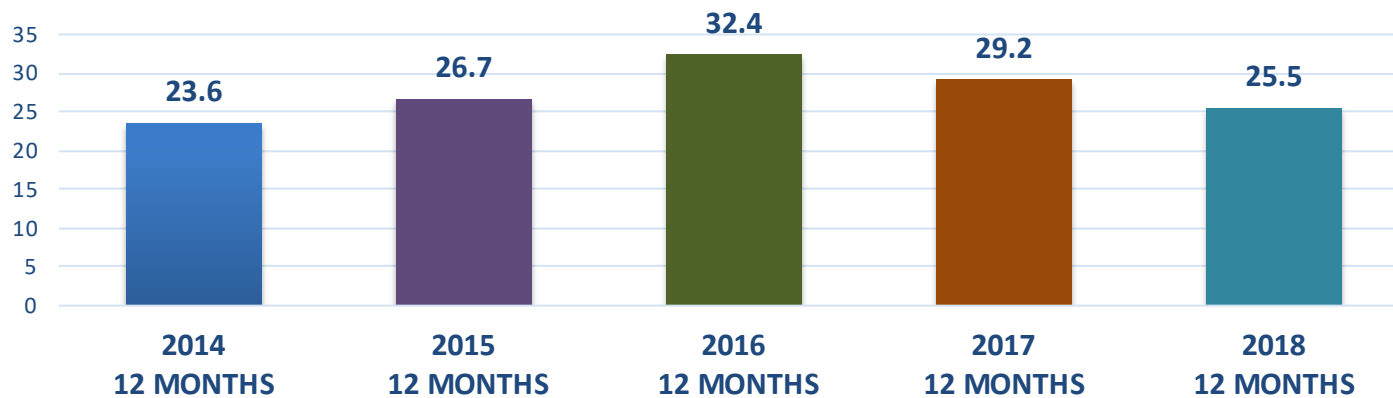
60.3% percent of patients had a LOS of 30 hours or less



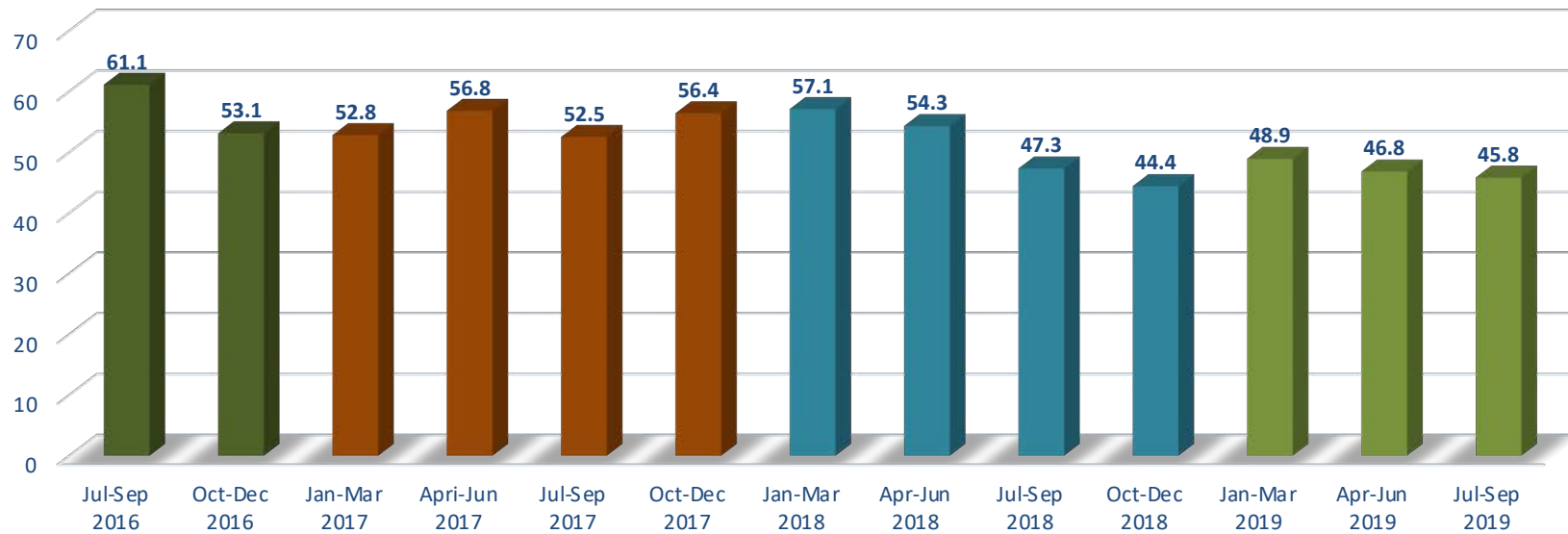
## Median Length of Stay by Quarter (in hours)



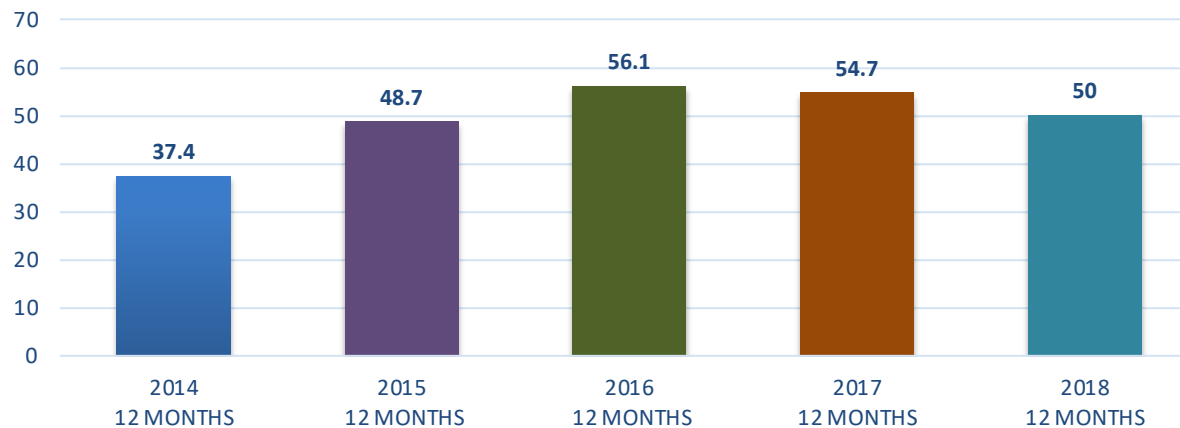
## Median Length of Stay by Year (in hours)



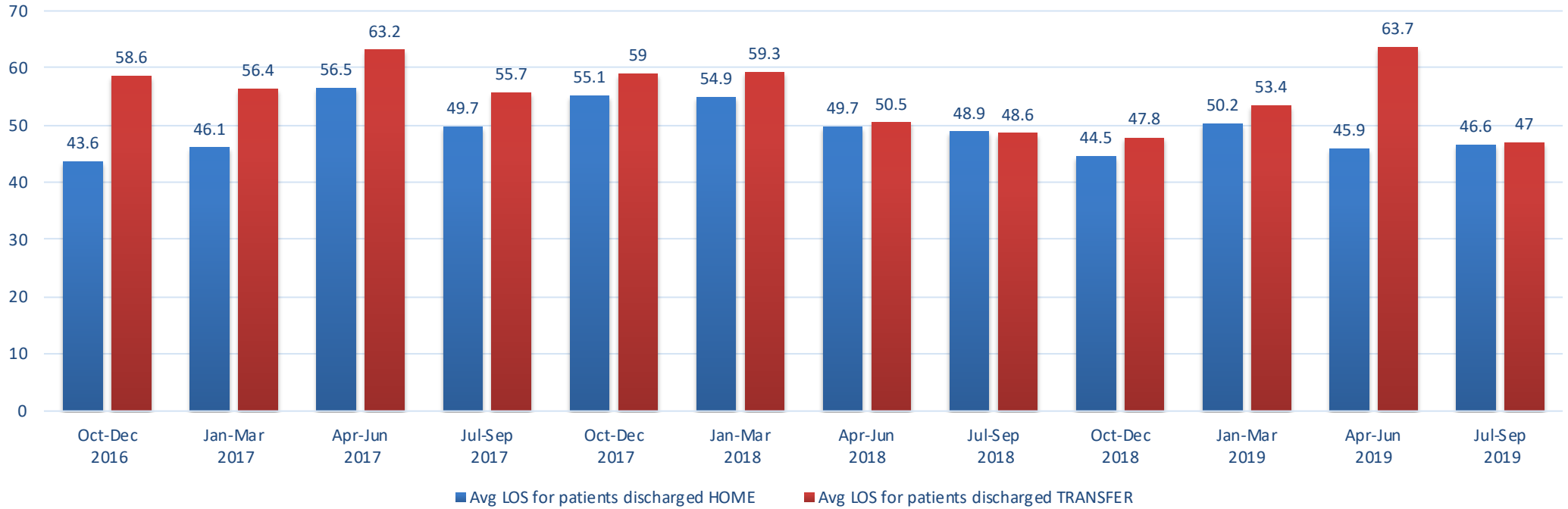
## Average Length of Stay by Quarter for Hospitals Participating in NC-STeP (in hours)



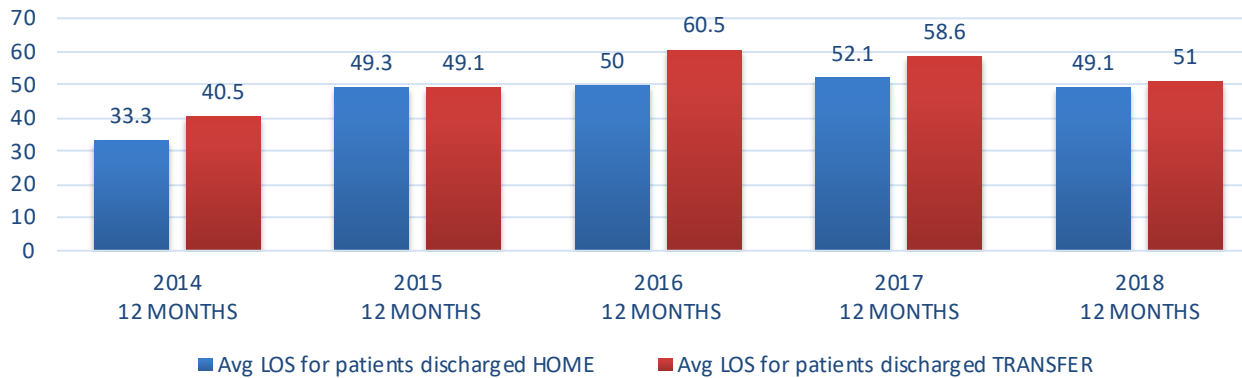
## Average Length of Stay by Year (in hours)



## Average Length of Stay by Quarter for Patients Discharged to Home or Transfer (in hours)



## Average Length of Stay by Year for Patients Discharged to Home or Transfer (in hours)

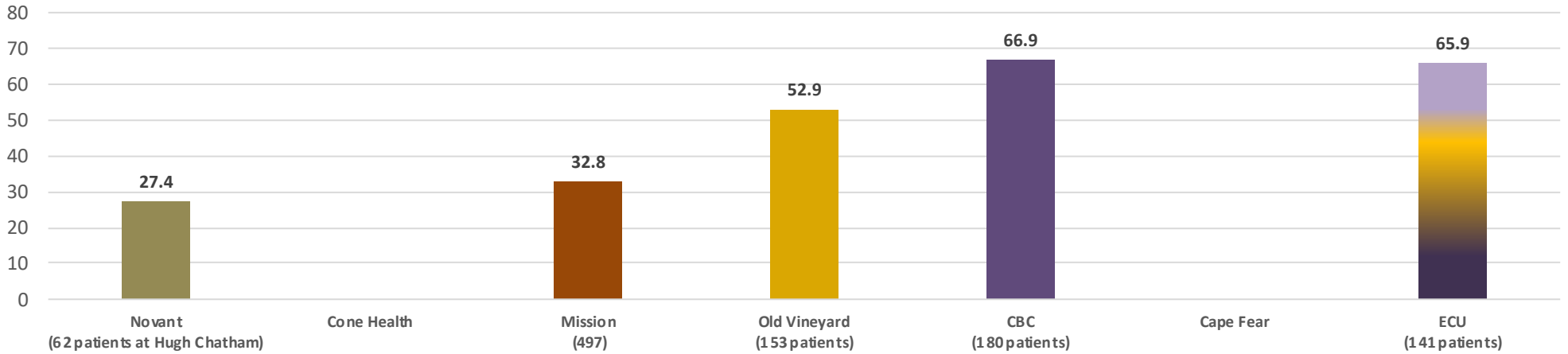




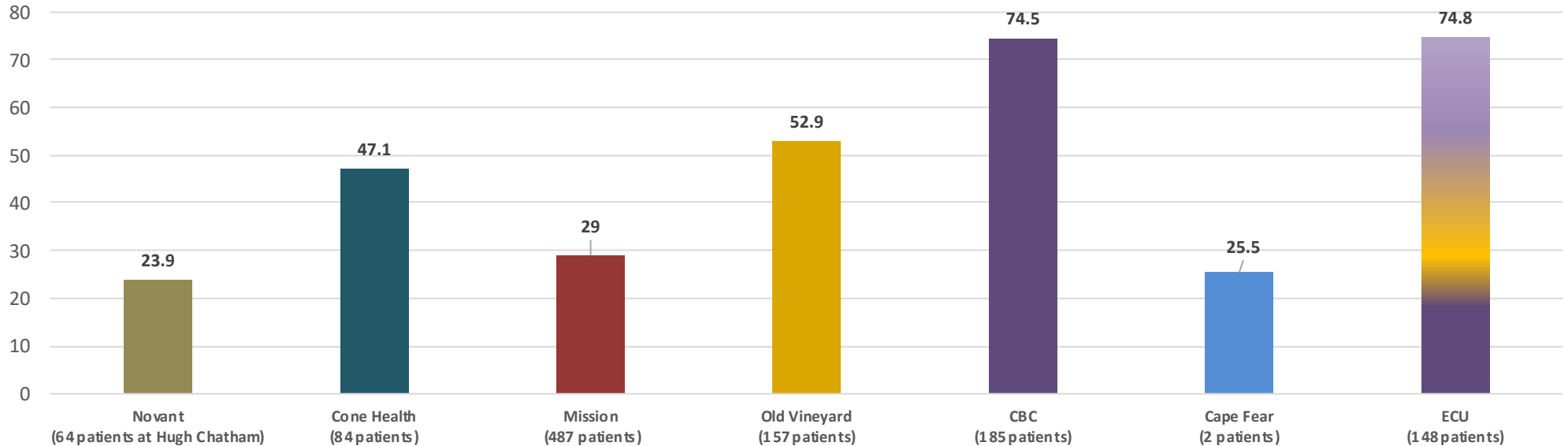
# Average Length of Stay by Provider

Jul-Sep 2019

(in hours)

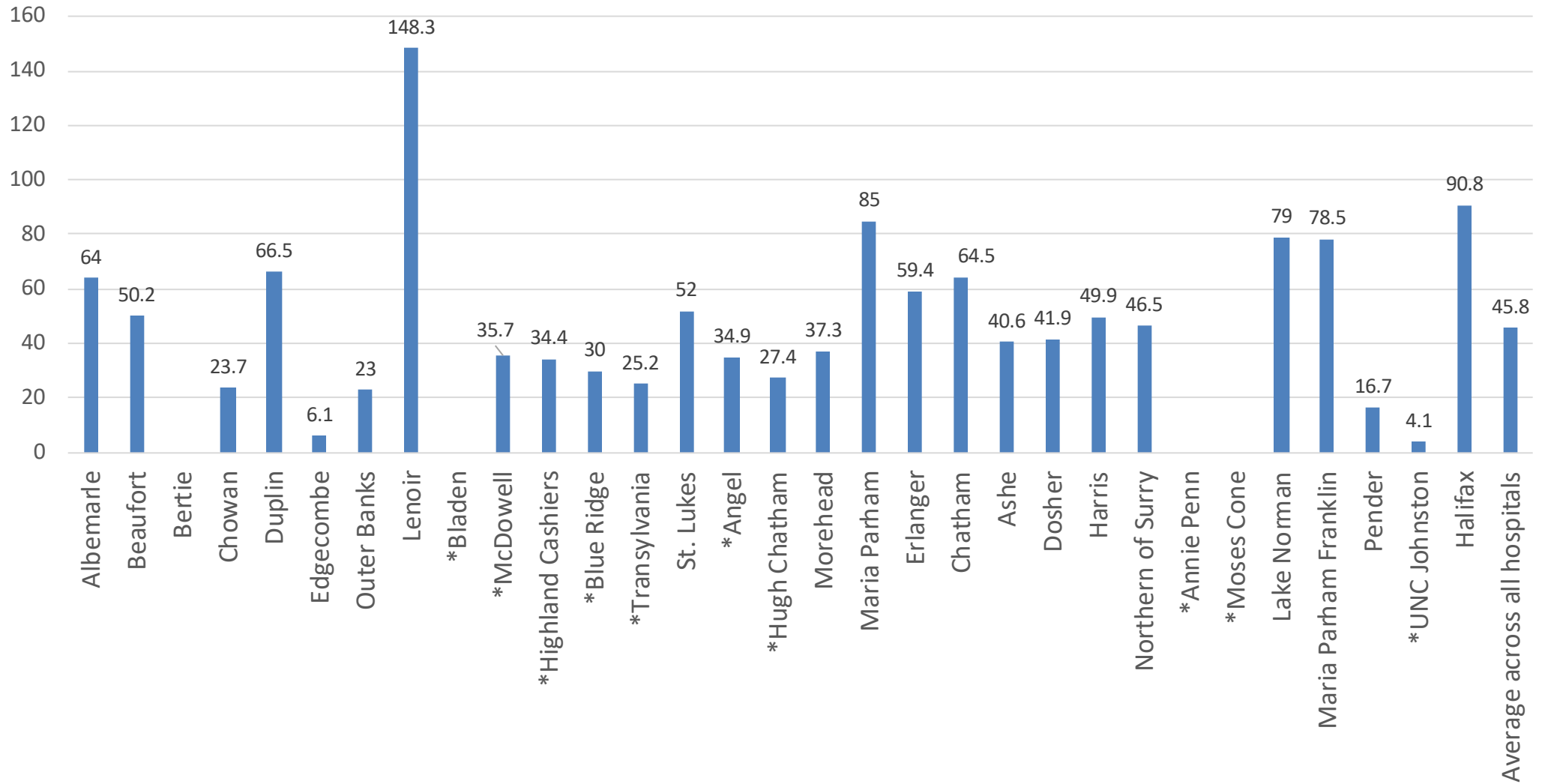


Apr-Jun 2019 (in hours)



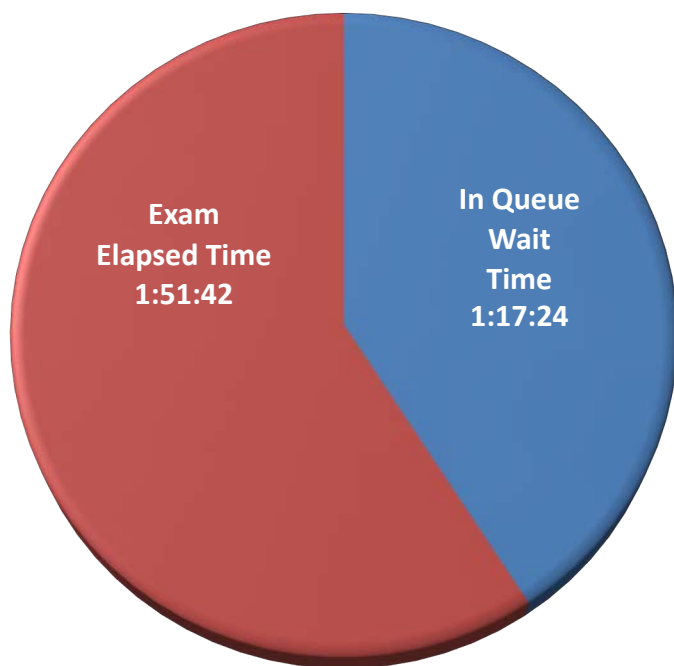
# Average Length of Stay for NC-SteP Patients by Hospital

