

ABSTRACT

The North Carolina Statewide Telepsychiatry Program (NC-STeP) provides telepsychiatry services in hospital emergency departments to individuals experiencing an acute behavioral health crisis. The program has significantly reduced patient length of stay in emergency departments (EDs), provided cost savings to the health care delivery system through overturned commitments, and has achieved high rates of staff and provider satisfaction.

INTRODUCTION

Mental disorders are common and they are associated with high levels of distress, morbidity, disability, and mortality. Many people with these disorders do not have access to psychiatrist services due to the shortage and maldistribution of psychiatrists. This has resulted in patients going to hospital emergency departments (EDs) to seek services, resulting in long lengths of stay (LOS) and boarding of psychiatric patients in EDs.

NC-STeP was developed in response to NC Session Law 2013-360. The vision of NC-STeP is to assure that individuals who present to EDs, anywhere in the state of North Carolina, experiencing an acute behavioral health crisis will receive timely, evidenced-based psychiatric treatment. East Carolina University's Center for Telepsychiatry is the home for this program that is connecting 80-90 hospital EDs across North Carolina.

MATERIALS AND METHODS

NC-STeP utilizes telepsychiatry, which provides the patient with a face-to-face interaction with the provider through real time video-conferencing technology. Videoconferencing is facilitated using mobile carts and desktop units. A web portal has been designed and implemented that combines scheduling, EMR, HIE functions, and data management systems.

ACKNOWLEDGEMENTS

The plan for NC-STeP was developed in collaboration with a workgroup of key stakeholders including representatives from universities, NC DHHS, hospitals/healthcare systems, NC Hospital Association, NC Psychiatric Association, and LME-MCOs. In addition to the NC General Assembly appropriation of \$4 million over two years to fund the program, NC-STeP is partially funded by the Duke Endowment in the amount of \$1.5 million. NC DHHS provides administrative oversight of the funding.

