Quarterly Progress Update

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

Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
NC-STeP Advisory Council Meeting
Friday, June 25, 2021
10:00 am – 11:30 am
Virtual Meeting via Zoom Video Conferencing

Agenda

10:00- 10:05 a.m. Welcome
10:05- 10:10 a.m. Review and Approval of March 12, 2021 Minutes
10:10- 11:00 a.m. NC-STeP FY21-Q3 (Jan-Mar) Performance Data
11:00- 11:15 a.m. Update on Community-Based Pilots
11:15- 11:20 a.m. Old Business
11:20- 11:25 a.m. New Business
11:25- 11:30 a.m. Announcements
11:30 a.m. Adjourn

Join Zoom Meeting
https://zoom.us/j/94425768672?pwd=d0JJYk5tTjh5blZqOTdzL2Y2ZDRwdz09
• 41 hospitals in the network, 40 hospitals were live
• 30 hospitals reporting Telepsychiatry patients in their ED
  – not all live hospitals had telepsychiatry patients
• Total number of assessments for this quarter = 1,296
• Total number of encounters for this quarter = 1,105
• Patient assessments billed for Model 1 hospitals = 879
The Median Length of Stay was 27.2 hours
The Average Length of Stay was 53.5 hours
  – 52.5 hours for those discharged to home
  – 57.5 hours for those transferred to another facility
Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 4 hours and 4 minutes.
• 775 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 317 (41%) of those patients did not have an IVC in place when discharged.

• Of the ED patients who received telepsychiatry services:
  – 46% were discharged to home
  – 47% were discharged to another facility
16 Community based sites were live as of 3/31/21 with 16 sites reporting Telepsychiatry patients.

There were 1092 total behavioral health visits.
- 77 visits with a Psychiatrist.
- 1,015 visits with a behavioral health manager.
- 11 visits with a Maternal and Fetal Medicine Specialist.
<table>
<thead>
<tr>
<th></th>
<th>Since project inception in November 2013</th>
<th>Quarter Jul- Sep 2020</th>
<th>Quarter Oct- Dec 2020</th>
<th>Quarter Jan- Mar 2021</th>
<th>Quarter Apr- Jun 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>35,386</td>
<td>1,179</td>
<td>1,074</td>
<td>1,105</td>
<td></td>
</tr>
<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>21,512</td>
<td>620</td>
<td>544</td>
<td>688</td>
<td></td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>13,847</td>
<td>559</td>
<td>530</td>
<td>417</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Assessments</strong> (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)</td>
<td>46,904</td>
<td>1,334</td>
<td>1,201</td>
<td>1,296</td>
<td></td>
</tr>
</tbody>
</table>
# NC-STeP Benchmarks

<table>
<thead>
<tr>
<th>Goals</th>
<th>Values Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cumulative Target to be reached by (06/30/2021)</td>
</tr>
<tr>
<td>Number of IVCs</td>
<td>1,700</td>
</tr>
<tr>
<td>Number of IVCs Overturned</td>
<td>505</td>
</tr>
<tr>
<td>Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)</td>
<td>4,251</td>
</tr>
</tbody>
</table>
## NC-STeP Status as of March 31, 2021