## July - September 2019 (in hours)

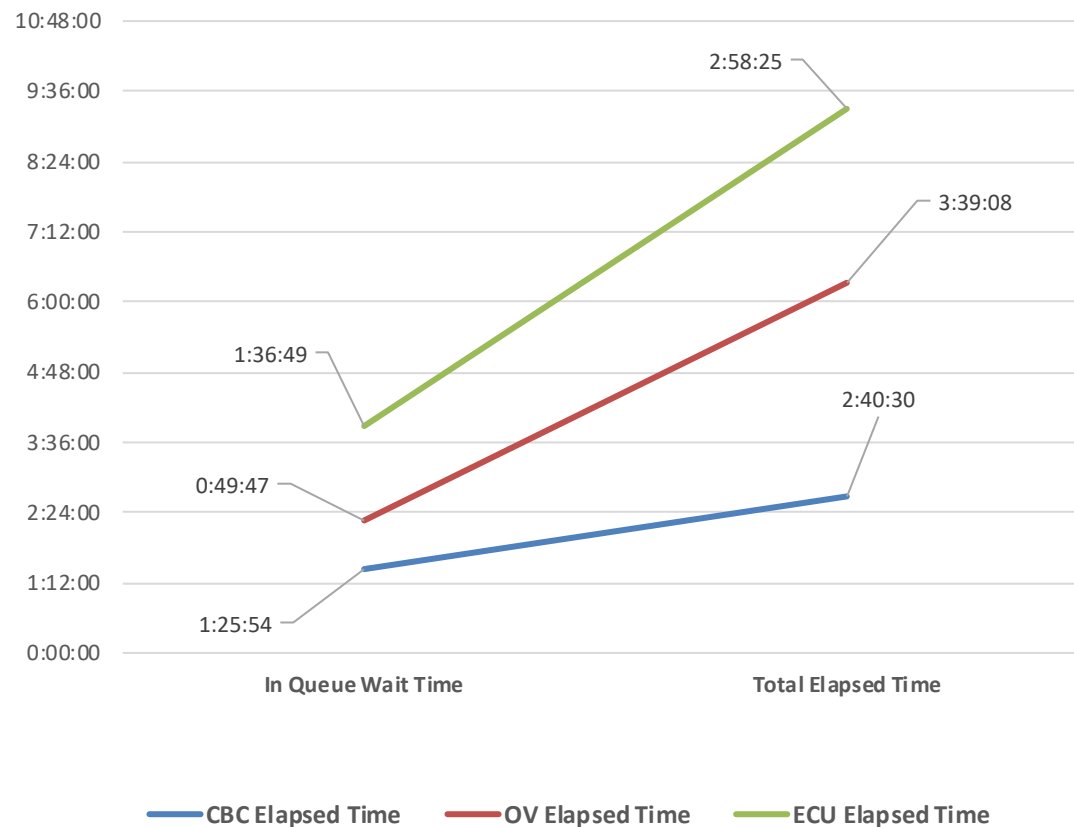


# Consult Elapsed Time: July - September 2019

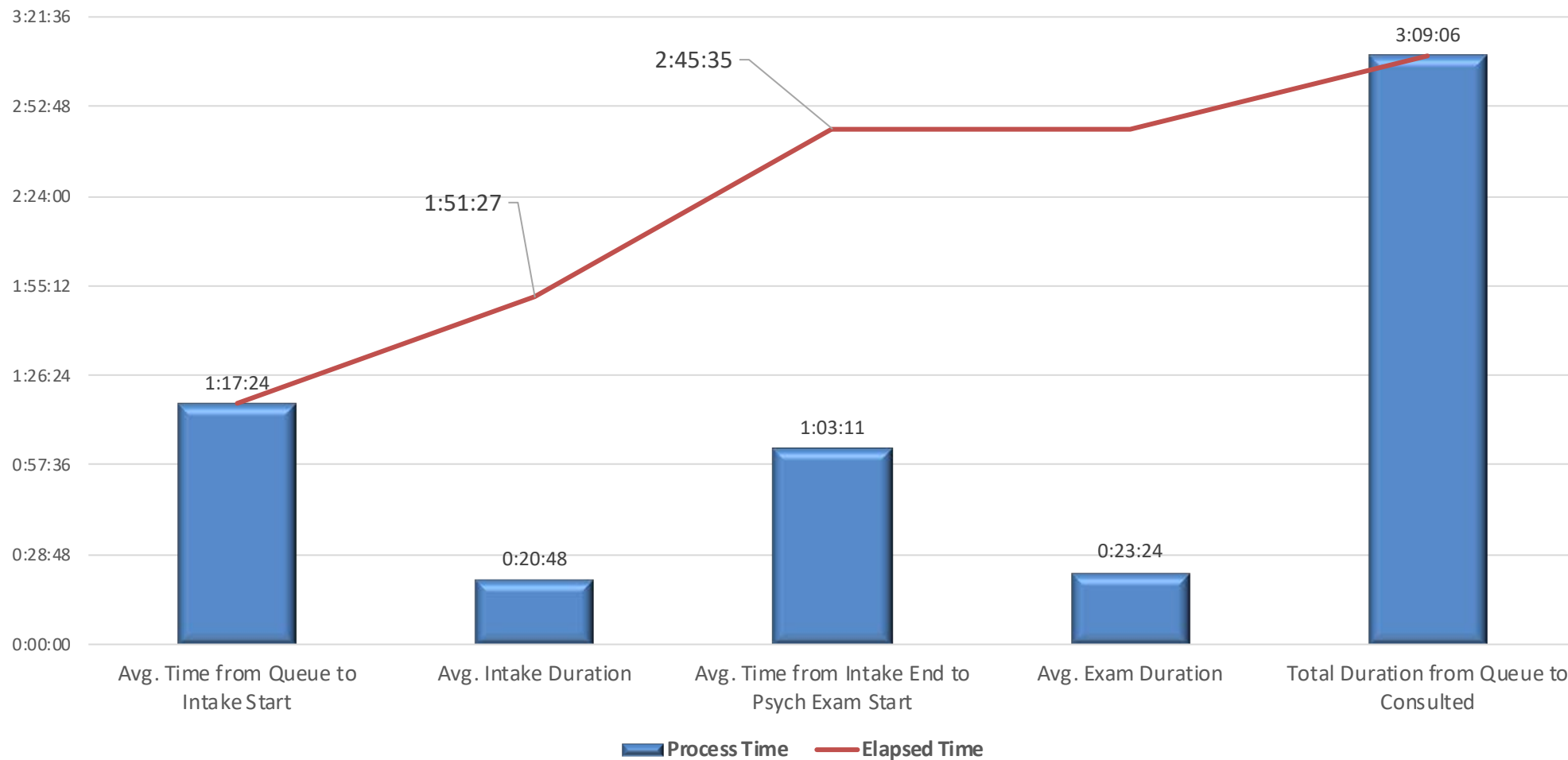
Average Consult Elapsed Time  
In Queue to Exam Complete  
(3 hrs. 9 min.)



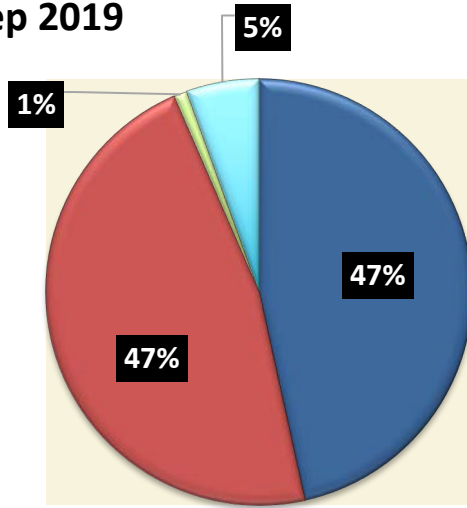
Comparison of CBC, OV & ECU  
Average Consult Elapsed Time  
In Queue to Exam Complete  
(hh:mm:ss)



