Quarterly Progress Update

Sy Atezaz Saeed, MD, MS, FACPpsych,
Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
Professor and Chair Emeritus
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University
NC-STeP Advisory Council Meeting  
Wednesday, December 14, 2022  
10:30 am – 12:00 pm  
Virtual Meeting via Zoom Video Conference  

Agenda

10:30- 10:40 a.m.  Welcome and Introductions
10:40- 10:45 a.m.  Review and Approval of September 21, 2022 Minutes
10:45- 11:45 a.m.  NC-STeP FY23-Q1 (Jul-Sep) Performance Data
11:45- 11:50 a.m.  Old Business
11:50- 11:55 a.m.  New Business
11:55- 12:00 p.m.  Announcements
12:00 p.m.  Adjourn

Join Zoom Meeting  
https://us06web.zoom.us/j/85603673506?pwd=ays3Y0xIR1VsZFh3ZlZKT0NGcVhFQT09  
Meeting ID: 856 0367 3506  
Passcode: 558639
1. Teresa Bowleg, MSN, RN  
   Chief Nursing Officer, Erlanger Murphy Medical Center
2. Scott W. Brown, MD, FACEP  
   NCCEP Board of Directors/ Harnett Heath System
3. John Bigger  
   Corporate Director of Behavioral Health, Cape Fear Valley Health
4. Joy Futrell, MBA  
   Chief Executive Officer, Trillium Health Resources
5. Robin Huffman  
   Executive Director, North Carolina Psychiatric Association
6. Keith McCoy, MD  
   Deputy CMO for Behavioral Health and I/DD Community Systems, NC-DHHS
7. Shakeerah McCoy, MSN,RN,PCCN  
   Director, Rural Health Innovation
8. Amy Roberts, MHA  
   Executive Director Telehealth – Mission Health
9. Sy Atezaz Saeed, MD, MS  
   Executive Director, NC-STE (Chair)
10. Glenn M. Simpson, MBA, MA, NCC  
    Behavioral Health Service Line Administrator, ECU Health
11. Ashley Stoop, MPH  
    Health Director, Albemarle Regional Health Services
12. Marvin Swartz, MD  
    Professor & Head Division of Social & Community Psychiatry, Duke

Ex Officio Members
1. Ryan Baker, NC-STE/ECU
2. Kalyan Muppavarapu, MD, MPH, NC-STE
3. Renee Clark, MSW, DHHS-ORH
4. Sheila Davies, Ph.D., NC-STE/ MedAccess Partners
5. Phil Donahue, NC-STE/ MedAccess Partners
6. Art Eccleston, Ph.D., DHHS, Division of Mental Health
7. Nick Galvez, DHHS-ORH
8. Katherine Jones, Ph.D., NC-STE/ECU
9. Maggie Sauer, DHHS-ORH
39 hospitals in the network, 38 hospitals were live

29 hospitals reporting Telepsychiatry patients in their ED
  – not all live hospitals had telepsychiatry patients

Total number of assessments for this quarter = 1,432

Total number of encounters for this quarter = 1,283

Patient assessments billed for Model 1 hospitals = 1,021
The Median Length of Stay was 39.5 hours
The Average Length of Stay was 72.1 hours
  - 72.6 hours for those discharged to home
  - 62.6 hours for those transferred to another facility
Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 6 hours and 07 minutes.
• 890 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 362 (40.7%) of those patients did not have an IVC in place when discharged.

• Of the ED patients who received telepsychiatry services:
  – 48.0% were discharged to home
  – 45.6% were discharged to another facility
• 23 Community based sites were live as of 09/30/2022.

• There were 1,363 total behavioral health visits.
  – 151 visits with a Psychiatrist.
  – 1,212 visits with a behavioral health manager.
  – 4 visits with a Maternal and Fetal Medicine Specialist.
Since project inception in November 2013

<table>
<thead>
<tr>
<th></th>
<th>2022 Q1</th>
<th>2022 Q2</th>
<th>2022 Q3</th>
<th>2022 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>42,927</td>
<td>1,235</td>
<td>1,321</td>
<td>1,283</td>
</tr>
<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>26,262</td>
<td>797</td>
<td>869</td>
<td>872</td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>16,665</td>
<td>438</td>
<td>452</td>
<td>411</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>55,812</td>
<td>1,526</td>
<td>1,559</td>
<td>1,432</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>During Calendar Year 2014</th>
<th>During Calendar Year 2015</th>
<th>During Calendar Year 2016</th>
<th>During Calendar Year 2017</th>
<th>During Calendar Year 2018</th>
<th>During Calendar Year 2019</th>
<th>During Calendar Year 2020</th>
<th>During Calendar Year 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Encounters</td>
<td>42,927</td>
<td>5,144</td>
<td>7,128</td>
<td>1,896</td>
<td>3,971</td>
<td>6,104</td>
<td>4,835</td>
<td>4,305</td>
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<tr>
<td>Model 1 Hospital Patient Encounters</td>
<td>26,262</td>
<td>4,578</td>
<td>5,849</td>
<td>706</td>
<td>2,044</td>
<td>2,654</td>
<td>1,902</td>
<td>2,152</td>
</tr>
<tr>
<td>Model 2 Hospital Patient Encounters</td>
<td>16,665</td>
<td>566</td>
<td>1,279</td>
<td>1,190</td>
<td>1,927</td>
<td>3,450</td>
<td>2,933</td>
<td>2,153</td>
</tr>
<tr>
<td>Total Number of Assessments</td>
<td>55,812</td>
<td>8,130</td>
<td>13,573</td>
<td>1,942</td>
<td>4,348</td>
<td>6,680</td>
<td>5,287</td>
<td>4,820</td>
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</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 (06/30/2023)</td>
</tr>
<tr>
<td>Number of IVCs</td>
<td>TBD</td>
</tr>
<tr>
<td>Number of IVCs Overturned</td>
<td>TBD</td>
</tr>
<tr>
<td>Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Number of NC-STeP Patients by Hospital
July - September 2022
Percent of Use by Hospital Jul - Sep 2022
(based on number of encounters)
Percent of Use for Model 1 Hospitals Jul - Sep 2022
(based on number of encounters)