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2020</th>
<th>TARGET TO BE REACHED BY 06/30/2021</th>
<th>VALUES/MEASURES REACHED AS OF 03/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) positions supported by these contracts</td>
<td>4.02 FTEs</td>
<td>4.30 FTEs</td>
<td>4.10 FTEs</td>
</tr>
<tr>
<td>2. The number of overturned involuntary commitments (inpatient admission prevented)</td>
<td>711</td>
<td>505</td>
<td>317 in this quarter</td>
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<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 7,012</td>
</tr>
<tr>
<td>3. The number of participating consultant providers</td>
<td>48</td>
<td>48</td>
<td>42</td>
</tr>
<tr>
<td>EVALUATION CRITERIA</td>
<td>BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2020</td>
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</tr>
<tr>
<td>4. The number of telepsychiatry assessments conducted.</td>
<td>5,105</td>
<td>4,251</td>
<td>1,296 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 46,904</td>
</tr>
<tr>
<td>5. The number of telepsychiatry referring sites</td>
<td>58</td>
<td>48</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40 Live</td>
</tr>
<tr>
<td>6. The reports of involuntary commitments to enrolled hospitals</td>
<td>2,061</td>
<td>1,700</td>
<td>778 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 20,541</td>
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</tbody>
</table>
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</tr>
</thead>
</table>
| 7. The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions. | 55 hours                                         | 55 hours                          | QTD Average = 53.5  
|                                                                                     |                                                  |                                   | QTD Median = 27.7                                           |
| 8. The rate of "satisfied" or "strongly satisfied" among emergency department staff participating in NC-STeP. | 80%                                              | 80%                               | 88%                                               |
## NC-STeP Status as of March 31, 2021

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2020</th>
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<th>VALUES/MEASURES REACHED AS OF 03/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among hospital CEOs/COOs participating in NC-STeP.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>10. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among consulting (hub) providers participating in NC-STeP.</td>
<td>100%</td>
<td>100%</td>
<td>86%</td>
</tr>
</tbody>
</table>
## NC-STeP Status as of March 31, 2021

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
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<th>TARGET TO BE REACHED BY 06/30/2021</th>
<th>VALUES/MEASURES REACHED AS OF 03/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among emergency department physicians participating in the statewide telepsychiatry program.</td>
<td>85%</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>12. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments (inpatient admission prevented)</td>
<td>$3,839,400</td>
<td>$3,213,403</td>
<td>$1,711,800 Cumulative average since program inception $37,864,800</td>
</tr>
</tbody>
</table>
NC-STeP Status as of March 31, 2021

Map of Participating NC-STeP Facilities

NC-STeP Medical Facilities
- NC-STeP Hospital Site
- NC-STeP Hospital Site Coming Soon
- NC-STeP Community Site
- NC-STeP Community Site Coming Soon
- NC-STeP University Site
- NC-STeP University Site Coming Soon

NC-STeP Counties
- LIVE
- IN PROGRESS
- NEIGHBORING

Distance Scale:
- 0 km
- 75 km
- 150 km
- 0 mi
- 50 mi
- 100 mi
- 150 mi
Number of NC-STeP Patients by Hospital
January - March 2021

- Albemarle: 65
- Beaufort: 3
- Chowan: 11
- Duplin: 5
- Edgecombe: 10
- Outer Banks: 1
- Lenoir: 184
- *McDowell: 6
- *Mission: 5
- *Highland Cashiers: 43
- *Blue Ridge: 81
- *Transylvania: 14
- St. Lukes: 73
- *Angel: 104
- Morehead: 71
- Hugh Chatham: 11
- Maria Parham: 18
- Erlanger: 1
- Ashe: 13
- *St. Elmo: 30
- *Harris: 23
- *Highland Cashiers: 12
- Northern of Surry: 30
- Lake Norman: 23
- Halifax: 2
- Pender: 2
- *UNC Johnston: 31
- Betsy Johnson: 38
- Central Harnett: 32
- Iredell: 27
- UNC Rockingham: 9

* indicates hospitals that are part of the NC-STeP initiative.
Percent of use for Model 1 hospitals Jan-Mar 2021
(based on number of encounters)

- Albemarle: 9%
- Beaufort: 5%
- Betsy Johnson: 15%
- Central Harnett: 6%
- Duplin: 9%
- Erlanger: 10%
- Hugh Chatham: 15%
- Iredell: 5%
- Lake Norman: 3%
- Maria Parham: 3%
- Northern of Surry: 4%
- St. Lukes: 2%
- UNC Rockingham: 4%
- All others combined: 10%
Number of Patients by Provider (Model 1)