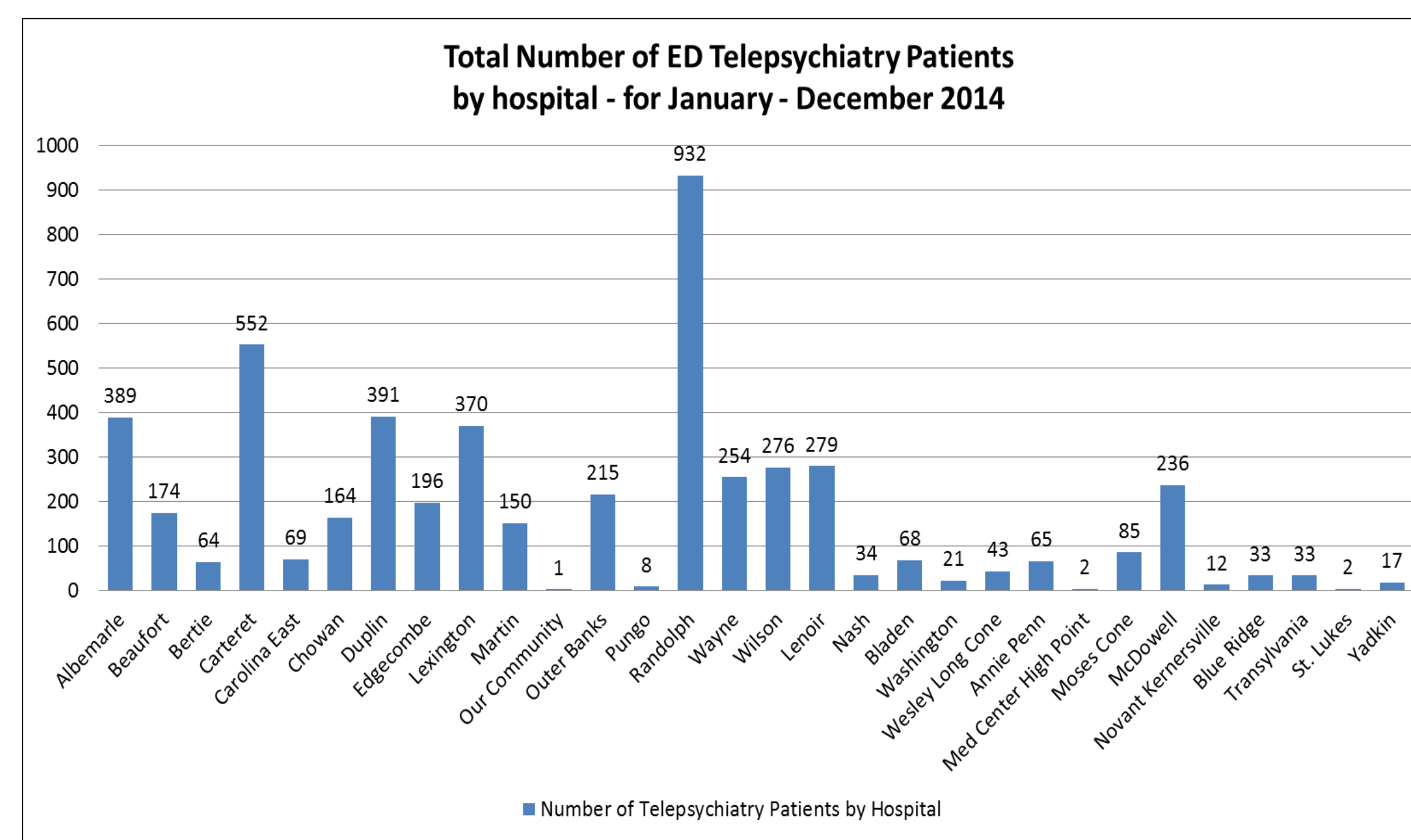
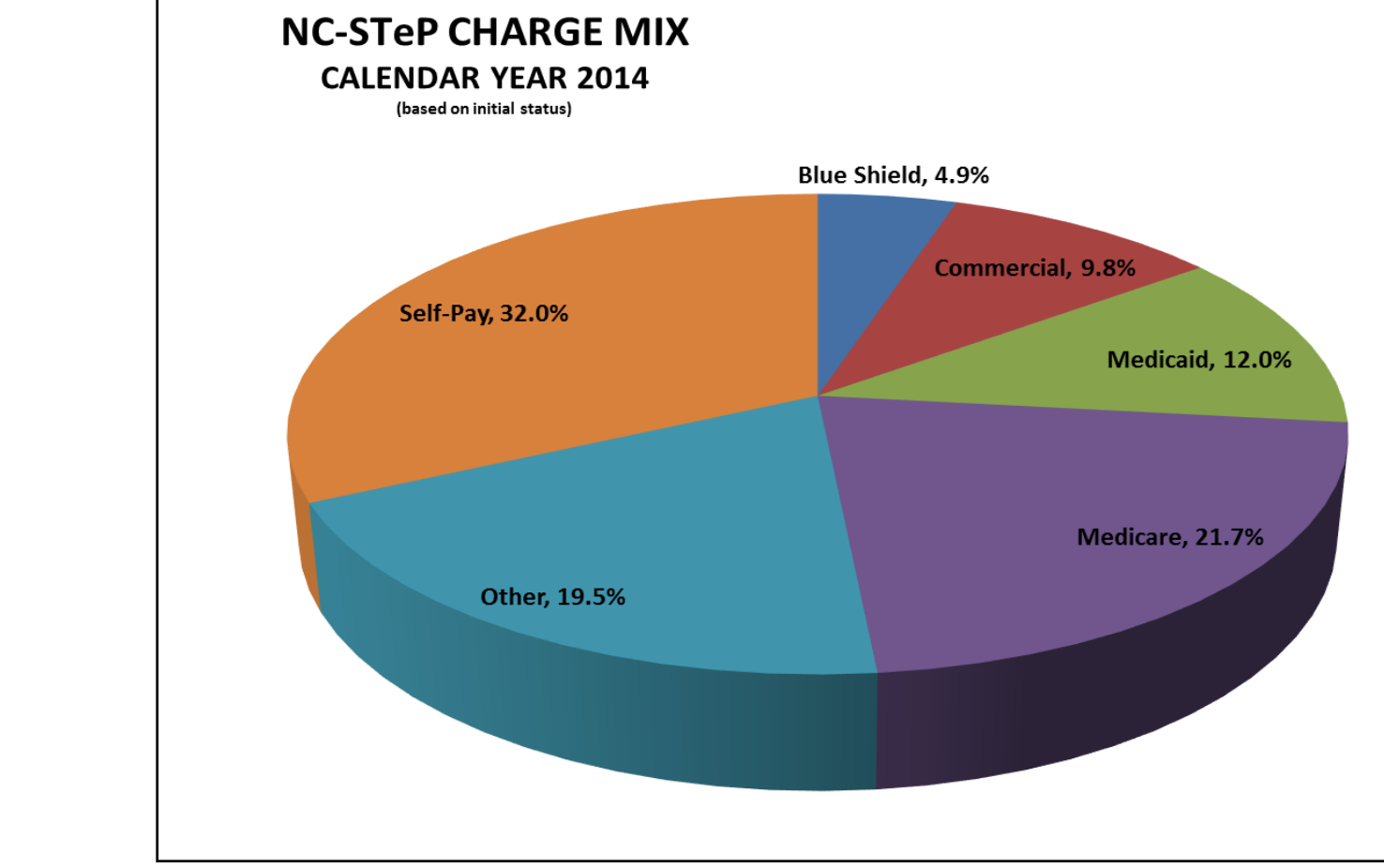