# Key Processes and Elapsed Times Averages July - September 2019

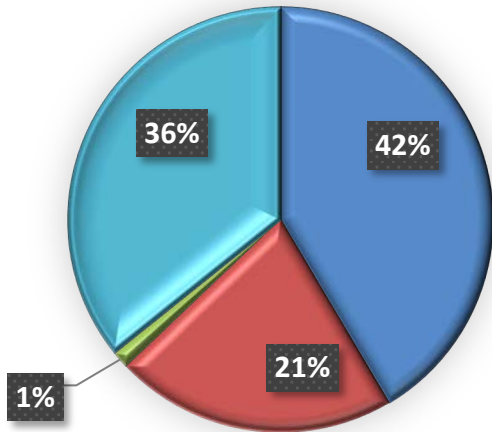


Jul-Sep 2019

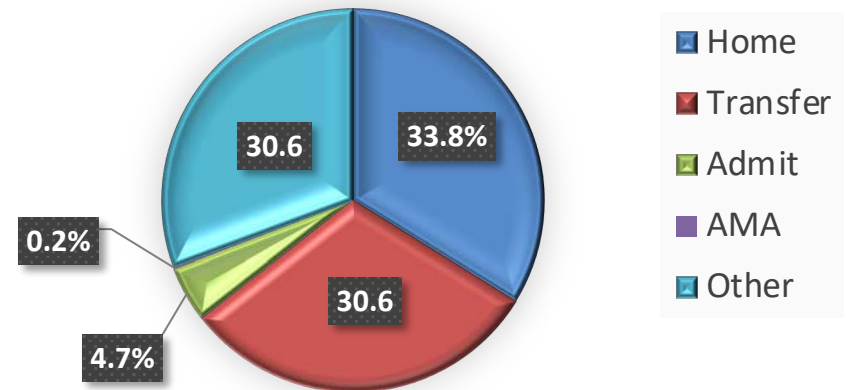


## Percent of Patients by Discharge Disposition

Apr-Jun 2019



Jan-Mar 2019

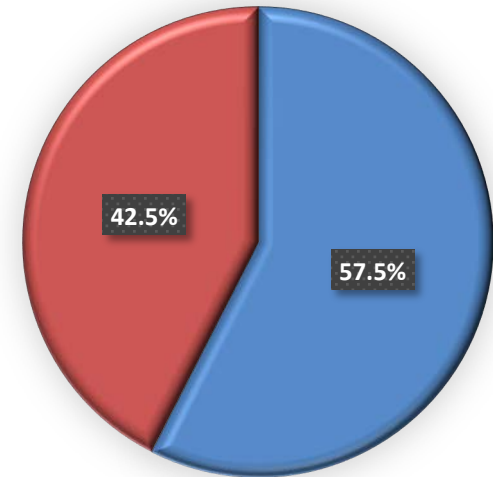


- Home
- Transfer
- Admit
- AMA
- Other

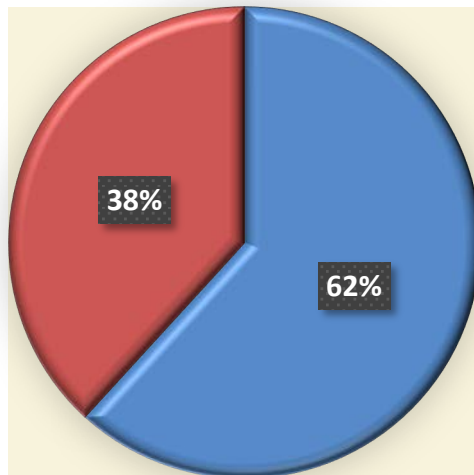
## IVCs – By Release Status

- IVCs - percent not released
- IVCs - percent released

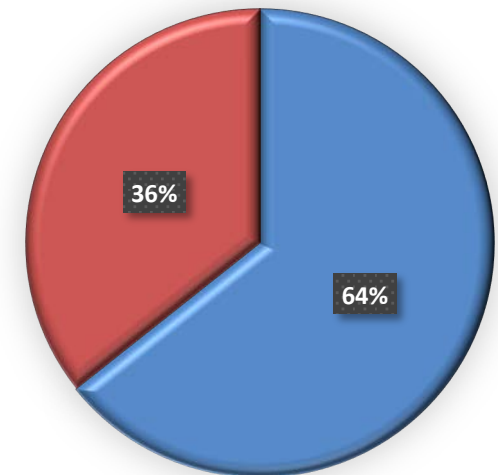
Jan-Mar 2019



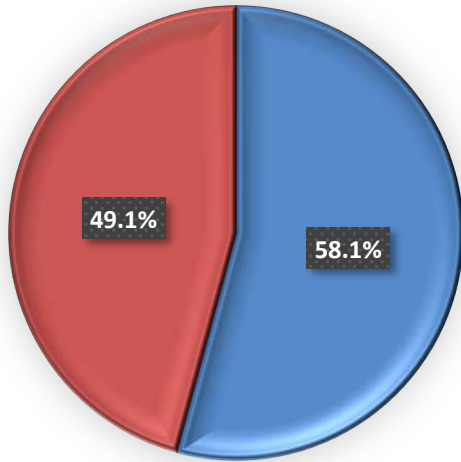
Jul-Sep 2019



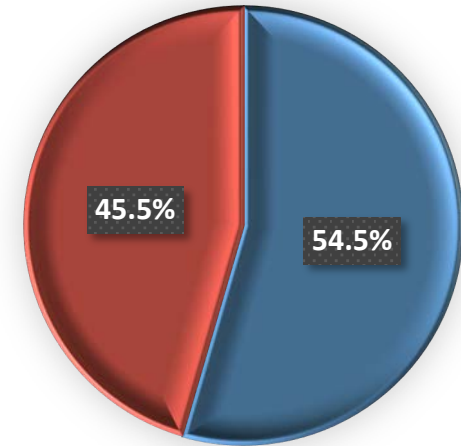
Apr-Jun 2019



Oct-Dec 2018



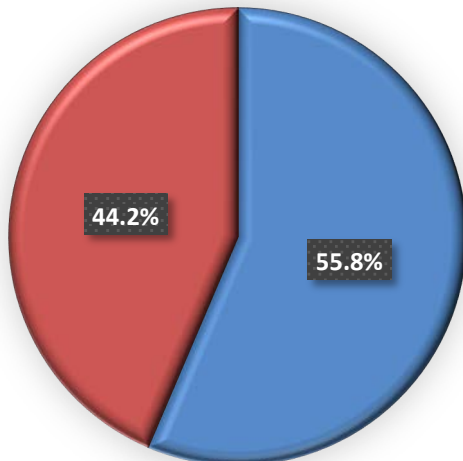
Jan - Mar 2018



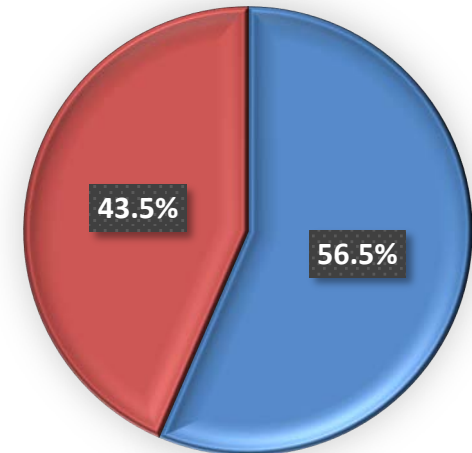
## IVCs – By Release Status

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- IVCs - percent released

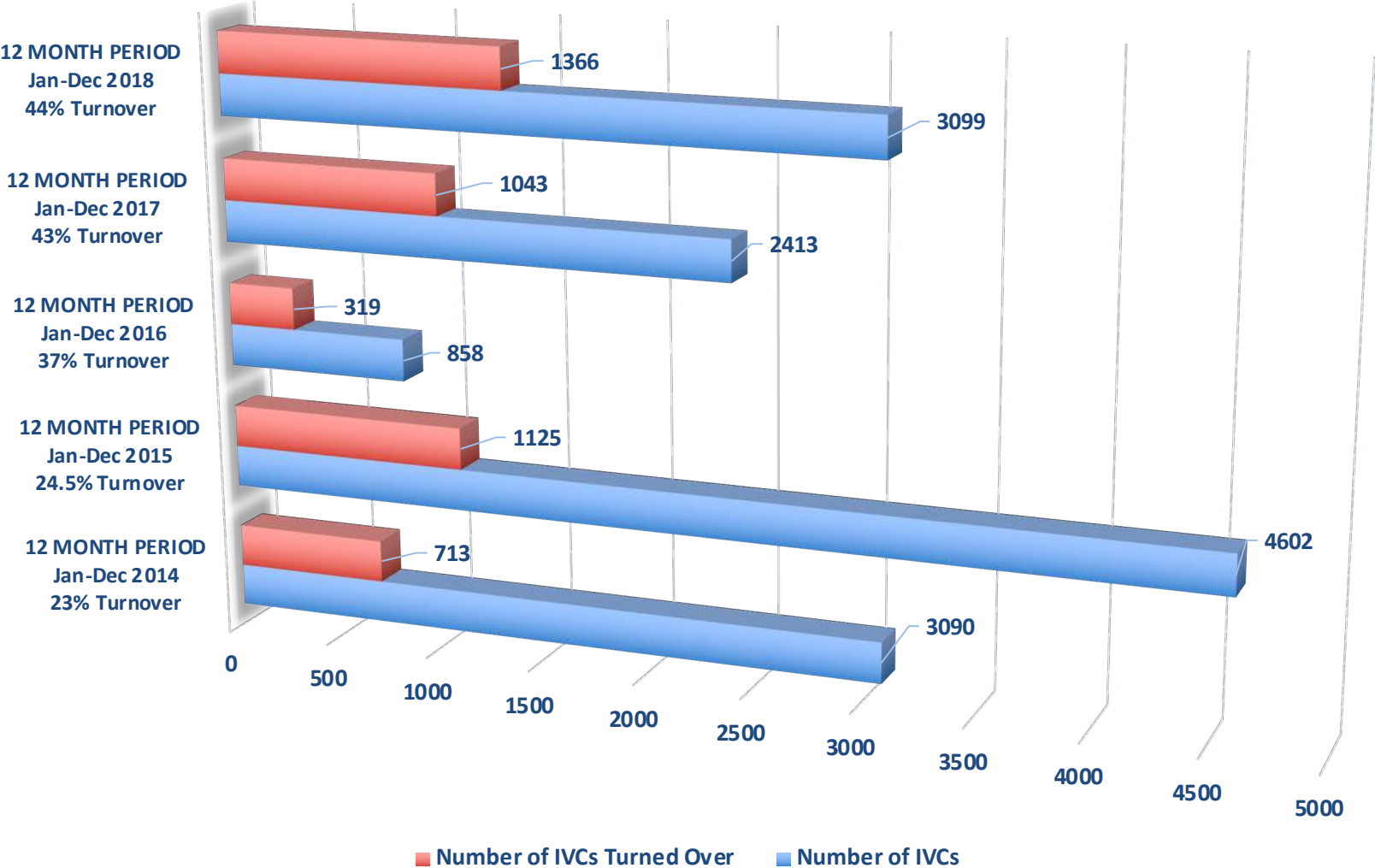
Jul-Sep 2018



Apr - Jun 2018

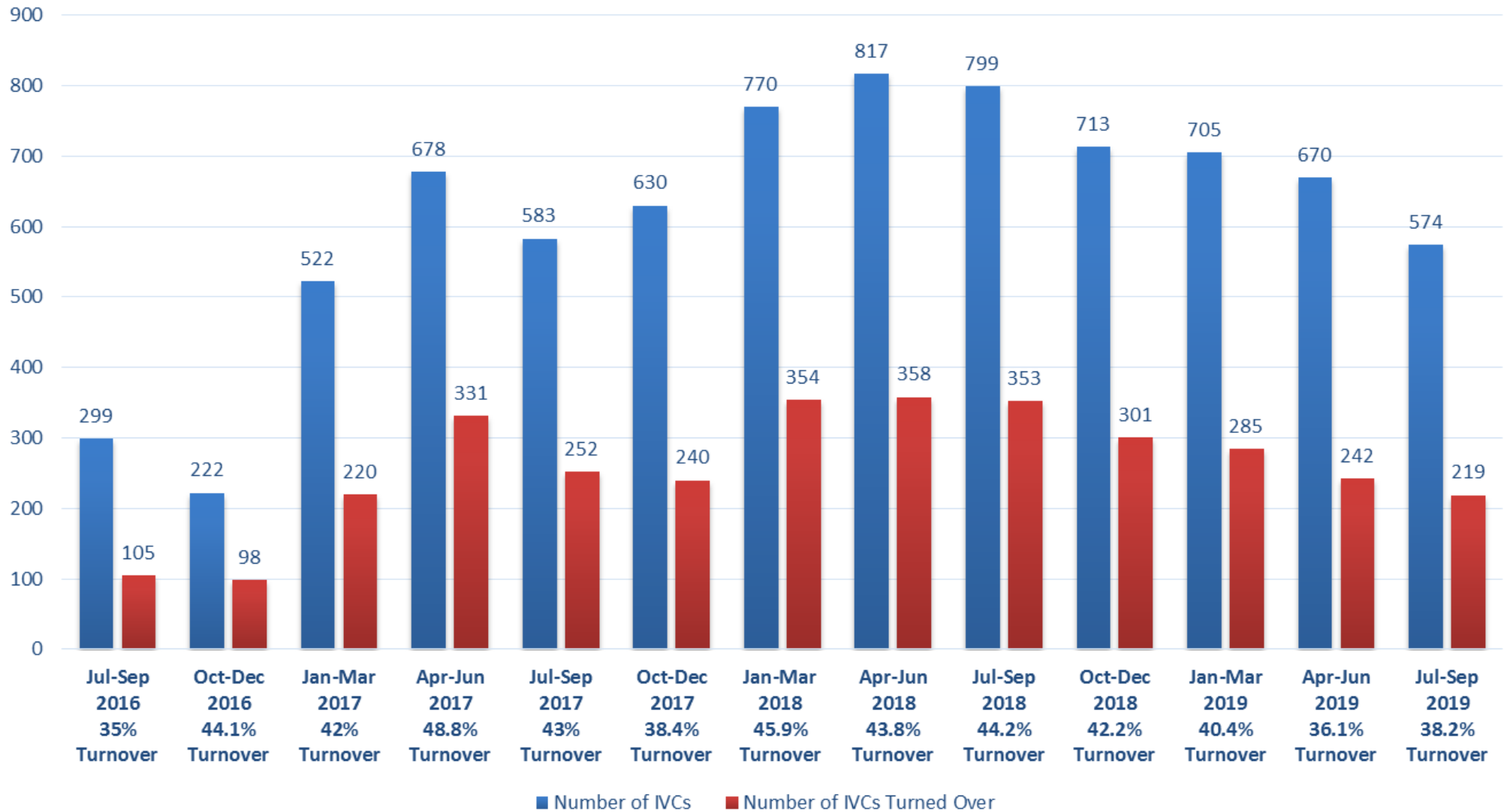


# Number of IVCs and IVCs Turned Over by Year

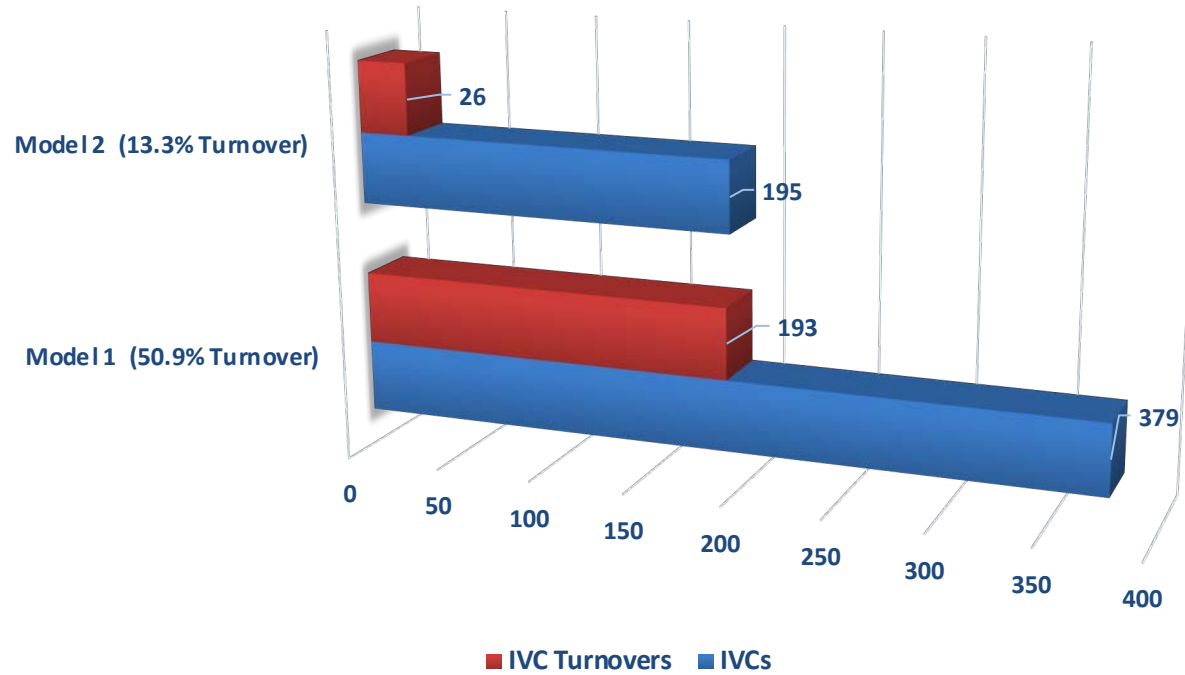




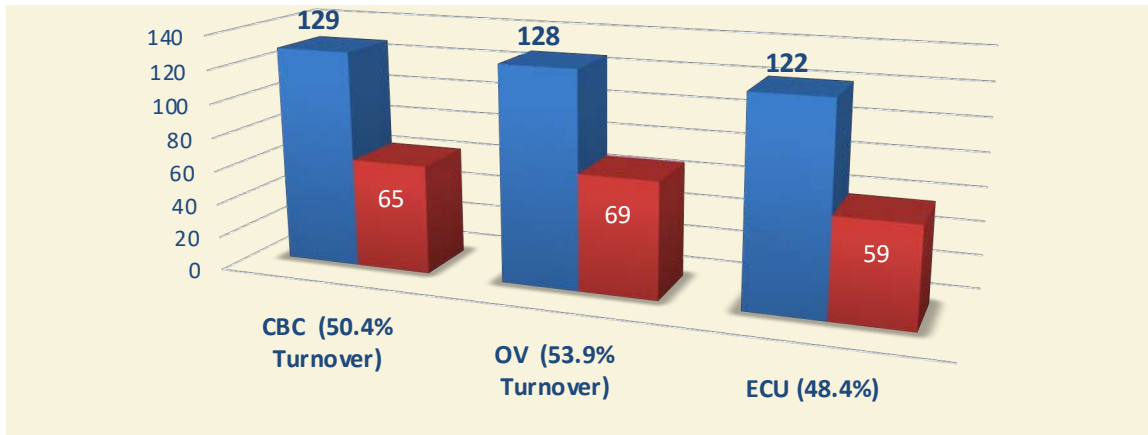
## Number of IVCs and IVCs Turned Over by Quarter



## Number of IVCs and IVC Turnovers by Model Jul-Sep 2019

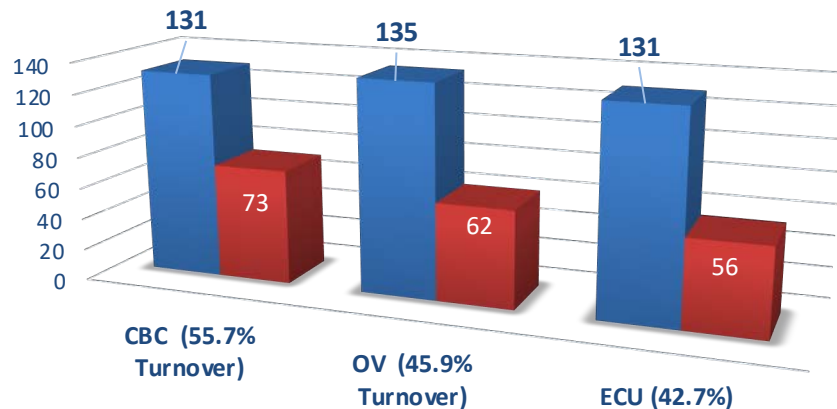


## Jul-Sep 2019



## Number of IVCs and IVC Turnovers by Provider

## Apr-Jun 2019



■ IVCs ■ IVC Turnovers

# Satisfaction Surveys

- Satisfaction surveys are done twice a year.
- Most recent surveys were conducted in September 2019 with 9 groups.
- 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



# Satisfaction Surveys Methodology

Satisfaction surveys were conducted in September 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

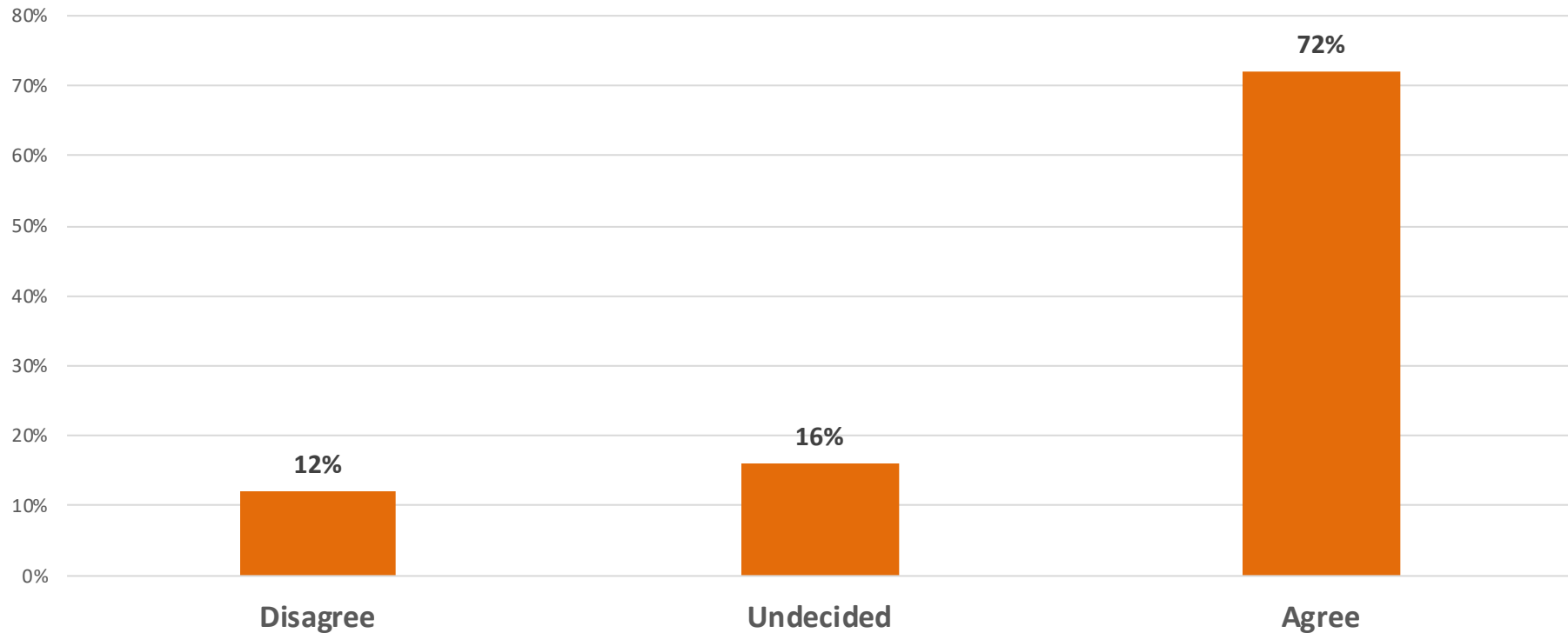
Each group was given a different survey (with different questions) based on their role in the program.



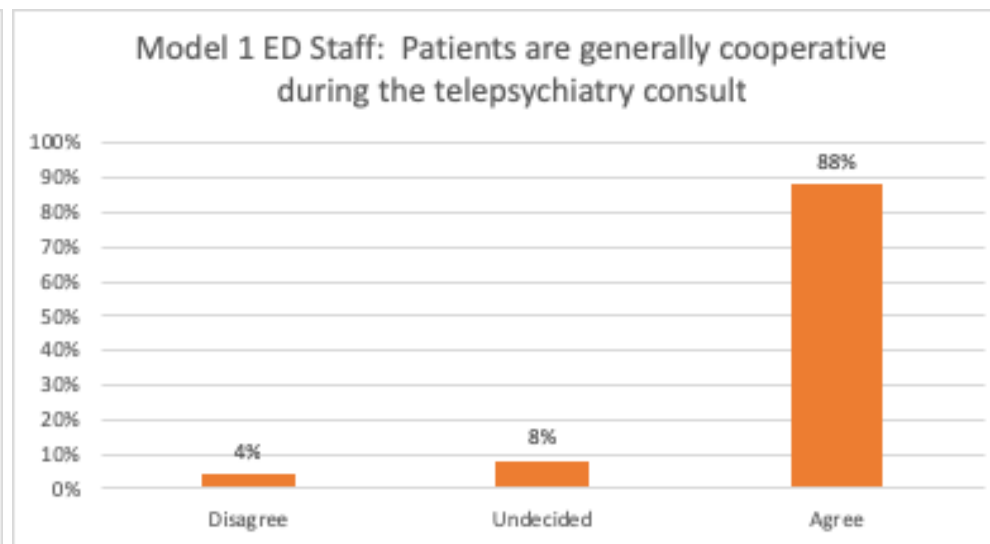
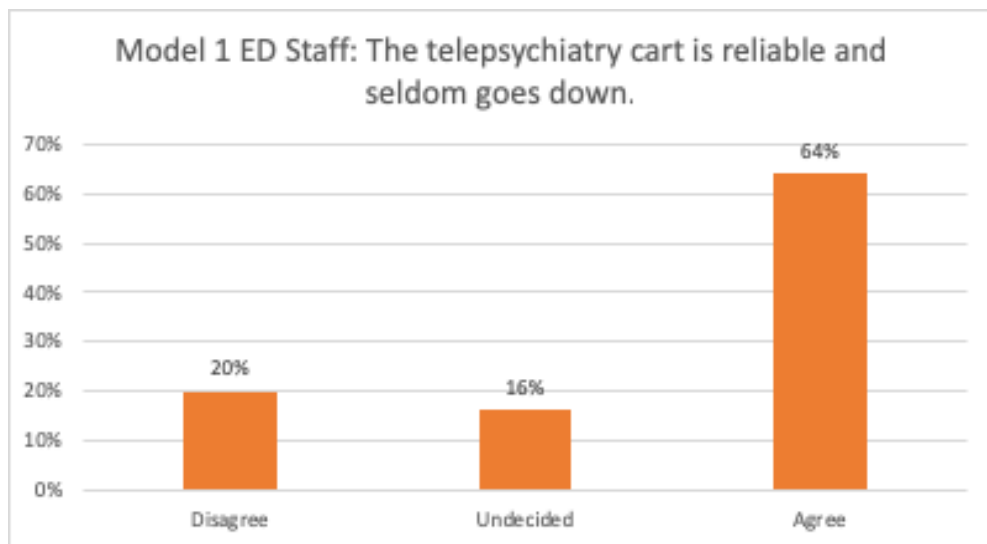
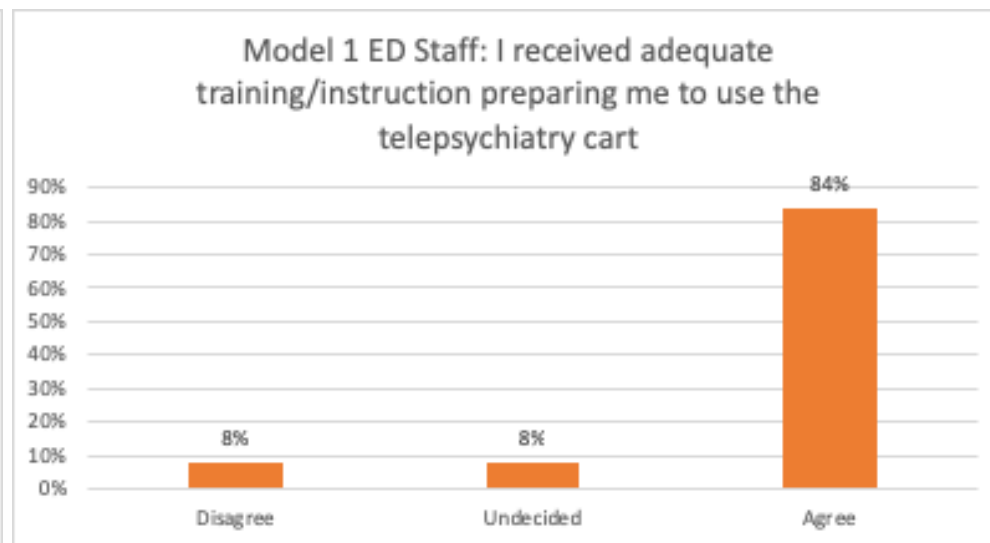
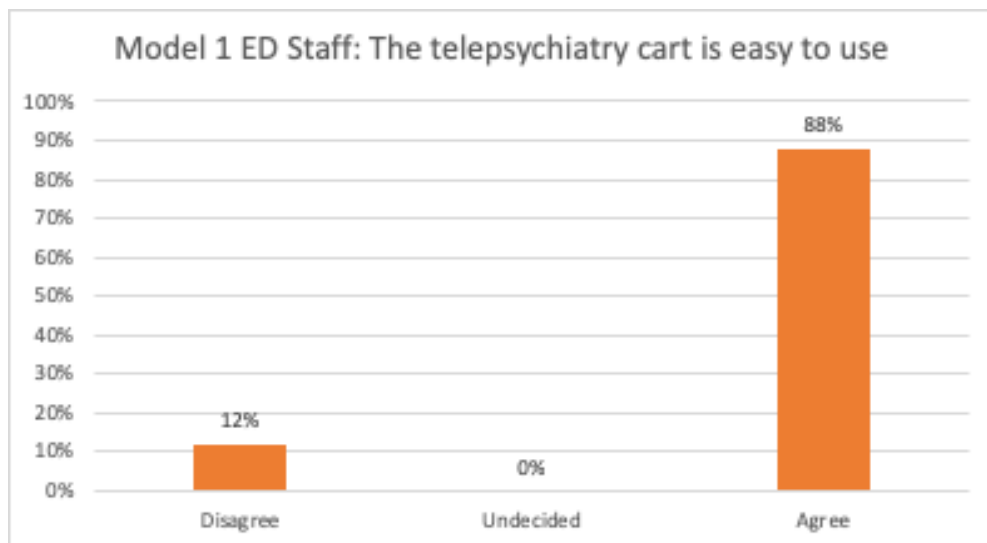
# Model 1 Hospital ED Staff Results (n=25)