Jan-Mar 2021

- CBC: 324
- OV: 156
- ECU: 208

Oct-Dec 2020

- CBC: 239
- OV: 149
- ECU: 141
Number of Patients by Model

**Jan-Mar 2021**
- Model 1: 688
- Model 2: 417

**Oct-Dec 2020**
- Model 1: 529
- Model 2: 530
54% percent of patients had a LOS of 30 hours or less

Median Length of Stay for Jan-Mar 2021 = 27.7 Hours

25 patients had a LOS longer than 300 hours

Number of NC-STeP Patients by LOS Category
Jan - Mar 2021
in hours

Number of patients with a LOS in this category
53% percent of patients had a LOS of 30 hours or less

58.9% percent of patients had a LOS of 30 hours or less
Median Length of Stay by Quarter
(in hours)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Median Length of Stay (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Mar 2018</td>
<td>29.4</td>
</tr>
<tr>
<td>Apr-Jun 2018</td>
<td>26.2</td>
</tr>
<tr>
<td>Jul-Sep 2018</td>
<td>24.6</td>
</tr>
<tr>
<td>Oct-Dec 2018</td>
<td>24.6</td>
</tr>
<tr>
<td>Jan-Mar 2019</td>
<td>25.3</td>
</tr>
<tr>
<td>Apr-Jun 2019</td>
<td>25.4</td>
</tr>
<tr>
<td>Jul-Sep 2019</td>
<td>27.2</td>
</tr>
<tr>
<td>Oct-Dec 2019</td>
<td>25.4</td>
</tr>
<tr>
<td>Jan-Mar 2020</td>
<td>25.4</td>
</tr>
<tr>
<td>Apr-Jun 2020</td>
<td>25.6</td>
</tr>
<tr>
<td>Jul-Sep 2020</td>
<td>24.3</td>
</tr>
<tr>
<td>Oct-Dec 2020</td>
<td>27.3</td>
</tr>
<tr>
<td>Jan-Mar 2021</td>
<td>25.4</td>
</tr>
<tr>
<td>Jan-Mar 2021</td>
<td>27.7</td>
</tr>
<tr>
<td>Quarter</td>
<td>Average Length of Stay (in hours)</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Apr-Jun 2018</td>
<td>56.6</td>
</tr>
<tr>
<td>Jul-Sep 2018</td>
<td>47.3</td>
</tr>
<tr>
<td>Oct-Dec 2018</td>
<td>44.4</td>
</tr>
<tr>
<td>Jan-Mar 2019</td>
<td>48.9</td>
</tr>
<tr>
<td>Apr-Jun 2019</td>
<td>47.7</td>
</tr>
<tr>
<td>Jul-Sep 2019</td>
<td>46.7</td>
</tr>
<tr>
<td>Oct-Dec 2019</td>
<td>42.7</td>
</tr>
<tr>
<td>Jan-Mar 2020</td>
<td>50.9</td>
</tr>
<tr>
<td>Apr-Jun 2020</td>
<td>49.6</td>
</tr>
<tr>
<td>Jul-Sep 2020</td>
<td>54.0</td>
</tr>
<tr>
<td>Oct-Dec 2020</td>
<td>50.6</td>
</tr>
<tr>
<td>Jan-Mar 2021</td>
<td>53.5</td>
</tr>
</tbody>
</table>
Average Length of Stay for NC-STeP Patients by Hospital
January - March 2021
(in hours)
Average Length of Stay by Provider

**Jan-Mar 2021 (in hours)**

- Mission (386) - 24.5 hours
- Old Vineyard (156 patients) - 64.8 hours
- CBC (324 patients) - 73.9 hours
- ECU (186 patients) - 72.6 hours
- UNC (31 patients) - 13.6 hours