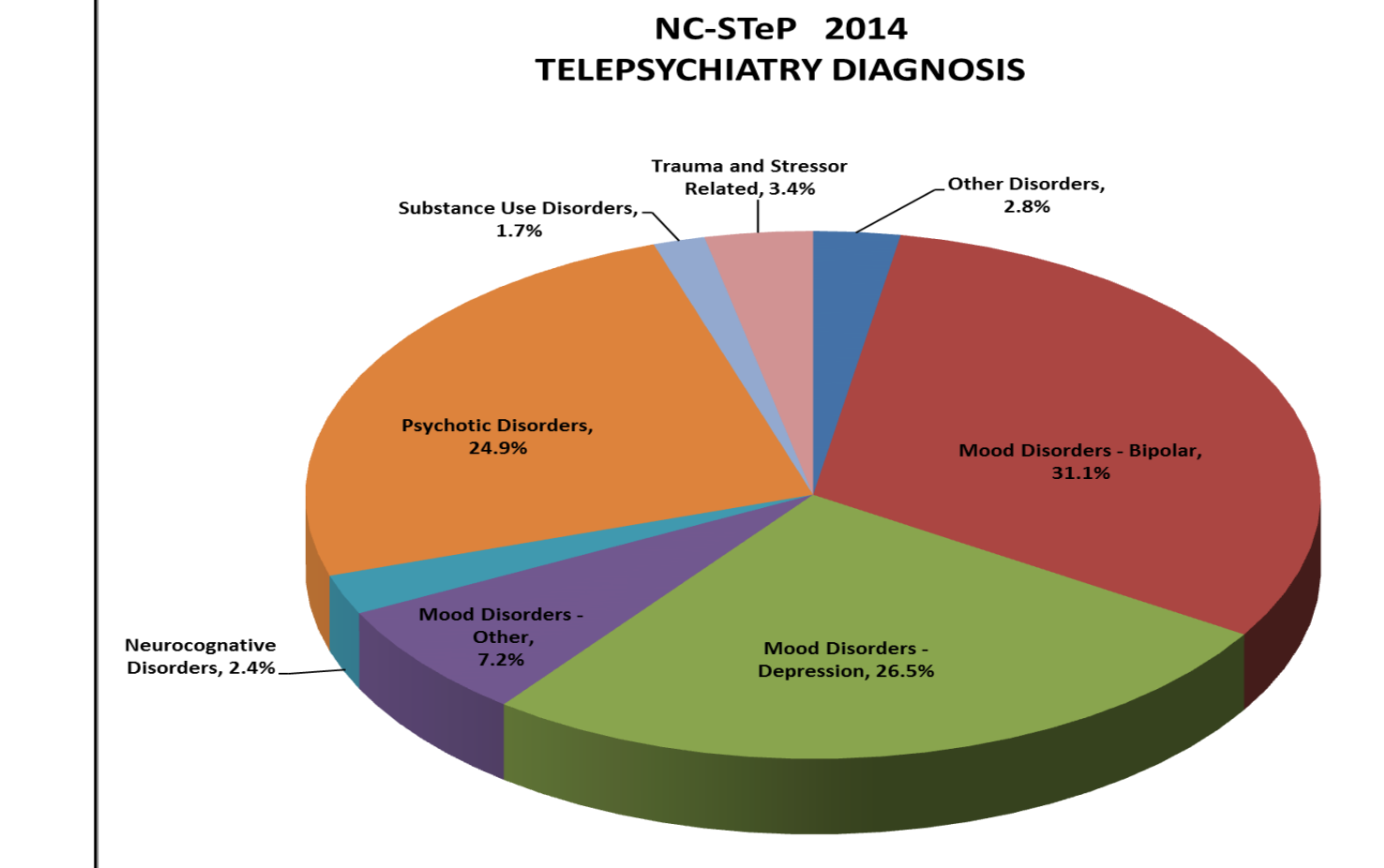
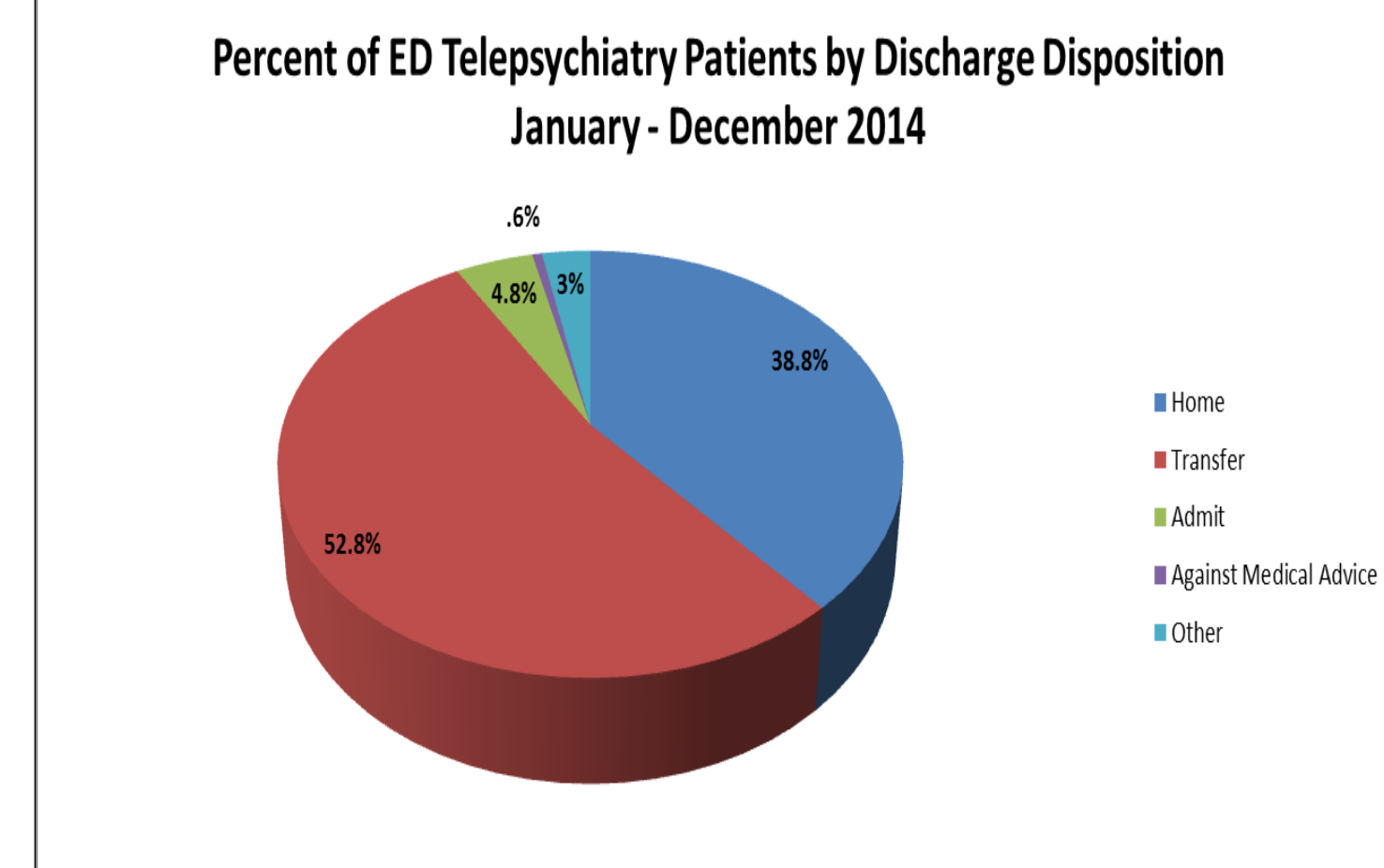