## Model 1 ED Staff: Telepsychiatry consults have enhanced behavioral health patient care in our ED

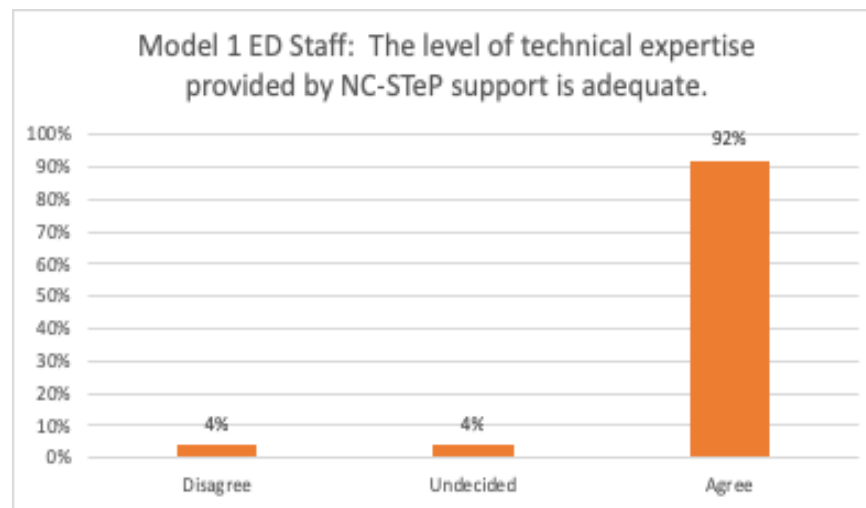
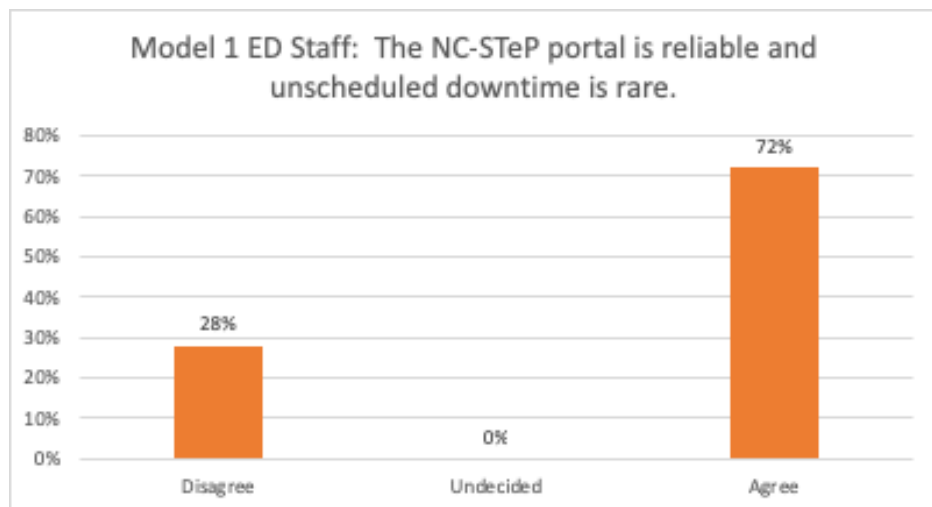
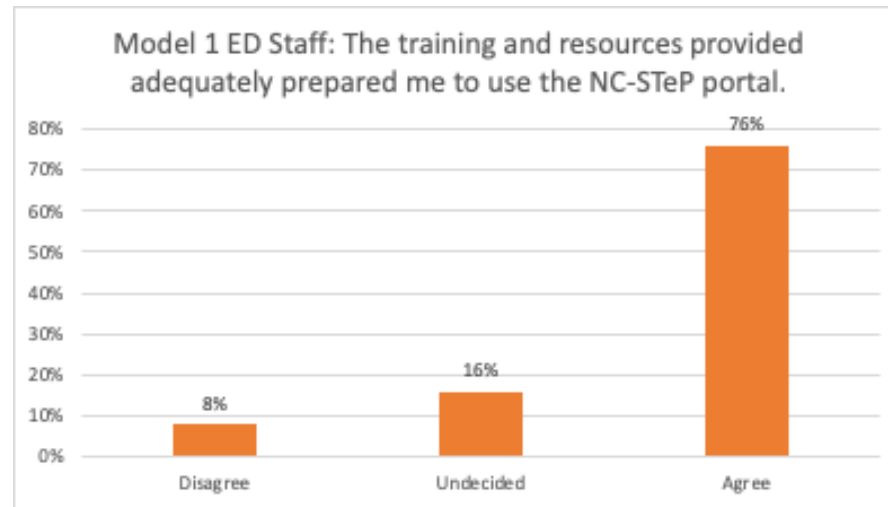
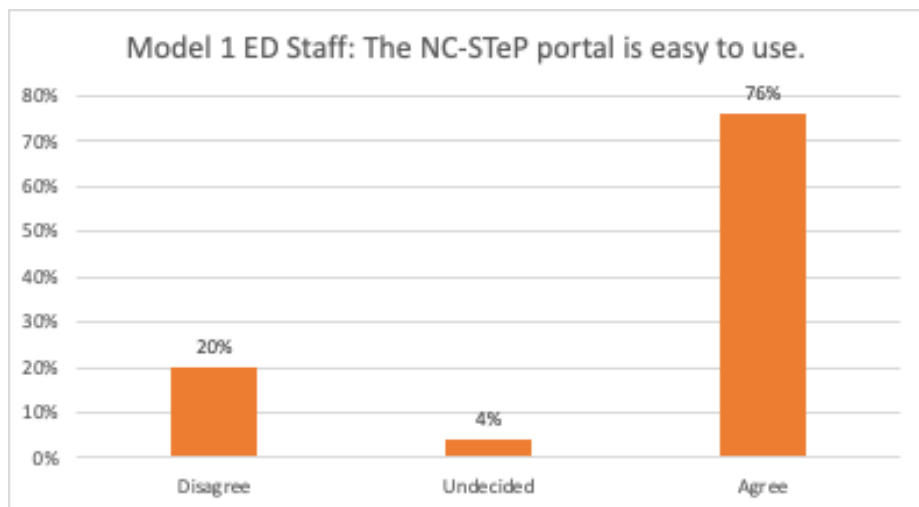
\*\*this question used to measure overall satisfaction



# Model 1 Hospital ED Staff Results (n=25)



# Model 1 Hospital ED Staff Results (n=25)

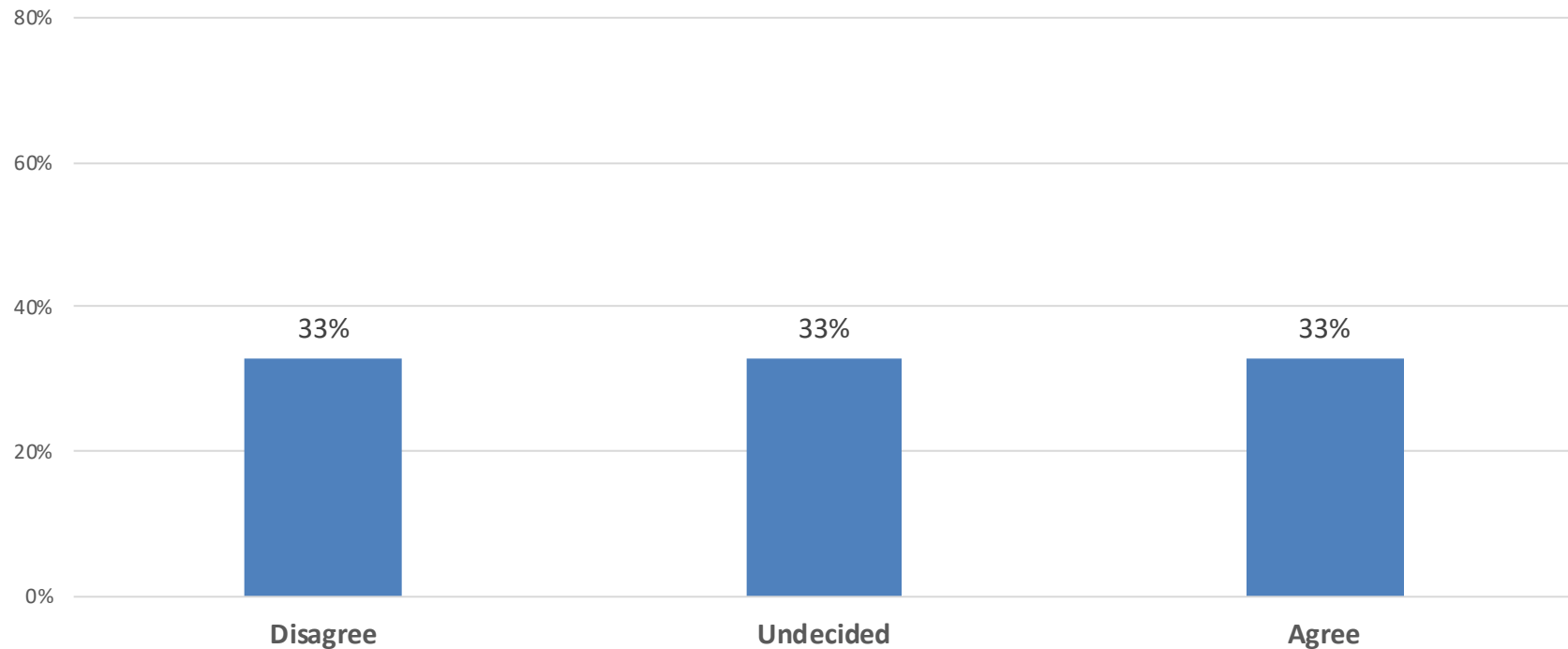




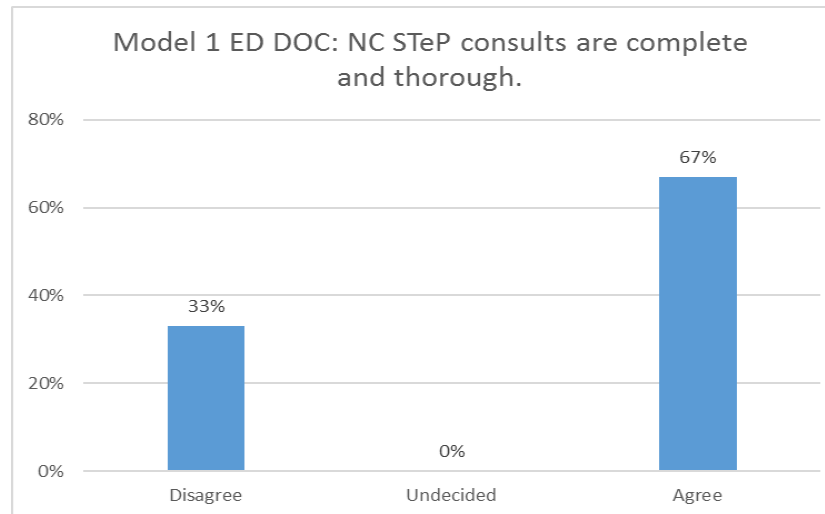
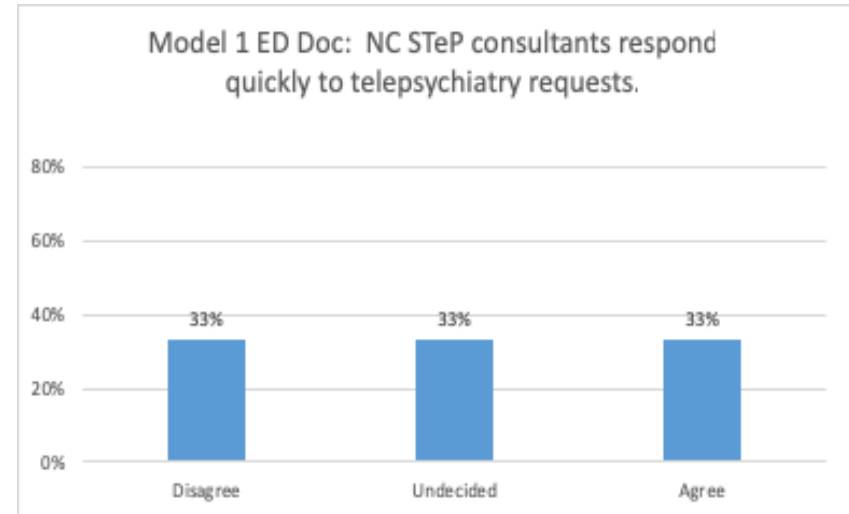
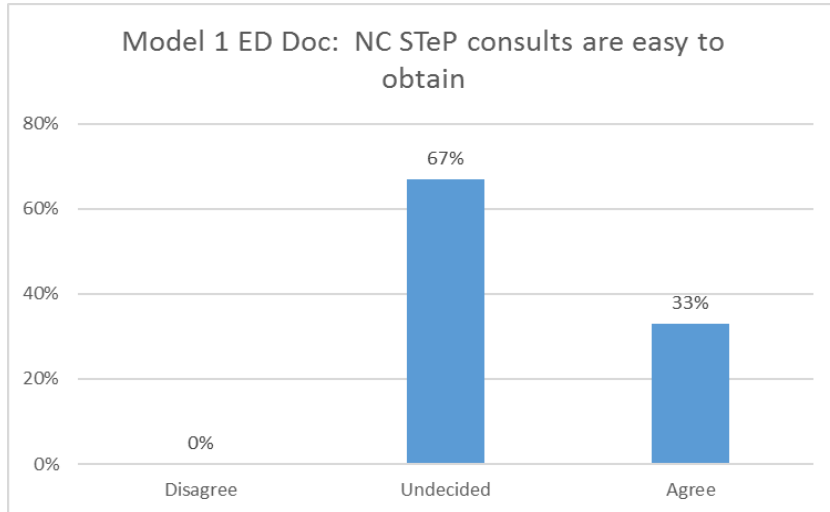
# Model 1 Hospital ED Physicians Results (n=3)

**Model 1 ED Doc: NC-SteP consults have improved the quality of care for mental health and substance abuse patients in our ED**

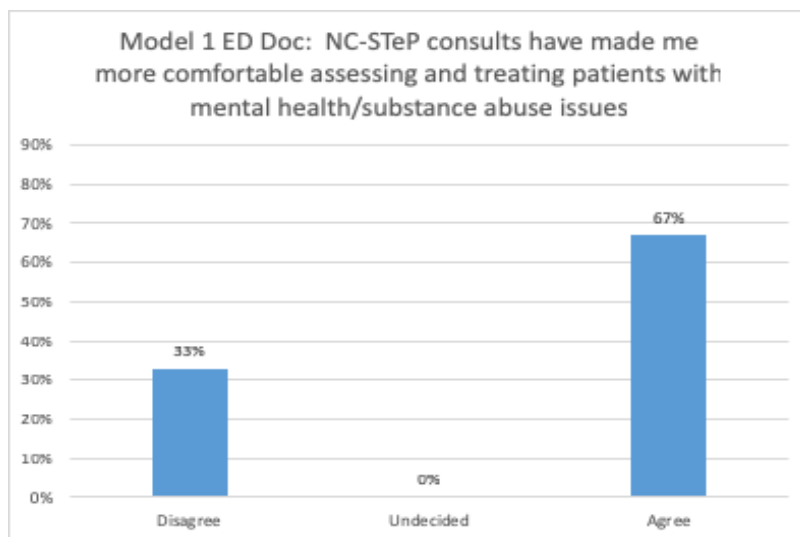
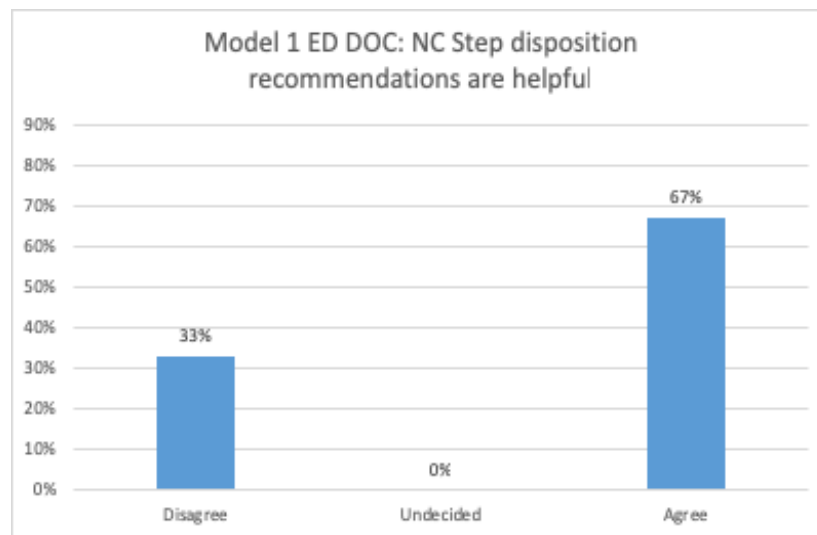
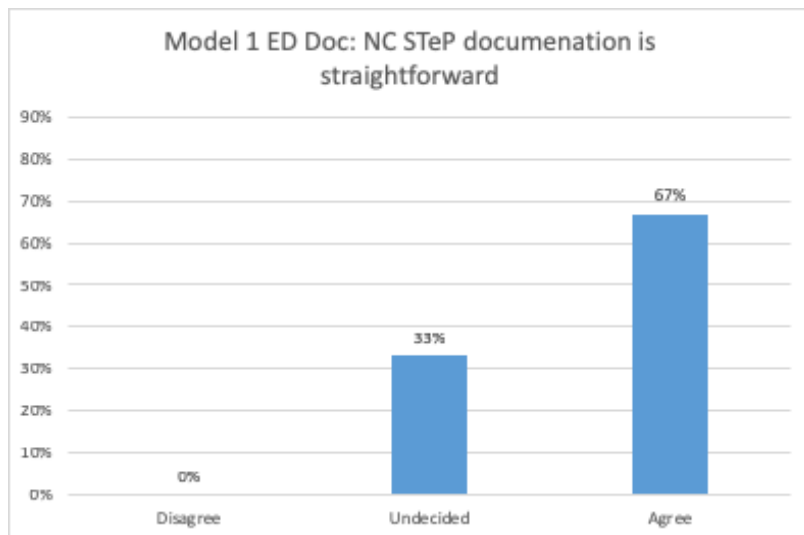
**\*\*this question used to measure overall satisfaction**



# Model 1 Hospital ED Physicians Results (n=3)



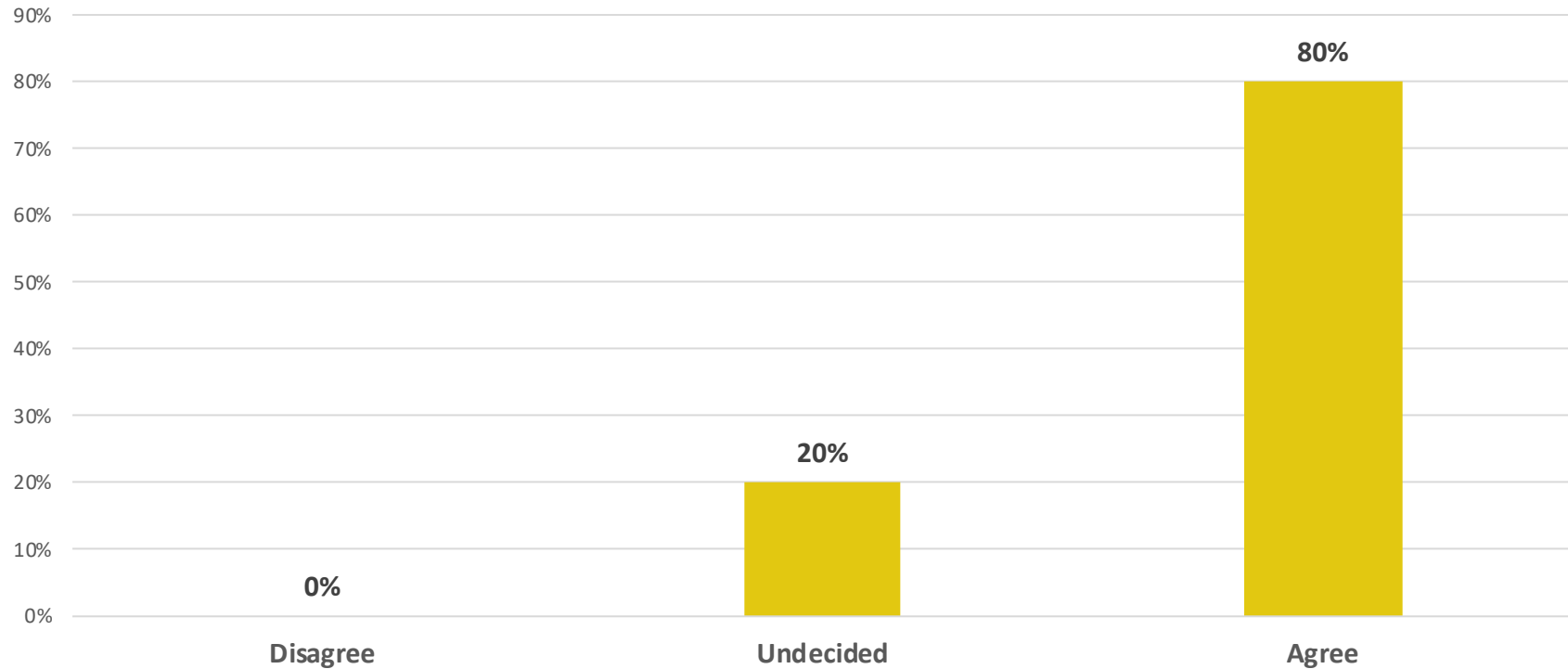
# Model 1 Hospital ED Physicians Results (n=3)



# Model 1 Provider Psychiatrist Results (n=5)

## Model 1 Psychiatrist: I am satisfied with providing psychiatric consults via telepsychiatry

\*\*this question used to measure overall satisfaction

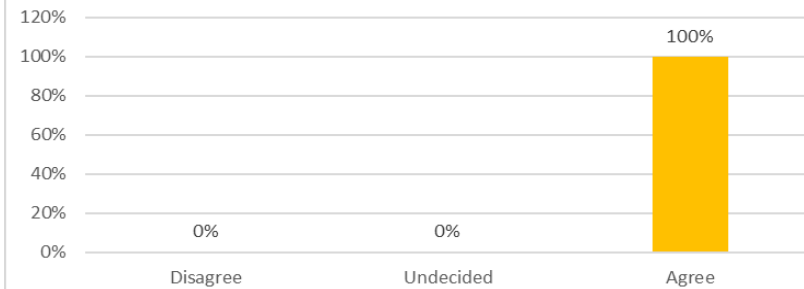


# Model 1 Provider Psychiatrist Results (n=5)

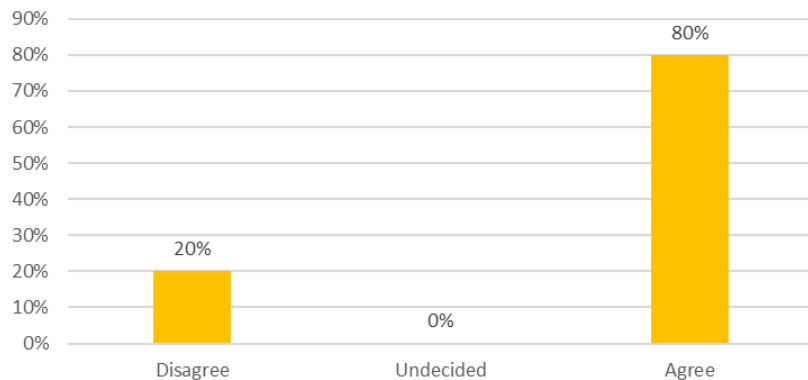
Model 1 Psychiatrist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients



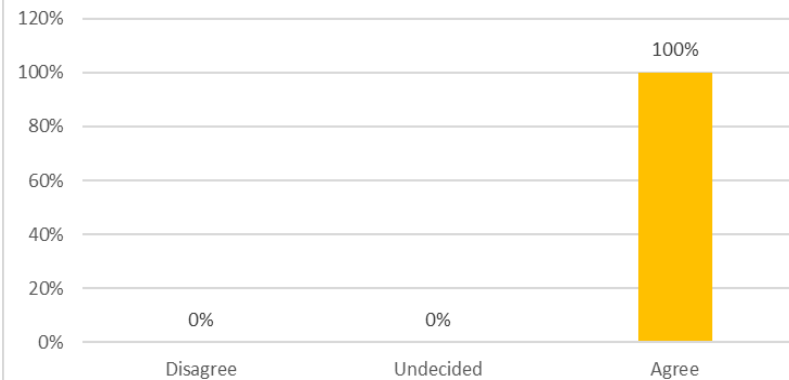
Model 1 Psychiatrist: I believe the quality of psychiatric care I provide via telepsychiatry is comparable to the quality of care I deliver face to face



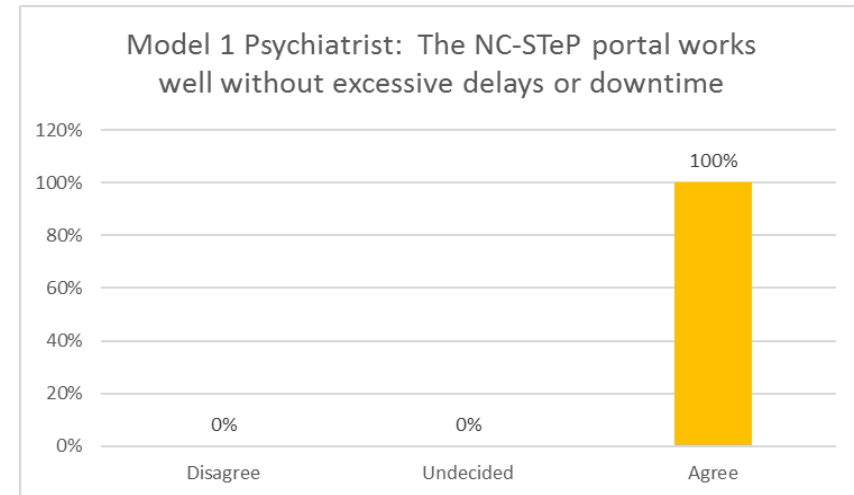
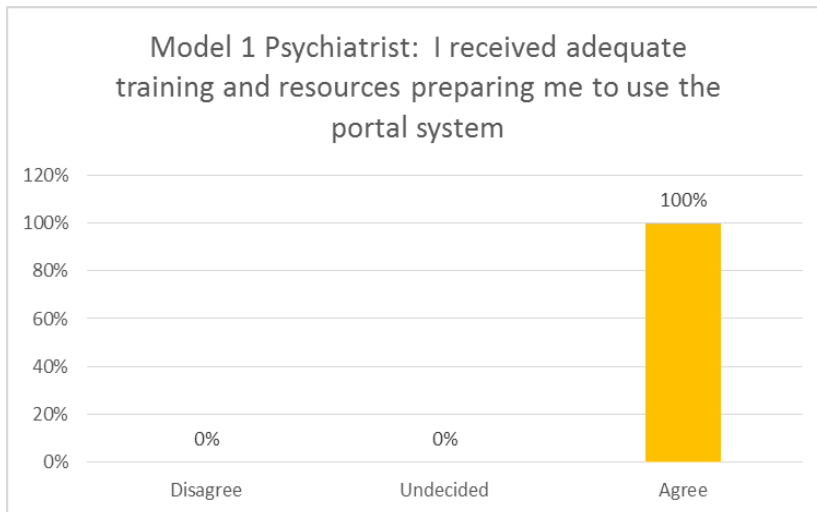
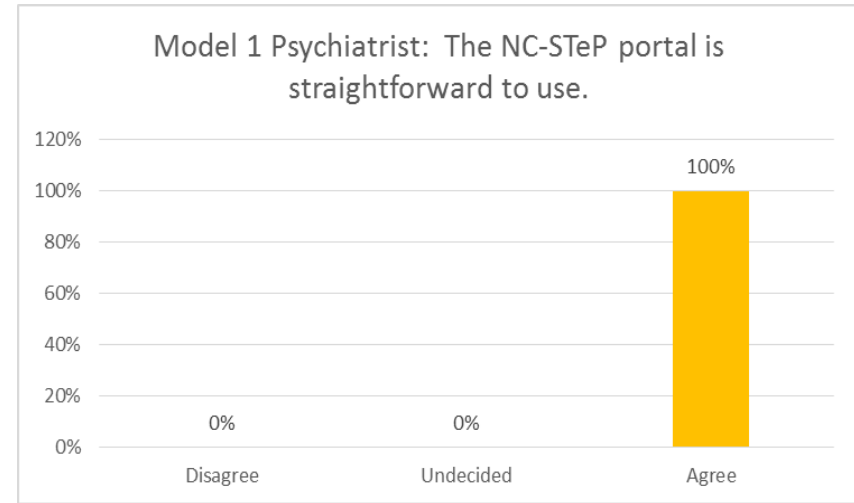
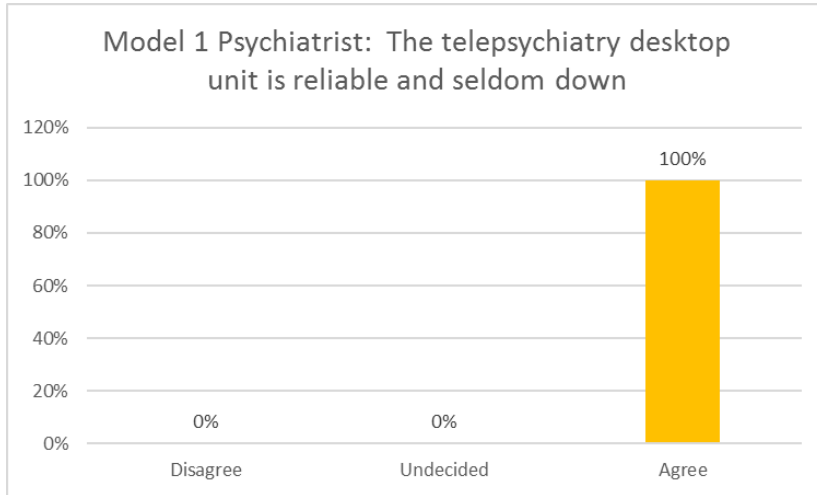
Model 1 Psychiatrist: Telepsychiatry increases my productivity and/or efficiency.



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



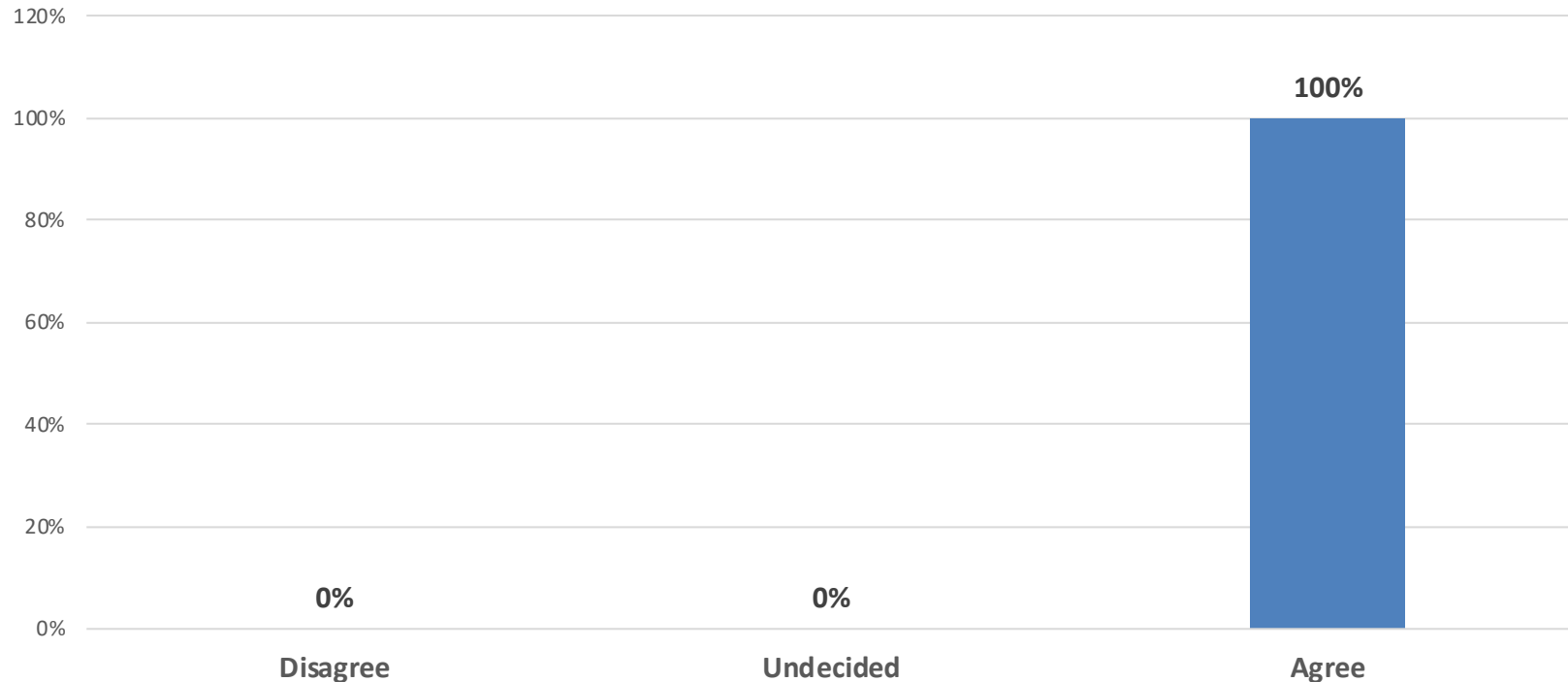
# Model 1 Provider Psychiatrist Results (n=5)



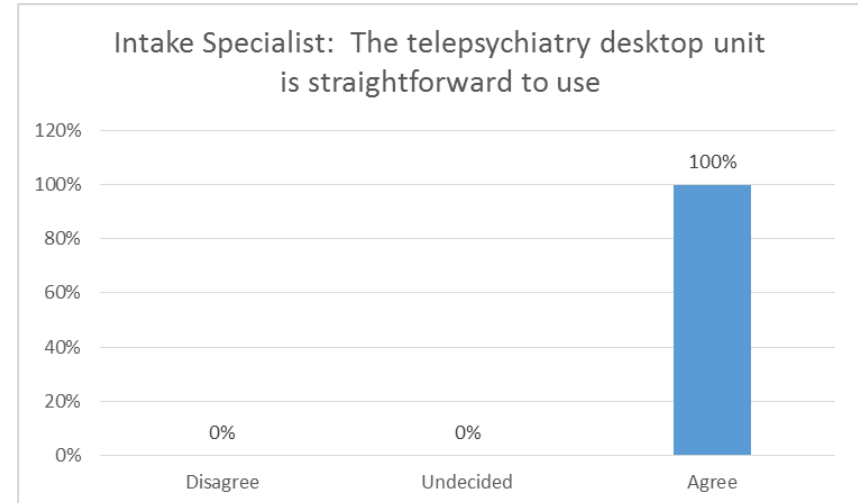
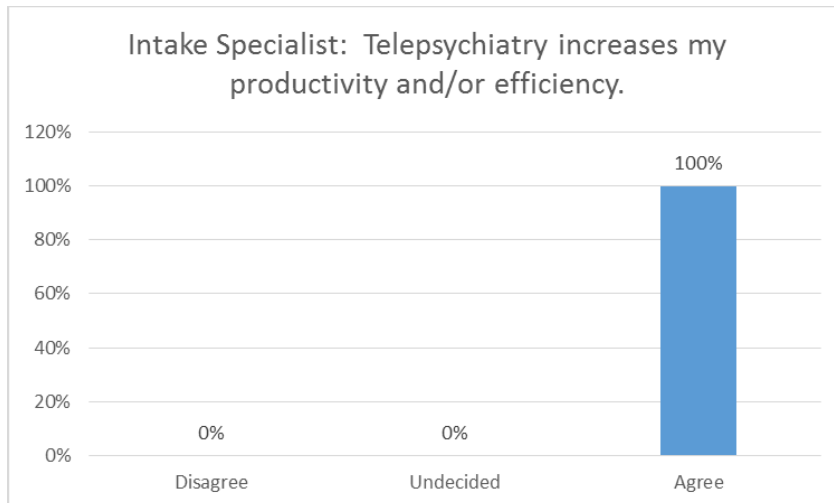
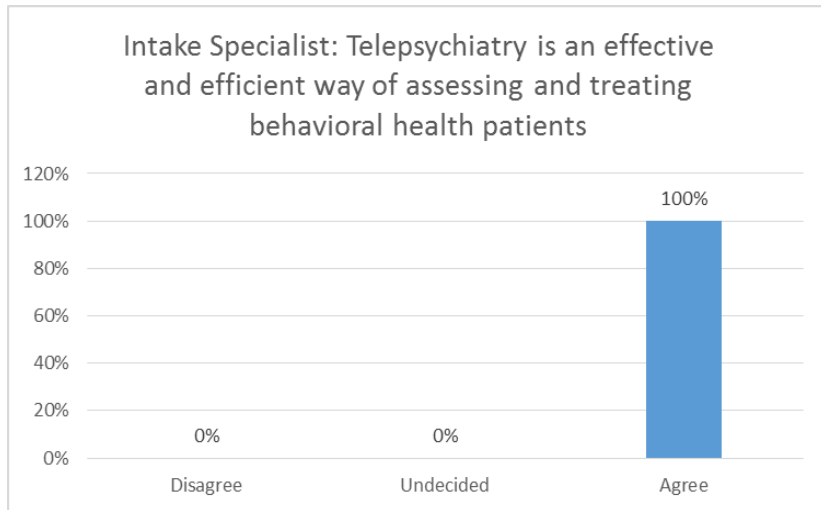
# Model 1 Psychiatric Intake Specialist Results (n=3)

Intake Specialist: I am satisfied with providing psychiatric consults via telepsychiatry

\*\*this question used to measure overall satisfaction

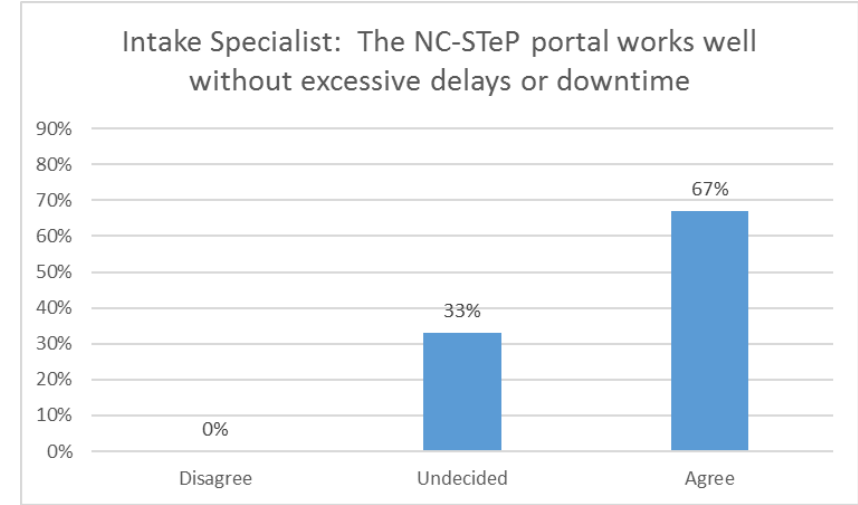
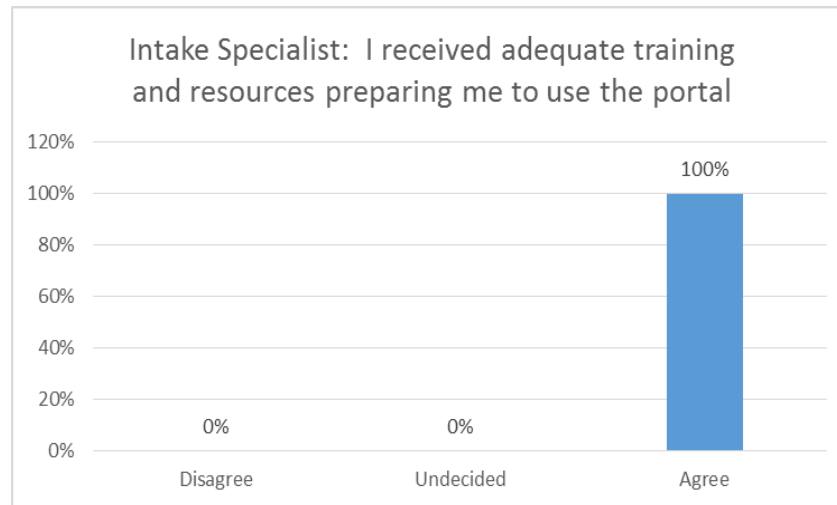
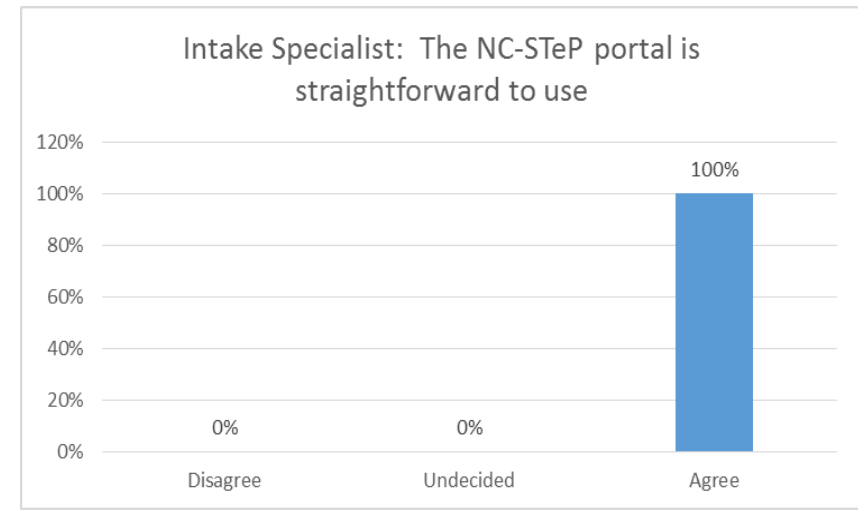
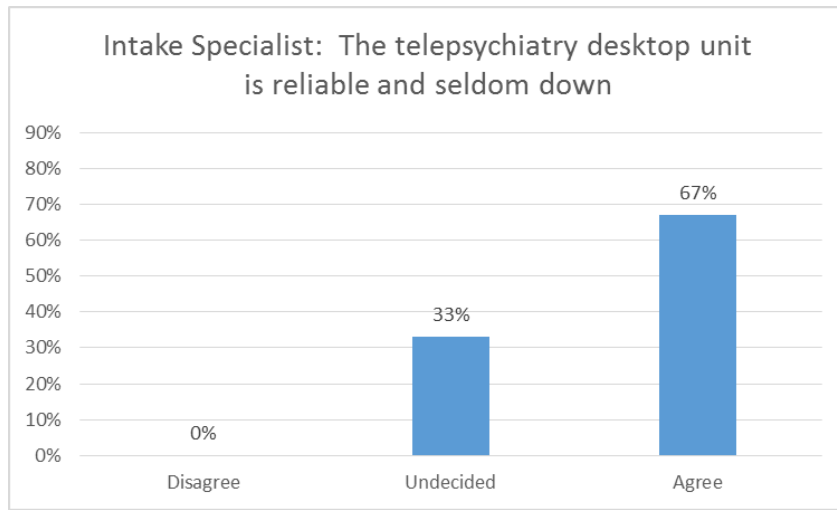