**Oct-Dec 2020 (in hours)**

- Novant (71 patients at Hugh Chatham) - 26 hours
- Mission (434) - 24.6 hours
- Old Vineyard (149 patients) - 80.5 hours
- CBC (239 patients) - 62.4 hours
- ECU (141 patients) - 57.1 hours
- UNC (25 patients) - 15.8 hours
Average LOS by Model

Jan-Mar 2021 (in hours)

- Model 1: 71.5 hours
- Model 2: 23.7 hours

Oct-Dec 2020 (in hours)

- Model 1: 66.1 hours
- Model 2: 24.4 hours
Average Length of Stay by Quarter for Patients Discharged to Home or Transfer
(in hours)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Avg LOS for patients discharged HOME</th>
<th>Avg LOS for patients discharged TRANSFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-Jun 2018</td>
<td>49.7</td>
<td>54.9</td>
</tr>
<tr>
<td>Jul-Sep 2018</td>
<td>48.9</td>
<td>48.6</td>
</tr>
<tr>
<td>Oct-Dec 2018</td>
<td>44.5</td>
<td>50.2</td>
</tr>
<tr>
<td>Jan-Mar 2019</td>
<td>47.8</td>
<td>53.5</td>
</tr>
<tr>
<td>Apr-Jun 2019</td>
<td>46.3</td>
<td>65.9</td>
</tr>
<tr>
<td>Jul-Sep 2019</td>
<td>45.3</td>
<td>50.3</td>
</tr>
<tr>
<td>Oct-Dec 2019</td>
<td>40.9</td>
<td>48.8</td>
</tr>
<tr>
<td>Jan-Mar 2020</td>
<td>40.9</td>
<td>53.3</td>
</tr>
<tr>
<td>Apr-Jun 2020</td>
<td>49.5</td>
<td>49.5</td>
</tr>
<tr>
<td>Jul-Sep 2020</td>
<td>57.1</td>
<td>62.4</td>
</tr>
<tr>
<td>Oct-Dec 2020</td>
<td>47.5</td>
<td>56.4</td>
</tr>
<tr>
<td>Jan-Mar 2021</td>
<td>52.5</td>
<td>57.5</td>
</tr>
</tbody>
</table>
Average LOS by Discharge Disposition

Jan-Mar 2021 (in hours)

Oct-Dec 2020 (in hours)
Consult Elapsed Time: January – March 2021

CBC, OV & ECU
Average Consult Elapsed Time
In Queue to Exam Complete
FY21-Q3 January - March
(4 hrs. 4 min.)

Comparison CBC, OV & ECU
Average Consult Elapsed Time
In Queue to Exam Complete
FY21-Q3 January - March 2021
(hh:mm:ss)
Jan-Mar 2021

Model 1 (49.8% Turnover)
Model 2 (8% Turnover)

Oct-Dec 2020

Model 1 (51.4% Turnover)
Model 2 (13.8% Turnover)

Number of IVCs and IVC Turnovers by Model
Jan-Mar 2021

Oct-Dec 2020

Number of IVCs and IVC Turnovers by Provider
Satisfaction Surveys

• Satisfaction surveys are done twice a year
• Most recent surveys conducted in March 2021 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
• Surveys were completed online via Qualtrics software
Satisfaction surveys were conducted in March 2021 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.
The following number of individuals from each group responded (N= 57)

- Model 1 Emergency Department Physicians (2 responded)
- Model 1 Emergency Department Staff (38 responded)
- Model 1 Provider Psychiatrists (6 responded)
- Model 1 Psychiatric Intake Specialists (3 responded)
- Model 1 Hospital CEOs (4 responded)
- Model 2 Emergency Department Physicians (0 responded)
- Model 2 Emergency Department Staff (2 responded)
- Model 2 Provider Psychiatrists (1 – results not shown due to small number)
- Model 2 Hospital CEOs (1 responded – results not shown due to small number)