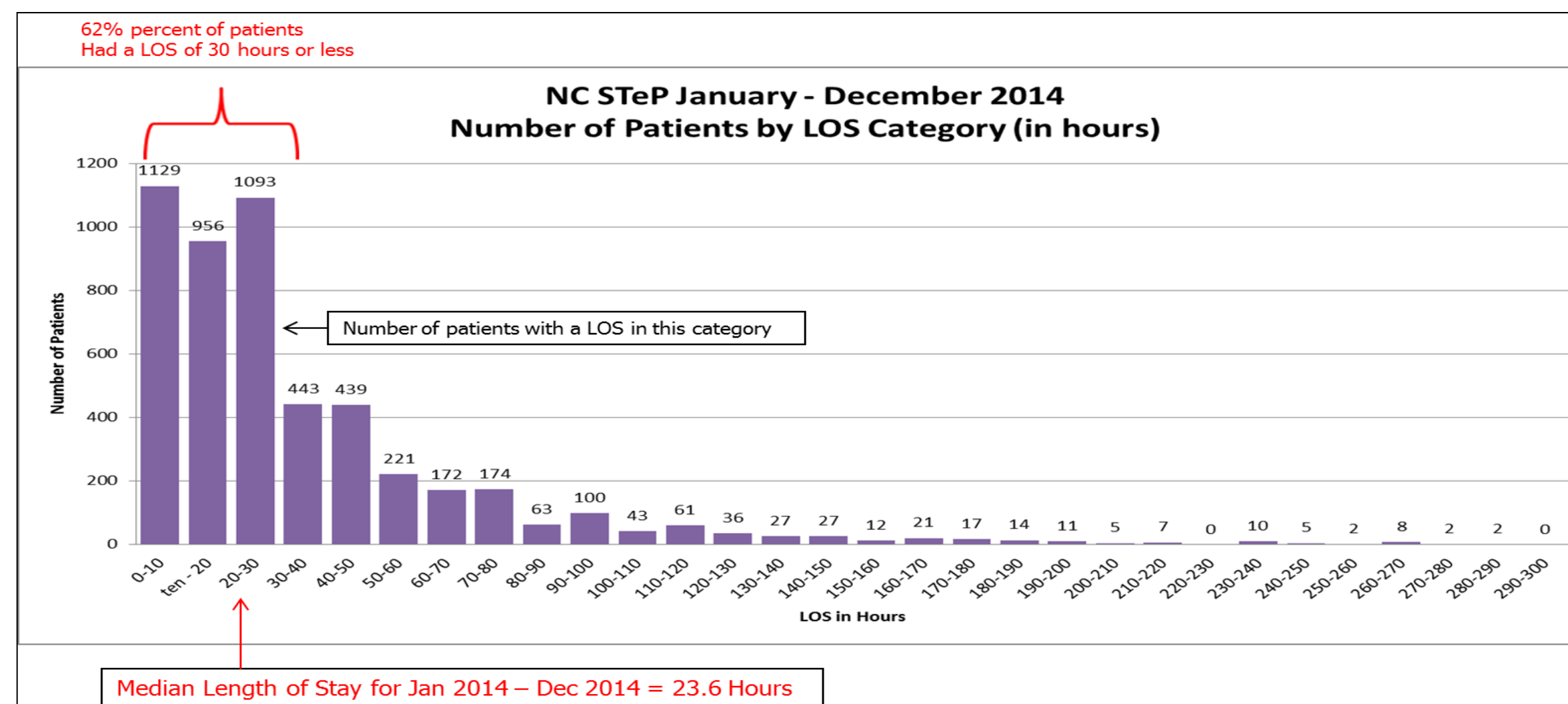
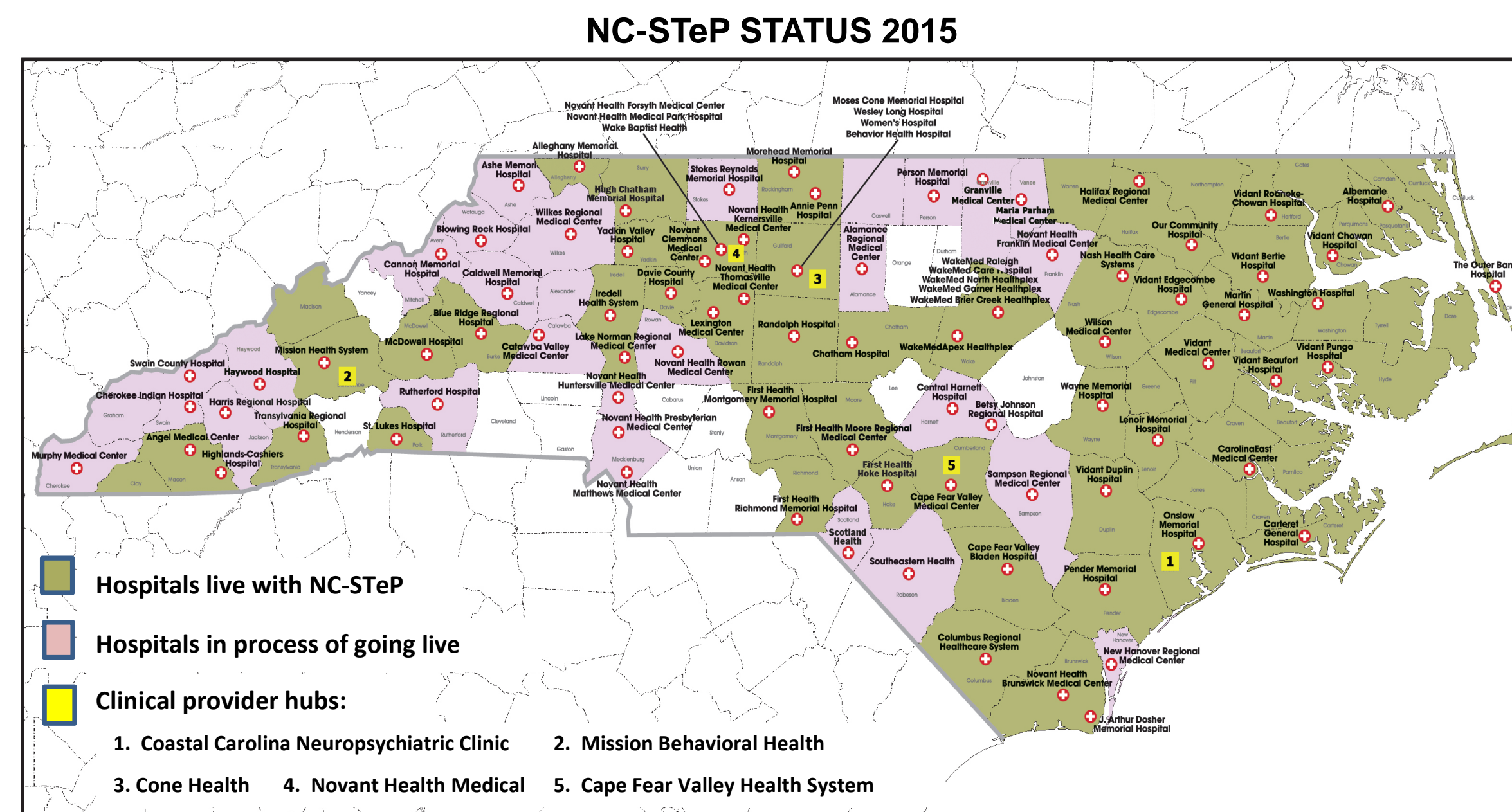
Since 1924, The Duke Endowment has worked to help people and strengthen communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds and enriching spirits.