# Model 1 Psychiatric Intake Specialist Results (n=3)



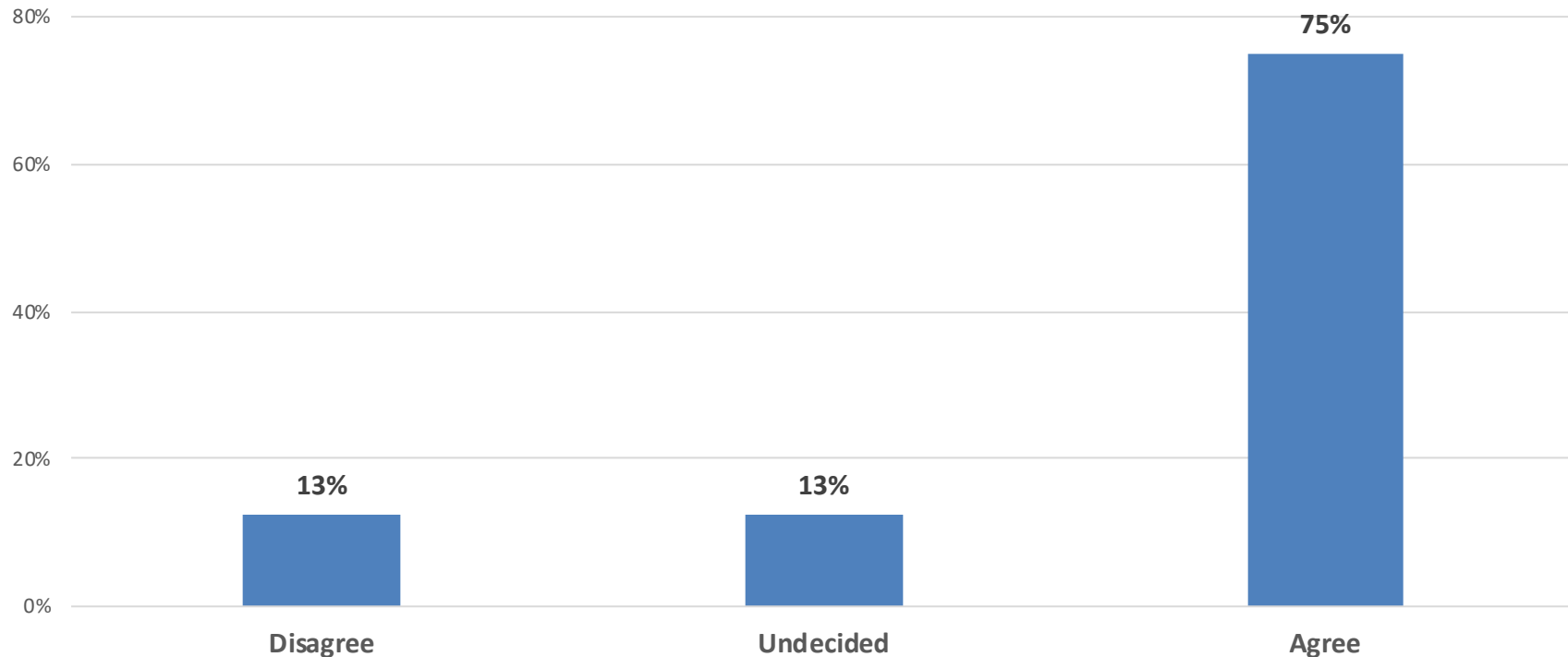


# Model 1 Psychiatric Intake Specialist Results (n=3)

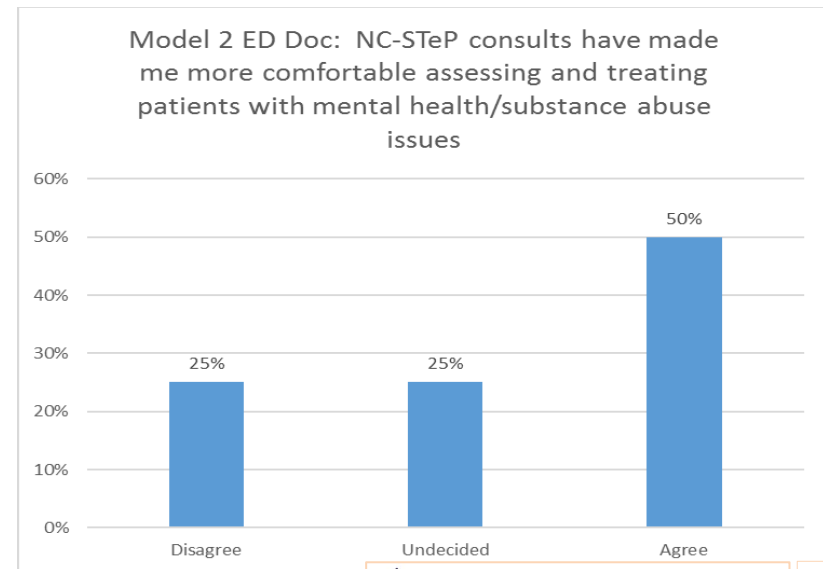
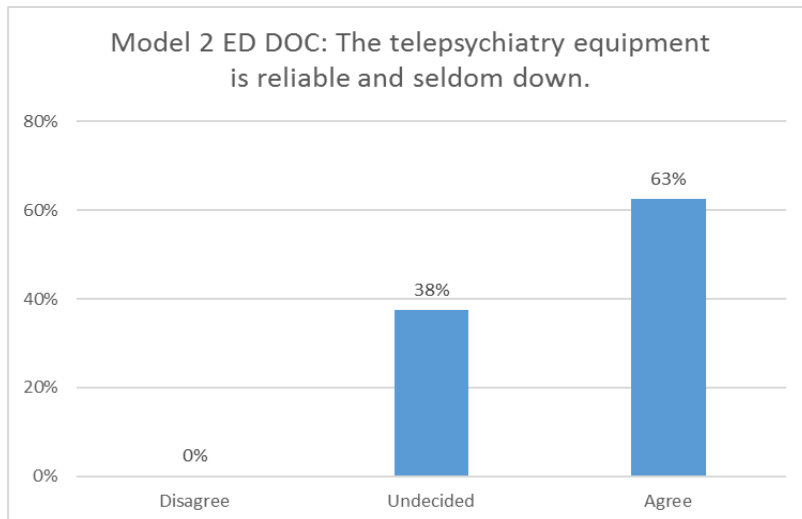
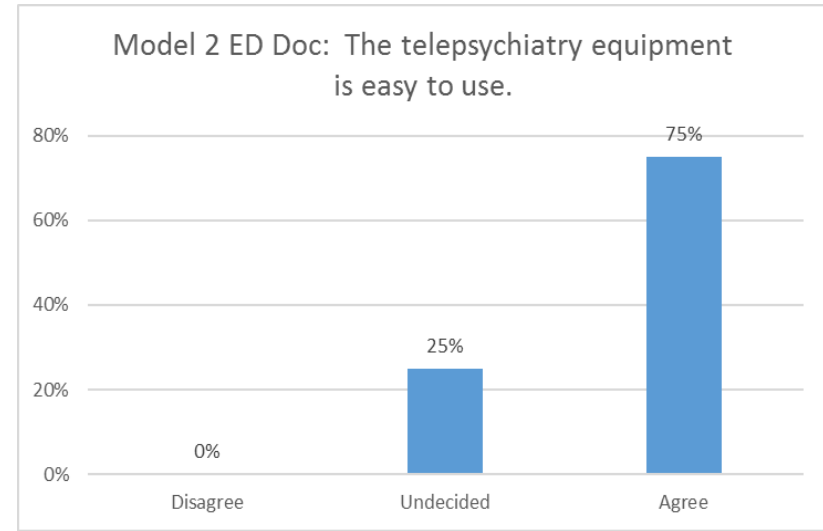
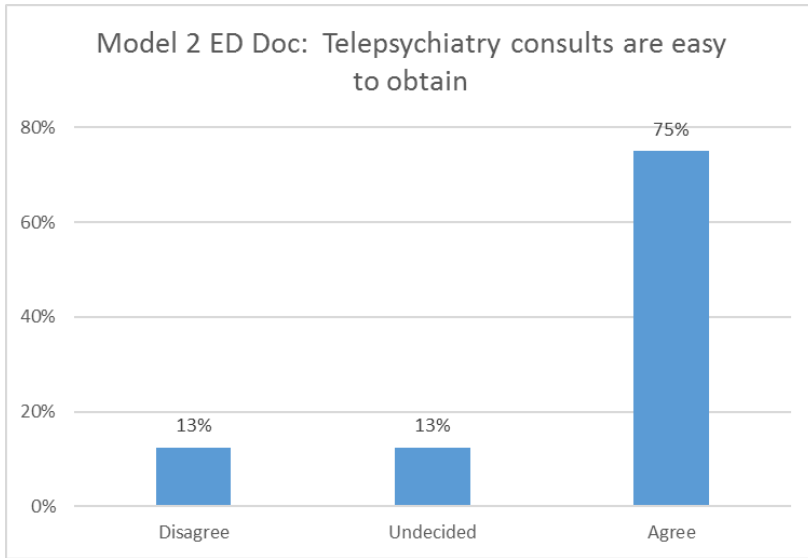


# Model 2 Hospital ED Physicians Results (n=8)

Model 2 ED Doc: Telepsych consults have improved the quality of care for mental health and substance abuse patients in our ED  
\*\*this question used to measure overall satisfaction



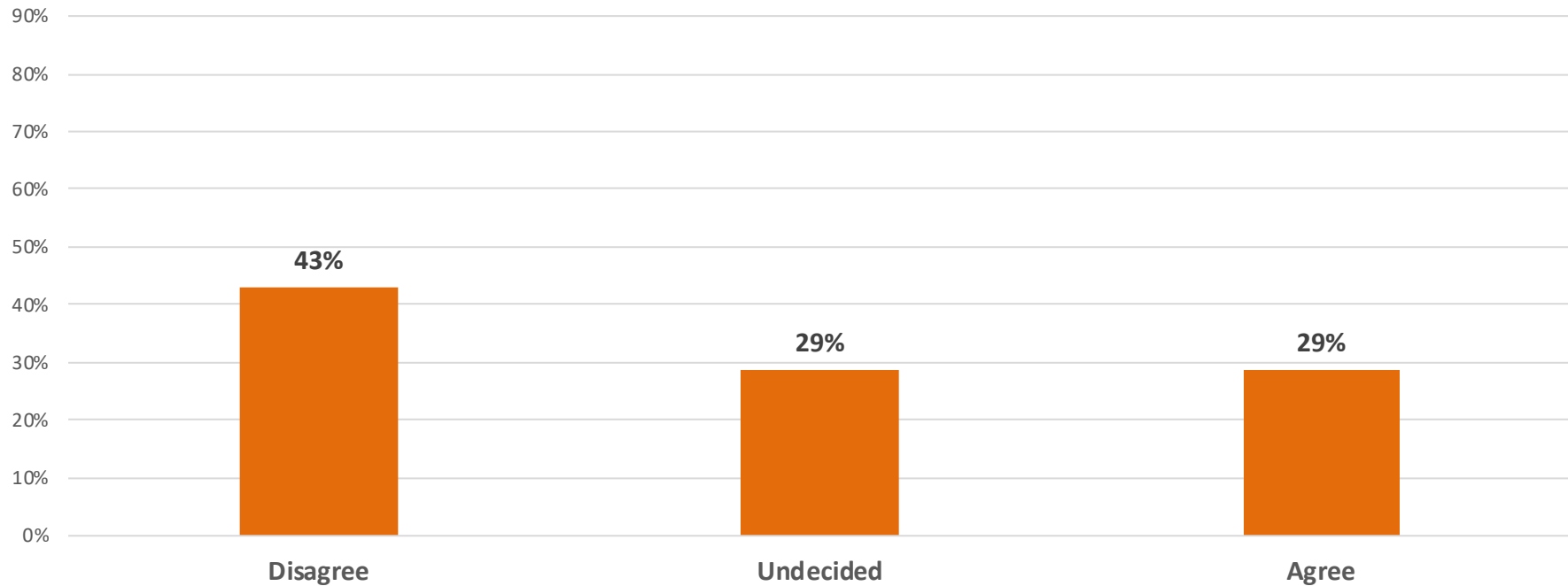
# Model 2 Hospital ED Physicians Results (n=8)



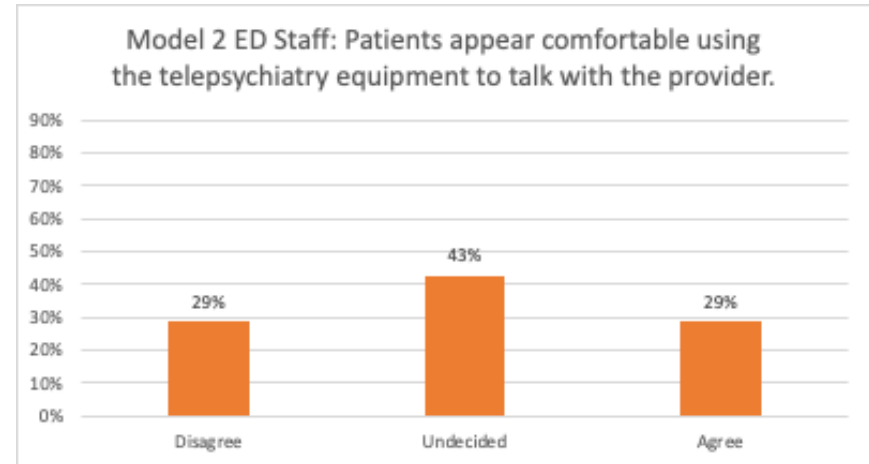
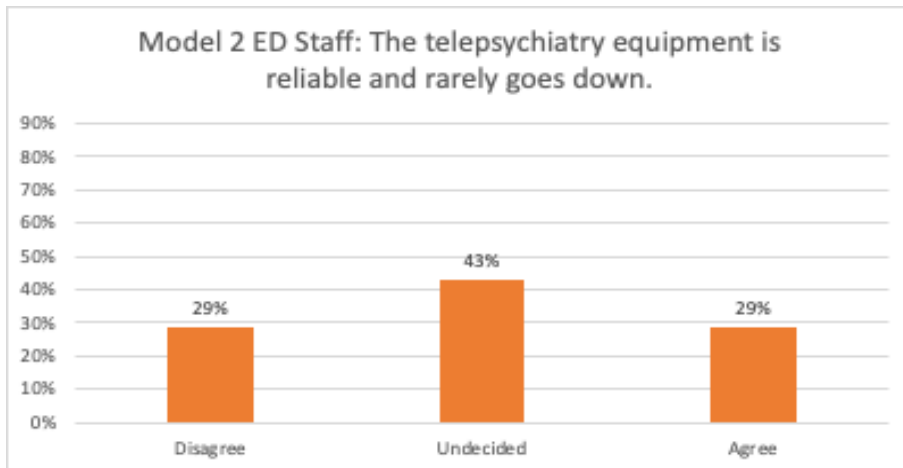
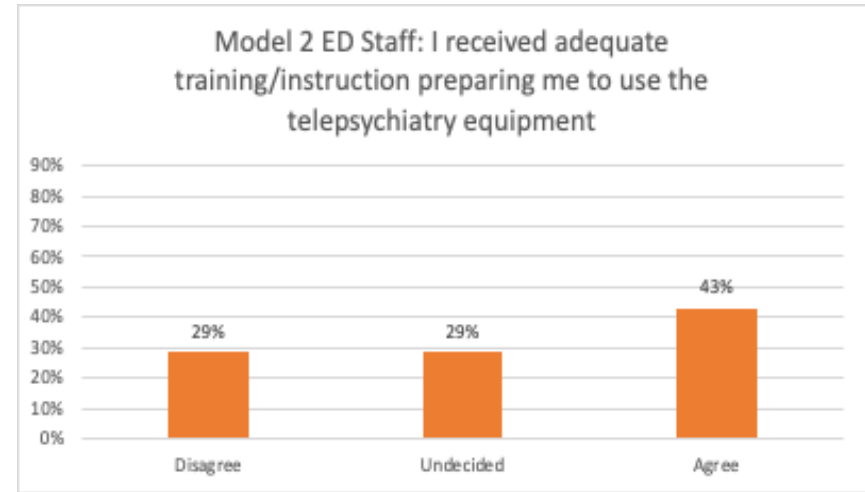
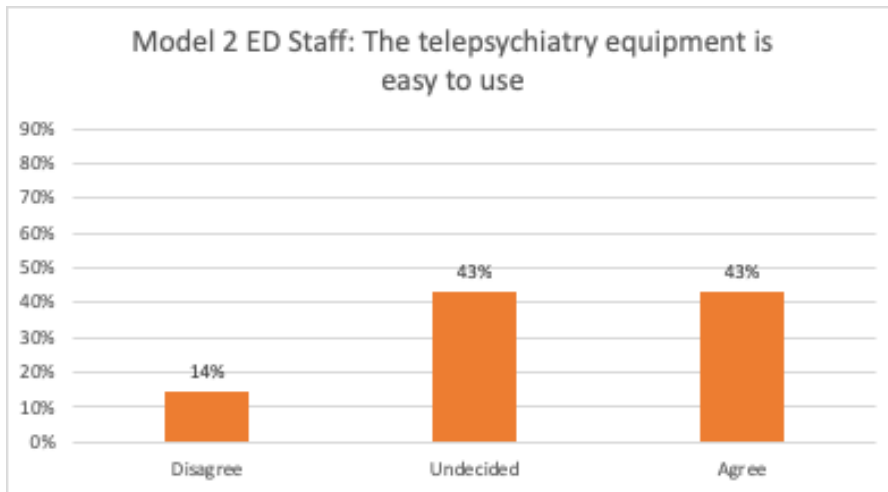
# Model 2 Hospital ED Staff Results (n=7)

Model 2 ED Staff: Telepsychiatry consults have enhanced behavioral health patient care in our ED

\*\*this question used to measure overall satisfaction



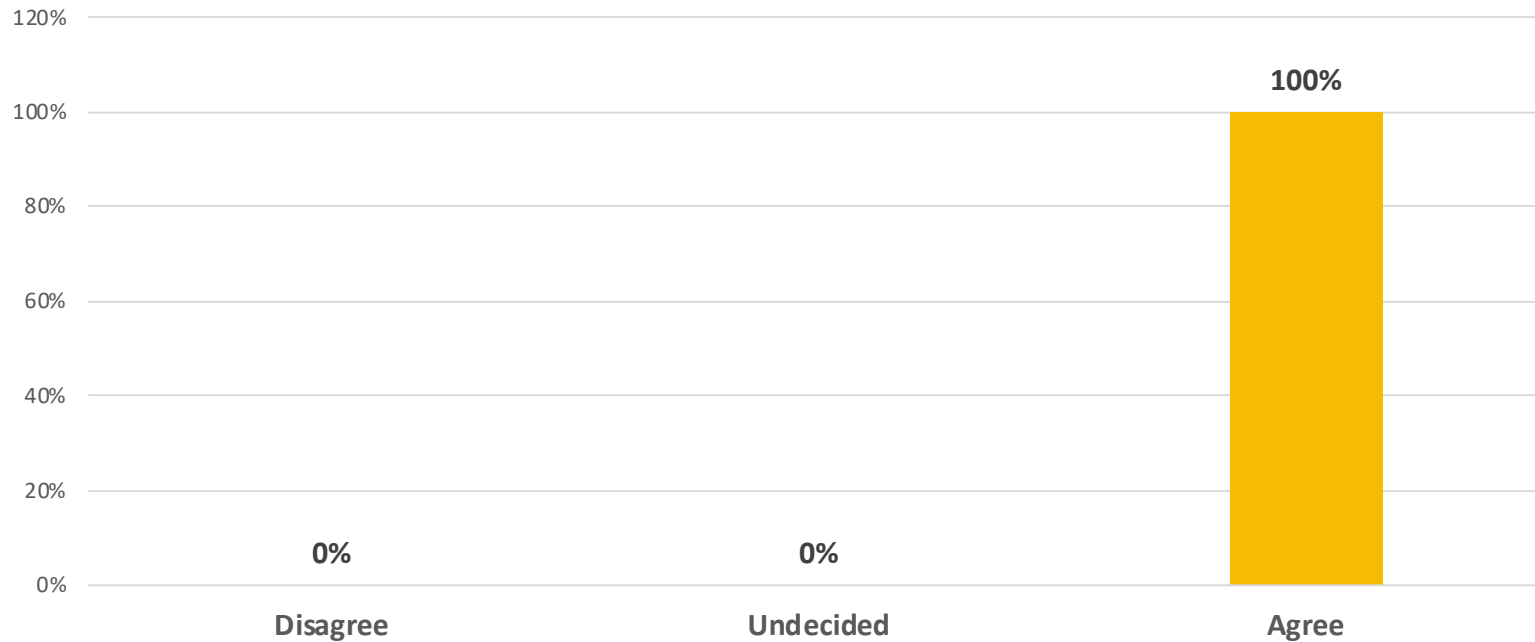
# Model 2 Hospital ED Staff Results (n=7)