For each group, one summary question is selected for an overall “satisfaction” rate. The overall satisfaction rate is 89%.
Model 1 ED Staff: Telepsychiatry consults have enhanced behavioral health patient care in our ED

**this question used to measure overall satisfaction**

- Disagree: 5%
- Undecided: 8%
- Agree: 87%
Model 1 Hospital ED Staff Results (n=38)

Model 1 ED Staff: The telepsychiatry equipment is easy to use
- Agree: 79%
- Undecided: 11%
- Disagree: 11%

Model 1 ED Staff: I received adequate training/instruction preparing me to use the telepsychiatry cart
- Agree: 88%
- Undecided: 8%
- Disagree: 3%

Model 1 ED Staff: The telepsychiatry equipment is reliable and seldom goes down.
- Agree: 74%
- Undecided: 13%
- Disagree: 13%

Model 1 ED Staff: Patients appear comfortable using the telepsychiatry equipment to talk with the provider
- Agree: 84%
- Undecided: 8%
- Disagree: 8%
Model 1 Hospital ED Staff Results (n=38)

Model 1 ED Staff: The NC-STeP portal is easy to use.
- Agree: 82%
- Undecided: 8%
- Disagree: 10%

Model 1 ED Staff: The training and resources provided adequately prepared me to use the NC-STeP portal.
- Agree: 87%
- Undecided: 3%
- Disagree: 10%

Model 1 ED Staff: The NC-STeP portal is reliable and unscheduled downtime is rare.
- Agree: 87%
- Undecided: 8%
- Disagree: 5%

Model 1 ED Staff: The level of technical expertise provided by NC-STeP support is adequate.
- Agree: 84%
- Undecided: 8%
- Disagree: 8%
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= 2)

- **Model 1 ED Doc: NC STeP consults are easy to obtain**
  - 50% Agree
  - 0% Undecided
  - 50% Disagree

- **Model 1 ED Doc: NC STeP consultants respond quickly to telepsychiatry requests.**
  - 50% Agree
  - 0% Undecided
  - 50% Disagree

- **Model 1 ED DOC: NC STeP consults are complete and thorough.**
  - 100% Agree
  - 0% Undecided
  - 0% Disagree

- **Model 1 ED DOC: NC Step disposition recommendations are helpful**
  - 100% Agree
  - 0% Undecided
  - 0% Disagree

3/19/2021
Model 1 Hospital ED Physicians Results (n= 2)

Model 1 ED Doc: NC STeP documentation is straightforward

- 100% Agree
- 0% Disagree
- 0% Undecided

Model 1 ED Doc: NC-STeP consults have made me more comfortable assessing and treating patients with mental health/substance abuse issues

- 100% Agree
- 0% Disagree
- 0% Undecided

Model 1 ED Doc: Telepsychiatry consults have improved the work flow in the ED

- 50% Agree
- 0% Disagree
- 50% Undecided
Model 1 Psychiatrist: I am satisfied with providing psychiatric consults via telepsychiatry

**this question used to measure overall satisfaction

- Disagree: 0%
- Undecided: 17%
- Agree: 83%
Model 1 Provider Psychiatrist Results (n=6)

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

- Disagree: 0%
- Undecided: 0%
- Agree: 100%

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

- Disagree: 17%
- Undecided: 0%
- Agree: 83%

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

- Disagree: 17%
- Undecided: 0%
- Agree: 83%

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

- Disagree: 17%
- Undecided: 0%
- Agree: 83%
Model 1 Provider Psychiatrist Results (n= 6)

- **Model 1 Psychiatrist: The telepsychiatry desktop unit is reliable and seldom down**
  - Agree: 83%
  - Disagree: 17%
  - Undecided: 0%

- **Model 1 Psychiatrist: The NC-STeP portal is straightforward to use.**
  - Agree: 100%
  - Disagree: 0%
  - Undecided: 0%