State of North Carolina, Department of Health and Human Services,
 Office of Rural Health and Community Care
 N.C. DHHS is an equal opportunity employer and provider. 02/2015

RESULTS

- 57 hospitals in the network as of January 2015 including, 40 hospitals live and 17 hospitals equipped, trained and scheduled to go live within 2 months.
- 5 clinical provider hubs operational.
- NC-STeP is either ahead of schedule or on-time with all of the legislatively defined mandates.
- Over 6,000 telepsychiatry assessments completed in 2014.
- In 2014, of the ED patients who received telepsychiatry services, 3,099 had IVCs in place during an ED stay (about 50%). 666 of those were overturned (21%).
- Of the ED patients who received telepsychiatry services, 39% were discharged to home. 53% were discharged to another facility.
- 32% of patients served were uninsured.
- Median length of stay for all ED telepsychiatry patients was 23.6 hours in 2014.



DISCUSSION

- NC-STeP has the capability and workable models to expand to the community-based settings, if funded.
- NC-STeP is positioned well to create collaborative linkages and develop innovative models of mental health care:
 - EDs and hospitals
 - Community-based mental health providers
 - Primary care providers
 - FQHCs and public health centers

NEXT STEPS

- 90 hospitals in network by end of summer 2015
- Implementation of a web-based portal linking hospitals and providers for sharing of information to schedule patients, exchange clinical data and support the administrative, and billing functions
- Evidenced-based practices and treatment protocols to effect positive outcomes and recovery

REFERENCES

1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.
2. Antonacci DJ, Bloch RM, Saeed, SA, Yildirim Y, Talley J. (2008). Empirical Evidence on the Use and Effectiveness of Telepsychiatry via Videoconferencing: Implications for Forensic and Correctional Psychiatry. *Behavioral Sciences and the Law*: 26:253-269.
3. Saeed SA, Diamond J, Bloch RM. (2011) Use of telepsychiatry to improve care for people with mental illness in rural North Carolina. *North Carolina Medical Journal*: Vol. 72, Number 3, pp 219-222.

Satisfaction Survey: End of Year-1 Results