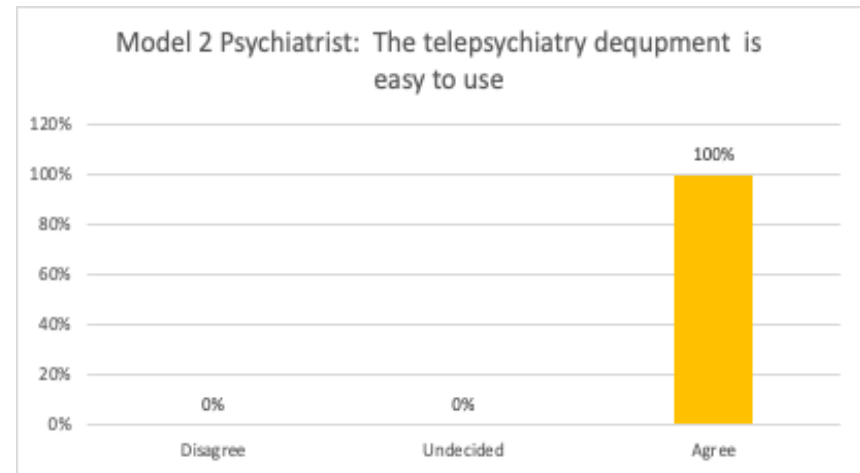
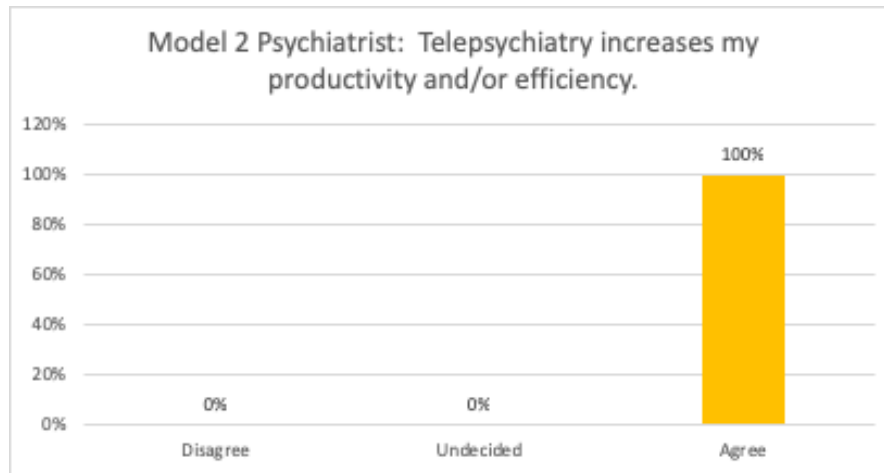
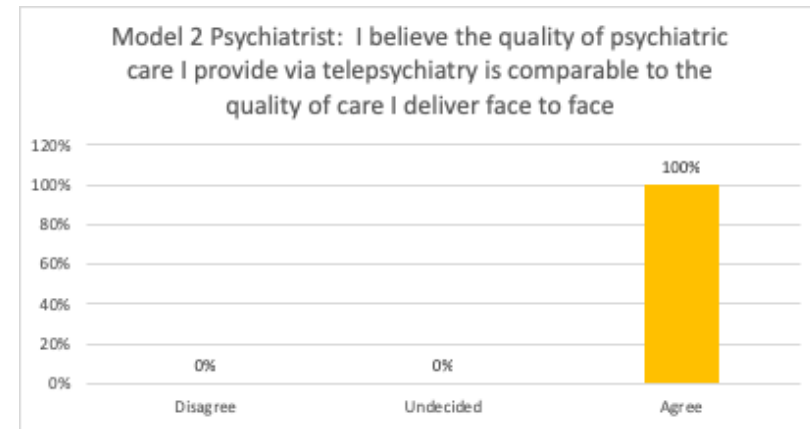
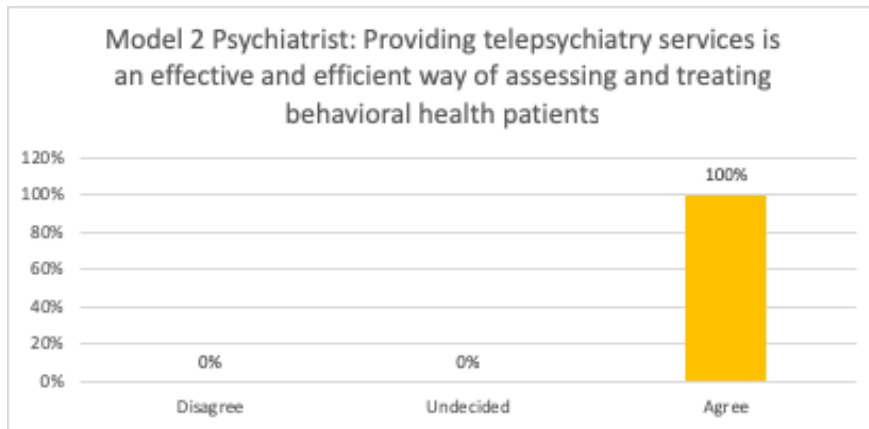
# Model 2 Provider Psychiatrist Results (n=3)

## Model 2 Psychiatrist: I am satisfied with providing psychiatric consults via telepsychiatry

\*\*this question used to measure overall satisfaction

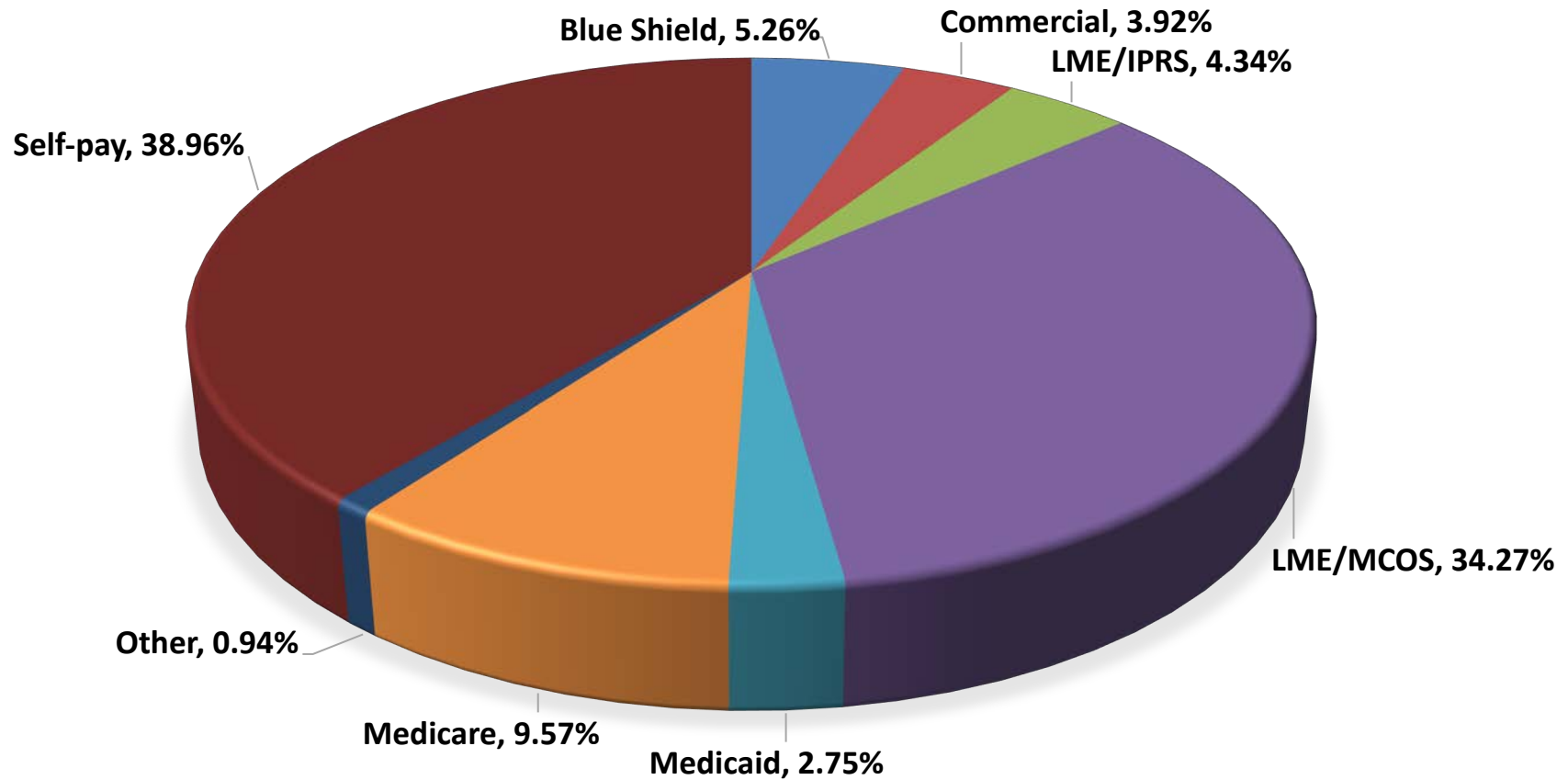


# Model 2 Provider Psychiatrist Results (n=3)



# NC-STeP Charge Mix

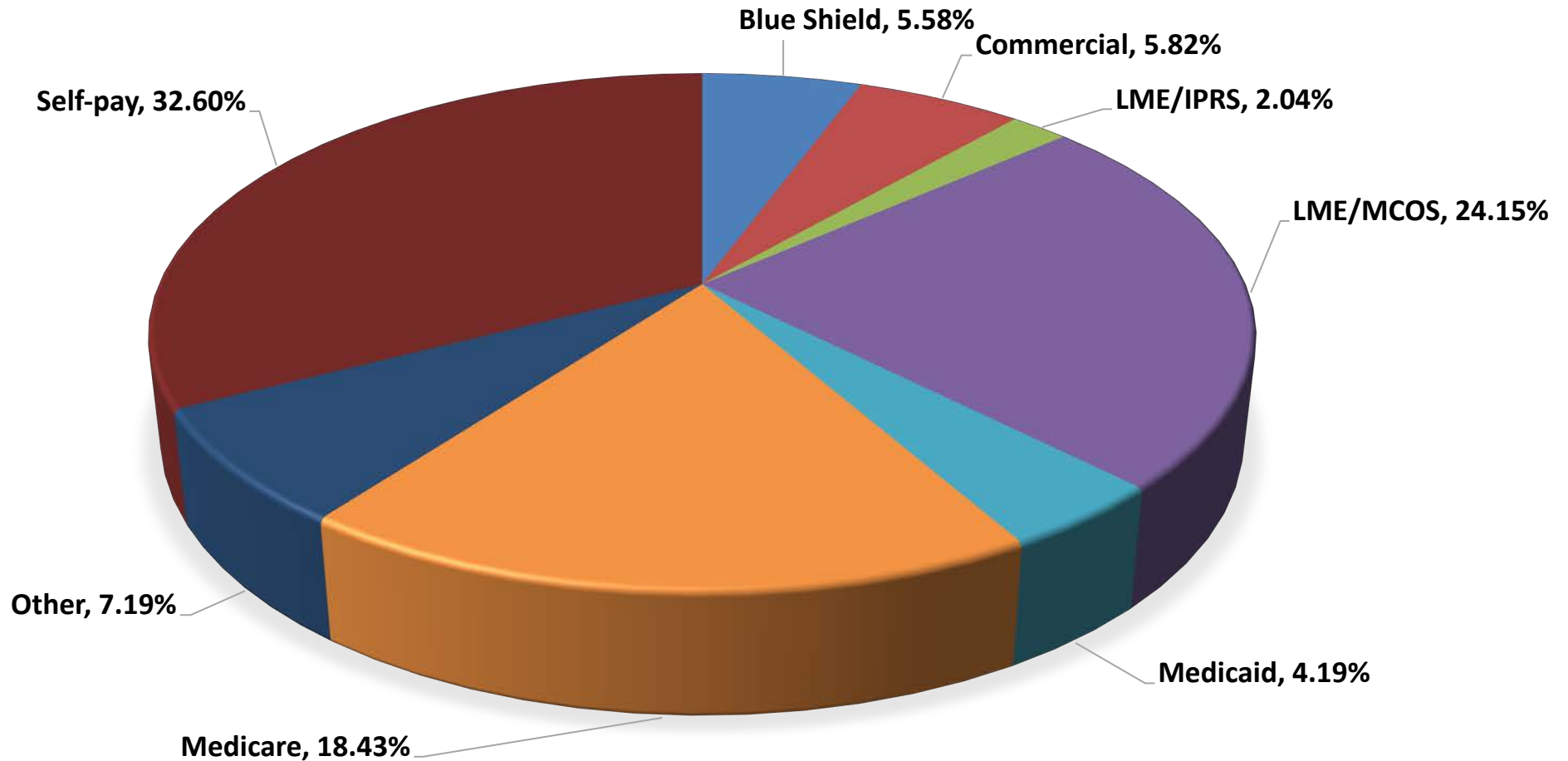
QTD 2020 - Quarter 1





# NC-STeP Charge Mix – Project to Date

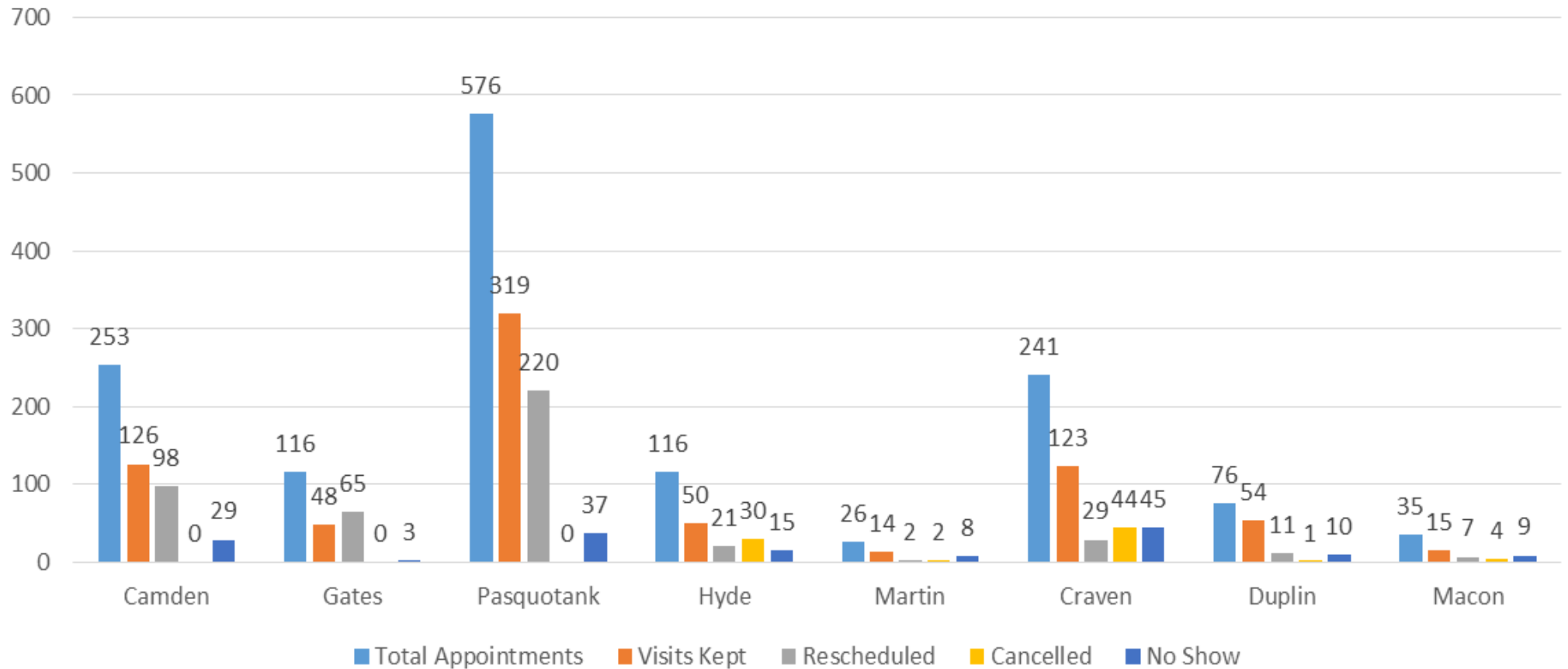
Service Dates: October 1, 2013 – September 30, 2019



## NC-Step Community Appointments by Site

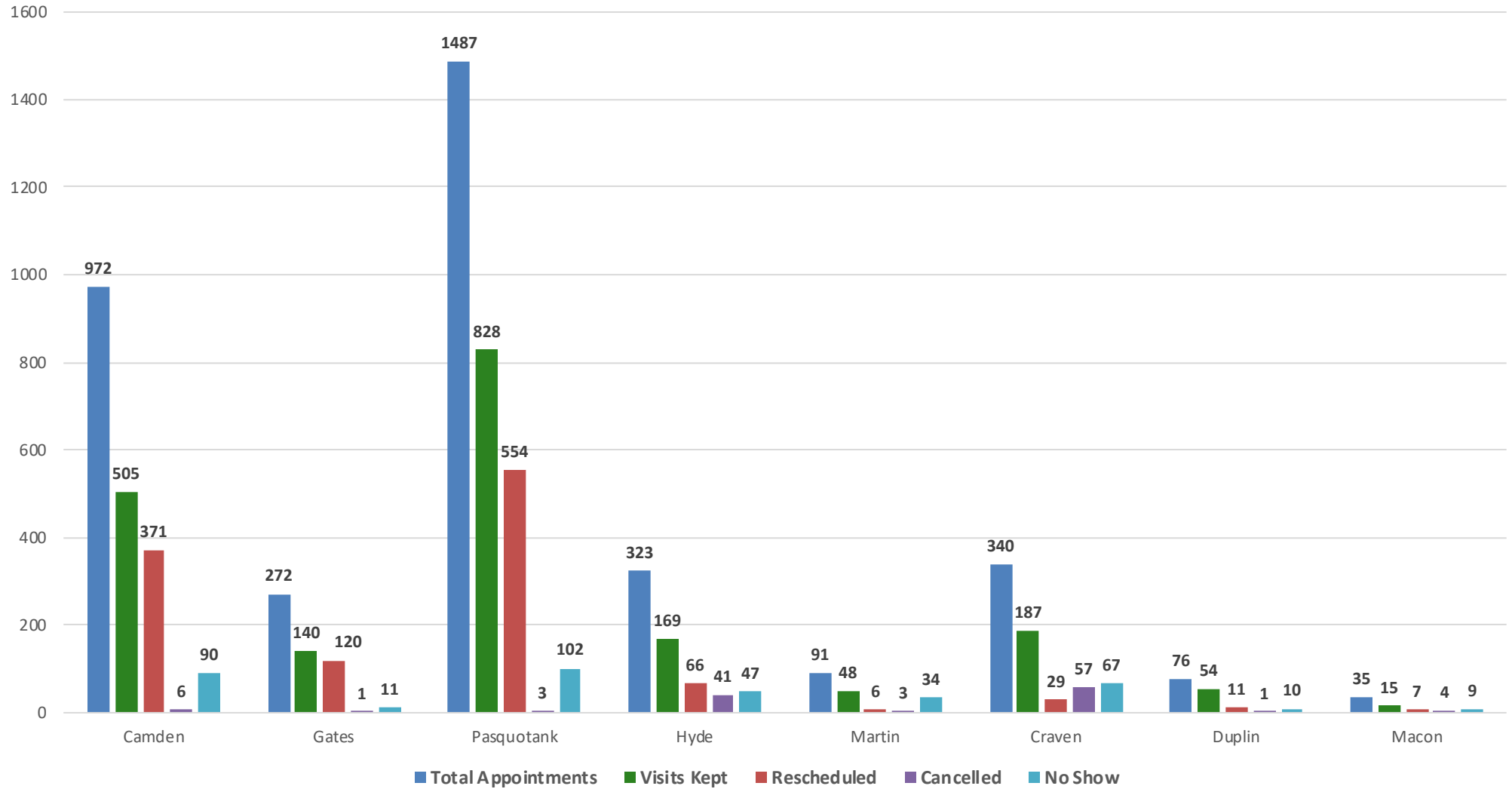
### Appointments, Visits Kept, Rescheduled, Cancelled, No Show