- **Model 1 Psychiatrist: I received adequate training and resources preparing me to use the NC-STeP portal**
  - Agree: 83%
  - Disagree: 17%
  - Undecided: 0%

- **Model 1 Psychiatrist: The NC-STeP portal works well without excessive delays or downtime**
  - Agree: 67%
  - Disagree: 17%
  - Undecided: 17%

3/19/2021
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

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>0%</th>
<th>100%</th>
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</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
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Model 1 Psychiatric Intake Specialist Results (n=3)

Intake Specialist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients

- 100% Agree

Intake Specialist: I believe the quality of psychiatric care I provide via telepsychiatry is comparable to the quality of care I deliver face to face

- 33% Disagree
- 67% Agree

Intake Specialist: Telepsychiatry increases my productivity and/or efficiency.

- 100% Agree

Intake Specialist: The telepsychiatry desktop unit is straightforward to use

- 100% Agree
Model 1 Psychiatric Intake Specialist Results (n=3)

Intake Specialist: The telepsychiatry desktop unit is reliable and seldom down

- Agree: 100%

Intake Specialist: The NC-STeP portal is straightforward to use

- Agree: 100%

Intake Specialist: I received adequate training and resources preparing me to use the portal

- Agree: 67%

Intake Specialist: The NC-STeP portal works well without excessive delays or downtime

- Agree: 100%
Model 1 Hospital CEO: The overall quality of care for psychiatric patients utilizing our ED has improved

**this question used to measure overall satisfaction**
Model 1 CEO/CNO/CFO Results (n=4)

Model 1 Hospital CEO: The LOS for psychiatric patients in our ED has reduced

100% Agree

Model 1 Hospital CEO: Overall, ED throughput has improved.

100% Agree

Model 1 Hospital CEO: Overall, ED staff satisfaction has improved

100% Agree

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

100% Agree
Model 1 CEO/CNO/CFO Results (n=6)

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

- Disagree: 0%
- Undecided: 0%
- Agree: 100%

Model 1 Hospital CEO: Our hospital’s use of NC-STeP consultants has been cost effective

- Disagree: 0%
- Undecided: 0%
- Agree: 100%

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

- Disagree: 0%
- Undecided: 0%
- Agree: 100%

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

- Disagree: 0%
- Undecided: 25%
- Agree: 75%
NC-STeP Charge Mix
QTD 2021 - Quarter 3

- Blue Shield, 9.43%
- Commercial, 4.30%
- LME/IPRS, 4.61%
- LME/MCOS, 38.31%
- Medicaid, 1.83%
- Medicare, 8.72%
- Other, 0.61%
- Self-pay, 32.18%

Other, 0.61%
NC-STeP Charge Mix - Project to Date
Service Dates: October 1, 2013 - March 31, 2021

- Blue Shield, 6.08%
- Commercial, 5.59%
- LME/IPRS, 2.74%
- LME/MCOS, 24.92%
- Medicaid, 3.63%
- Medicare, 17.47%
- Other, 5.99%
- Self-pay, 33.59%
<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 3/31/2020</th>
<th>VALUES/MEASURES REACHED AS OF 03/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) providers supporting the program</td>
<td>0.70 FTEs</td>
<td>0.70 FTEs</td>
</tr>
<tr>
<td>2. The number of community-based sites contracted</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>3. Number of patient visits with medical (psychiatric) doctor</td>
<td>81</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YTD= 210</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTD= 886</td>
</tr>
<tr>
<td>4. The number return visits</td>
<td>524</td>
<td>877</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YTD= 2,376</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTD= 5,708</td>
</tr>
<tr>
<td>5. The number of patient visits with a mid-level provider</td>
<td>613</td>
<td>1,015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YTD= 2,712</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTD= 6,245</td>
</tr>
<tr>
<td>6. The number of new patient visits</td>
<td>169</td>
<td>214</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YTD= 540</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTD= 1,489</td>
</tr>
</tbody>
</table>
### NC-STeP Community Patient Visits