#### July - September 2019

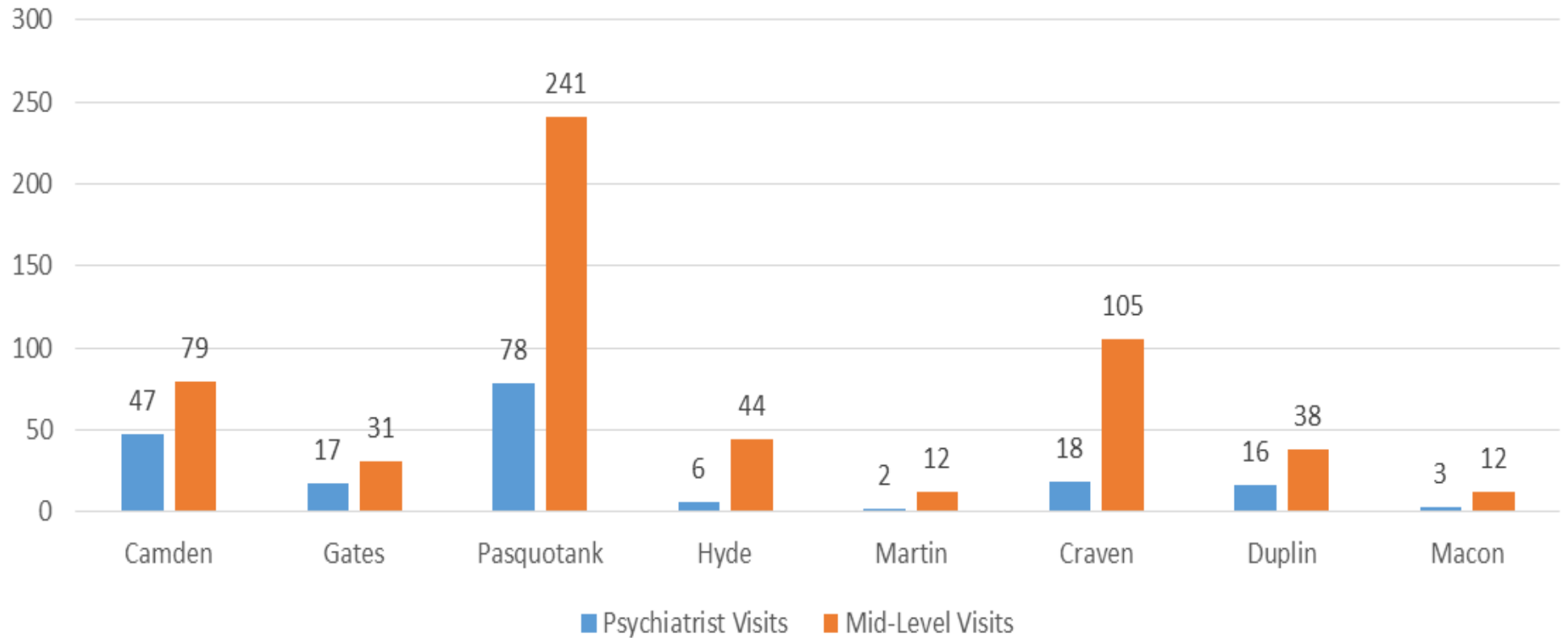


# NC-STeP Community Appointments by Site

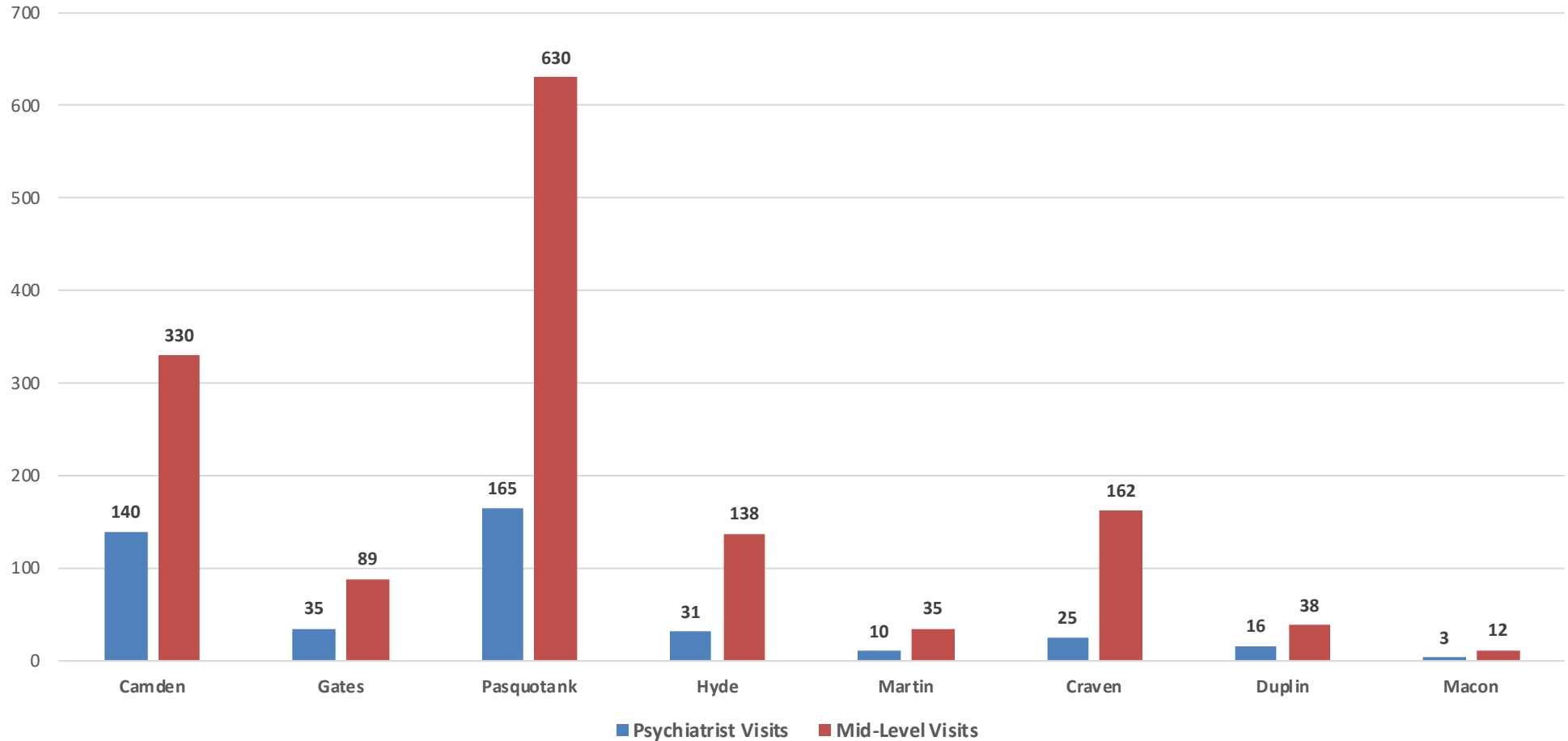
## Appointments, Visits Kept, Rescheduled, Cancelled, No Show Program to Date Through September 2019



# NC-STeP Community Visits by Site by provider type July - September 2019



NC-STeP Community Visits by Site  
by provider type  
Program to Date Through September 2019



# NC-STeP Status as of September 30, 2019

- 57 hospitals in the network. 53 live.
- 39,533 total psychiatry assessments since program inception
- 5,420 IVCs overturned
  - Cumulative return on investment = \$29,268,000  
(savings from preventing unnecessary hospitalizations)
- Eight Clinical Provider Hubs with 53 consultant providers
- Administrative costs below industry standard
- Over 30% of the patients served had no insurance coverage

# Hospital Status Report as of September 2019

## Model 1 – Live



Hospital Name	Portal Go Live
Vidant Outer Banks Hospital	08/08/2016
Vidant Bertie Hospital	08/15/2016
Vidant Chowan Hospital	08/15/2016
Vidant Edgecombe Hospital	08/15/2016
Sentara Albemarle Medical Center	08/17/2016
Vidant Beaufort Hospital	08/22/2016
Vidant Duplin Hospital	08/22/2016
Lenoir Memorial Hospital	09/06/2016
St Lukes Hospital	09/07/2016
Wilson Medical Center	09/20/2016
Morehead Memorial Hospital	10/05/2016
DLP Harris Regional Medical	10/14/2016
DLP Swain Community Hospital	10/14/2016
Murphy Medical Center	10/26/2016
DLP Maria Parham Medical Center	11/15/2016
UNC Chatham Hospital	12/21/2016
J. Arthur Doshier Memorial Hospital	01/07/2017
Ashe Memorial Hospital	01/26/2017
Northern Hospital of Surry County	03/07/2017
Southeastern Regional Medical Center	08/08/2017
Halifax Regional Medical Center	08/08/2017
DLP Person Memorial Hospital	08/17/2017
DLP Haywood Regional Medical Center	08/22/2017
Lake Norman Regional Medical Center	10/17/2017
Pender Memorial Hospital	12/07/2017
DLP Maria Parham Franklin	2/1/2018

# Hospital Status Report as of September 2019

## Model 1 – In Process



Hospital Name		Portal Go Live
Park Ridge Health		October 2018
Harnett Hospital		July 2019
Betsy Johnson Hospital		July 2019
Iredell Memorial Hospital		September 2019



# Hospital Status Report as of September 2019

## Model 1 – Participation Pending



Hospital Name	Program Status
DLP Central Carolina Hospital	Reviewing Contract
Our Community Hospital	Reviewing Contract
Pioneer Community Hospital of Stokes (Greene)	Reviewing Contract
Pioneer Community Hospital of Stokes (King)	Reviewing Contract
Washington County Hospital	Reviewing Contract
Wayne Memorial Hospital	Reviewing Contract

# Hospital Status Report as of September 2019

## Model 2



Hospital Name	Go Live Date/Status
Cape Fear Valley Medical Center	06/2014
Cape Fear Valley Bladen Hospital	07/2014
Cone Health Behavioral Health Hospital	07/2014
Cone Health MedCenter High Point	07/2014
Forsyth Medical Center	07/2014
McDowell Hospital	07/2014
Mission Hospital	07/2014
Novant Health Clemmons Medical Center	07/2014
Novant Health Kernersville Medical Center	07/2014
Wesley Long Hospital	07/2014
Mission Children's Hospital	08/2014
Annie Penn Hospital	08/2014
Moses H. Cone Memorial Hospital	08/2014
Blue Ridge Regional Hospital	09/2014
Transylvania Regional Hospital	09/2014
Women's Hospital – Cone Health	10/2014
Angel Medical Center	01/2015
Highlands-Cashiers Hospital	03/2015
Novant Health Thomasville Medical Center	03/2015
Alamance Regional Medical Center	04/2015
Hugh Chatham Memorial Hospital	12/2015
Cape Fear Valley Hoke Hospital	06/2016
UNC Johnston, Clayton	06/2016
UNC Johnston, Smithfield	06/2016
Novant Health Presbyterian Hospital	11/2016
Novant Health Rowan Medical Center	07/2017
Novant Health Brunswick Medical Center	07/2017

# Hospital Status Report as of September 2019

## Expressed Possible Interest



<b>Hospital Name</b>	<b>Program Status</b>	<b>NC-STeP Model</b>
Duke Regional Hospitals	TBD	TBD
Novant Matthews Medical	TBD	Model 2

# Hospital Status Report as of September 2019

## Terminated



Hospital Name	Hospital Name
Alleghany Memorial Hospital	Martin County General
Carolina East	Nash General Hospital
Carteret	Sampson
Columbus Regional	UNC Hillsborough
Davie Medical	WakeMed Apex
DLP Rutherford Regional Medical Center	WakeMed Briar Creek
FirstHealth Montgomery Memorial Hospital	WakeMed Cary
FirstHealth Moore Regional Hospital	WakeMed Garner
FirstHealth Regional Hospital - Hoke	WakeMed North Healthplex
FirstHealth Richmond Memorial Hospital	WakeMed Raleigh
FirstHealth Sandhills Regional Medical	WakeMed Raleigh Children's ED
Lexington	WakeMed Psychiatric Observation Unit

# Hospital Status Report as of September 2019

## No Information Available



Hospital Name	Program Status	NC-STeP Model
Caldwell Memorial	TBD	TBD
Cherokee Indian Hospital	TBD	TBD
New Hanover	TBD	TBD
Novant Franklin Medical	TBD	TBD
Onslow Memorial	TBD	TBD
Scotland Health	TBD	TBD
Wilkes Regional Medical	TBD	TBD



East Carolina University  
CENTER FOR TELEPSYCHIATRY



NC-SteP

## Contact

Sy Atezaz Saeed, M.D., M.S., FACP<sub>psych</sub>  
*Professor and Chairman*

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

*Director*

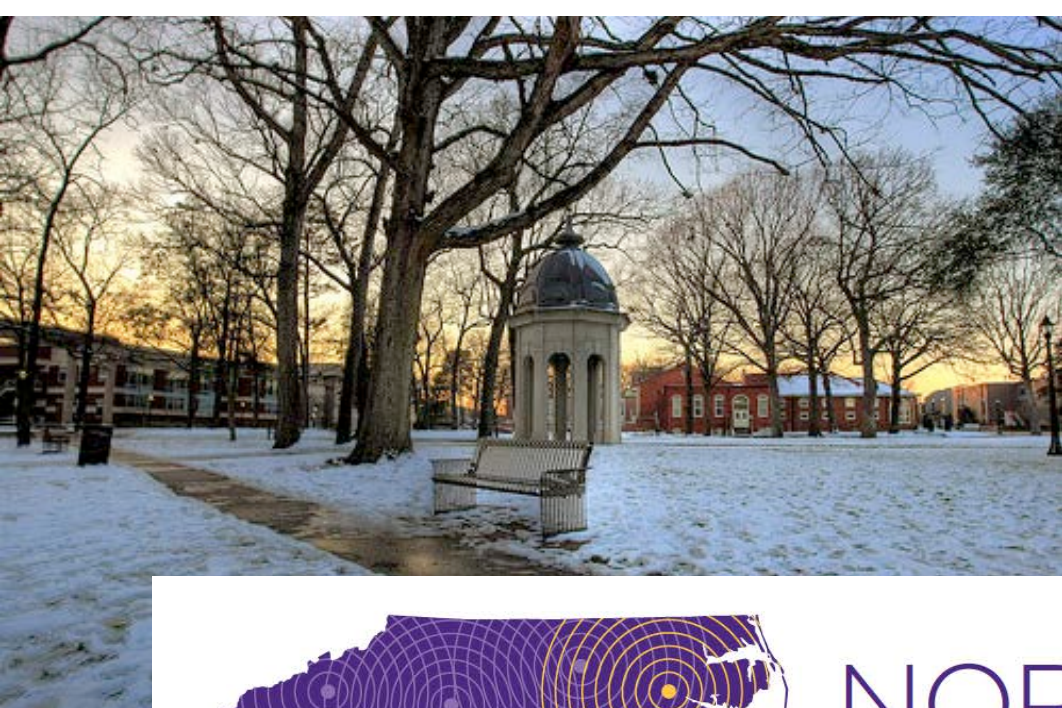
North Carolina Statewide Telepsychiatry Program (NC-SteP)

Phone: 252.744.2660 | e-mail: [saeeds@ecu.edu](mailto:saeeds@ecu.edu)

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

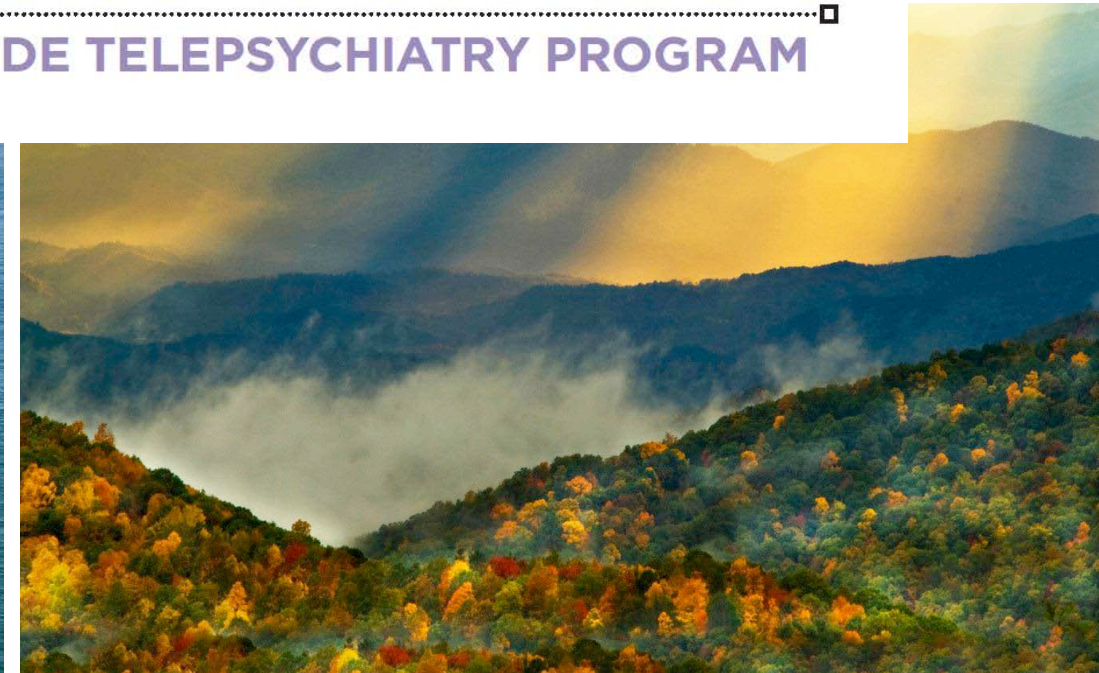
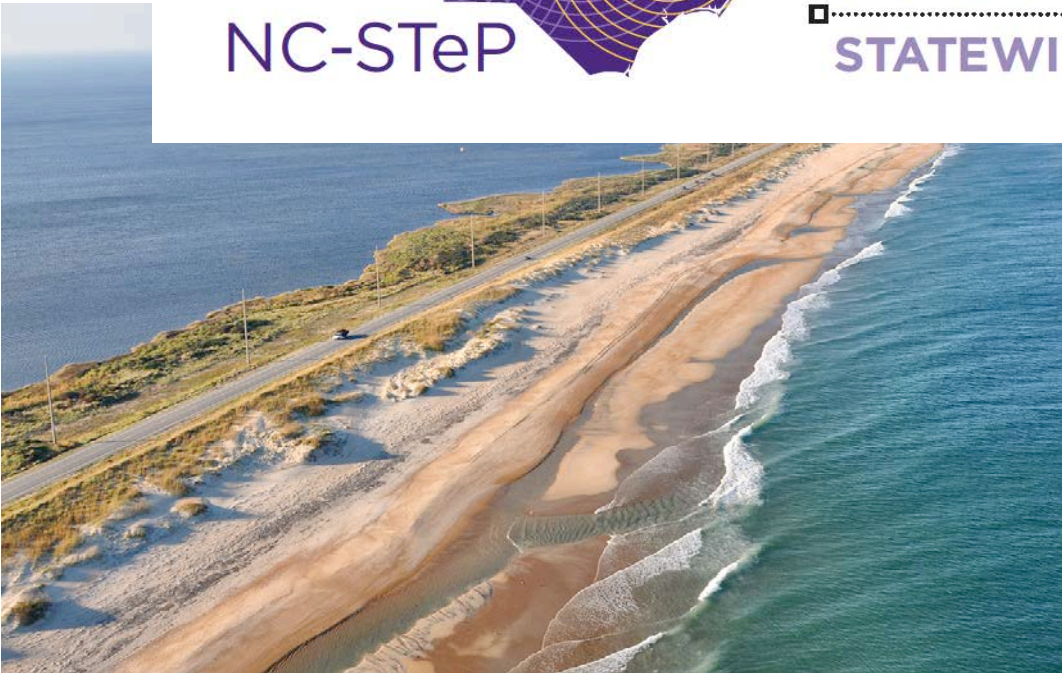
Mail: 600 Moye Boulevard, Suite 4E-100,  
Greenville, NC 27834





# NORTH CAROLINA

STATEWIDE TELEPSYCHIATRY PROGRAM





**NC-STeP Advisory Council Meeting**

Friday December 13, 2019

1:00 pm – 3:00 pm

North Carolina Psychiatric Association  
4917 Waters Edge Drive, Suite 250  
Raleigh, NC 27606

**Agenda**

1:00- 1:10 p.m.	Welcome
1:10- 1:15 p.m.	Review and Approval of September 10, 2019 Minutes
1:15- 2:15 p.m.	NC-STeP FY20-Q1 (Jul-Sept) Performance Data
2:15- 2:30 p.m.	Update on Community-Based Pilot(s)
2:30- 2:40 p.m.	Old Business <ul style="list-style-type: none"><li>• Legislative Funding for next fiscal year</li><li>• Startup Costs Allocation and an Annual Base Subscription for Hospitals</li></ul>
2:40- 2:45 p.m.	New Business
2:45- 2:50 p.m.	Announcements
3:00 p.m.	Adjourn

[Join WebEx meeting](#)

Meeting number (access code): 734 201 897

**Join from a video system or application**

Dial [734201897@ecu.webex.com](mailto:734201897@ecu.webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

**Join by phone**

Tap to call in from a mobile device (attendees only)

[+1-415-655-0003](tel:+14156550003) US Toll

[+1-415-655-0003](tel:+14156550003) US Toll