<table>
<thead>
<tr>
<th>Patient Visits</th>
<th>Since project inception in October 2018</th>
<th>During Calendar Year 2018</th>
<th>During Calendar Year 2019</th>
<th>During Calendar Year 2020</th>
<th>During Quarter Jan-Mar 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Medical Doctor</td>
<td>886</td>
<td>8</td>
<td>536</td>
<td>265</td>
<td>77</td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>6,245</td>
<td>7</td>
<td>2,006</td>
<td>3,217</td>
<td>1,015</td>
</tr>
<tr>
<td><strong>Total Patient Visits</strong></td>
<td><strong>7,228</strong></td>
<td><strong>15</strong></td>
<td><strong>2,633</strong></td>
<td><strong>3,477</strong></td>
<td><strong>1,103</strong></td>
</tr>
</tbody>
</table>

- Since project inception there are 92 visits that listed no provider and 5 visits that listed both a mid-level and a doctor.
- There were 11 MFM visits this quarter. As a result, the number of total patient visits was higher than the doctor visits and mid level visits summed. 4/22/21
<table>
<thead>
<tr>
<th>Patient Visits</th>
<th>Goals</th>
<th>Values Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total for most recent full fiscal year</td>
<td>Value Reached as of most recent previous quarter</td>
</tr>
<tr>
<td></td>
<td>(July 1, 2019 - June 30, 2020)</td>
<td>(12/31/2020)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Medical Doctor</td>
<td>438</td>
<td>70</td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>2,661</td>
<td>848</td>
</tr>
<tr>
<td>New Patient Visits</td>
<td>629</td>
<td>169</td>
</tr>
<tr>
<td>Return Patient Visits</td>
<td>2,455</td>
<td>744</td>
</tr>
</tbody>
</table>

4/22/21

- DHHS no longer has targets, so I changed this column to show totals for the most recent 12-month fiscal year period.
- 1 visit did not specify if it was new or return.
- There were 11 MFM visits.
NC-STeP Community Appointments by Site
Appointments, Visits Kept, Rescheduled, Cancelled, No Show
January - March 2021

[Bar chart showing appointment data for each site, with categories for Total Apts, Kept, Rescheduled, Cancelled, and No Show.]
NC-STeP Community Visits by Site by provider type
January - March 2021

- Psychiatric Provider Visits
- BH Mgr Visits
NC-STeP Status as of March 31, 2021

- **41** hospitals in the network. 40 live.
- 46,904 total psychiatry assessments since program inception
- **7,012** IVCs overturned
  - Cumulative return on investment = $37,864,800
    (savings from preventing unnecessary hospitalizations)
- **Six Clinical Provider Hubs** with 42 consultant providers
- Administrative costs below industry standard
- Over **33%** of the patients served had no insurance coverage
16 community-based sites.

7,228 total patient visits since program inception in October 2018.

- 886 total patient visits with a psychiatrist
- 6,245 total patient visits with a mid-level provider
Sy Atezaz Saeed, MD, MS, FACPsych
Professor and Chairman
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine | East Carolina University

Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)

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Mail: 600 Moye Boulevard, Suite 4E-100,
Greenville, NC 27834
NC-STeP Advisory Council Meeting  
Friday, June 25, 2021  
10:00 am – 11:30 am  
Virtual Meeting via Zoom Video Conferencing

Agenda

10:00- 10:05 a.m.  Welcome
10:05- 10:10 a.m.  Review and Approval of March 12, 2021 Minutes
10:10- 11:00 a.m.  NC-STeP FY21-Q3 (Jan-Mar) Performance Data
11:00- 11:15 a.m.  Update on Community-Based Pilots
11:15- 11:20 a.m.  Old Business
11:20- 11:25 a.m.  New Business
11:25- 11:30 a.m.  Announcements
11:30 a.m.  Adjourn