- Albemarle: 12%
- Beaufort: 2%
- Betsy Johnson: 14%
- Central Harnett: 6%
- Duplin: 5%
- Erlanger: 11%
- Halifax: 8%
- Hugh Chatham: 8%
- Iredell: 8%
- Lenoir: 6%
- Northern of Surry: 3%
- Outer Banks: 6%
- UNC Rockingham: 3%
- All Other Hospitals: 8%
Number of Patients by Provider (Model 1)

Jul-Sep 2022

Jan-Mar 2022

Apr-Jun 2022
Number of Patients by Model

**Jul-Sep 2022**
- Model 1: 872
- Model 2: 411

**Jan-Mar 2022**
- Model 1: 770
- Model 2: 438

**Apr-Jun 2022**
- Model 1: 828
- Model 2: 452
39% percent of patients had a LOS of 30 hours or less

Number of NC-STeP Patients by LOS Category
Jul - Sep 2022
in hours

- Number of patients with a LOS in this category
- 45 patients had a LOS longer than 300 hours

Median Length of Stay for Jul-Sep 2022 = 39.5 hours
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>Oct-Dec 2019</td>
<td>25.4</td>
</tr>
<tr>
<td>Jan-Mar 2020</td>
<td>25.6</td>
</tr>
<tr>
<td>Apr-Jun 2020</td>
<td>24.2</td>
</tr>
<tr>
<td>Jul-Sep 2020</td>
<td>27.3</td>
</tr>
<tr>
<td>Oct-Dec 2020</td>
<td>25.3</td>
</tr>
<tr>
<td>Jan-Mar 2021</td>
<td>27.5</td>
</tr>
<tr>
<td>Apr-Jun 2021</td>
<td>28.5</td>
</tr>
<tr>
<td>Jul-Sep 2021</td>
<td>30.4</td>
</tr>
<tr>
<td>Oct-Dec 2021</td>
<td>31.6</td>
</tr>
<tr>
<td>Jan-Mar 2022</td>
<td>42.5</td>
</tr>
<tr>
<td>Apr-Jun 2022</td>
<td>36.3</td>
</tr>
<tr>
<td>Jul-Sep 2022</td>
<td>39.5</td>
</tr>
</tbody>
</table>
Average Length of Stay by Quarter (in hours)
Average Length of Stay by Hospital
July - September 2022
(in hours)
Average LOS by Provider (in hours)

**Jul-Sep 2022**

- CBC: 95.6
- ECU: 78.2

**Apr-Jun 2022**

- CBC: 77.3
- ECU: 80.4

**Jan-Mar 2022**

- CBC: 93.5
- ECU: 97.5
Average LOS by Model

**Jul-Sep 2022 (in hours)**
- Model 1: 89.6 hours
- Model 2: 34.9 hours

**Jan-Mar 2022 (in hours)**
- Model 1: 94.7 hours
- Model 2: 39.1 hours

**Apr-Jun 2022 (in hours)**
- Model 1: 78.3 hours
- Model 2: 32.4 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>Oct-Dec 2019</td>
<td>53.2</td>
<td>48.8</td>
</tr>
<tr>
<td>Jan-Mar 2020</td>
<td>61.5</td>
<td>53.2</td>
</tr>
<tr>
<td>Apr-Jun 2020</td>
<td>51.6</td>
<td>47.4</td>
</tr>
<tr>
<td>Jul-Sep 2020</td>
<td>56.8</td>
<td>62.4</td>
</tr>
<tr>
<td>Oct-Dec 2020</td>
<td>56.1</td>
<td>61.5</td>
</tr>
<tr>
<td>Jan-Mar 2021*</td>
<td>58.4</td>
<td>57.4</td>
</tr>
<tr>
<td>Apr-Jun 2021*</td>
<td>64.2</td>
<td>66.2</td>
</tr>
<tr>
<td>Jul-Sep 2021*</td>
<td>78.8</td>
<td>70.5</td>
</tr>
<tr>
<td>Oct-Dec 2021*</td>
<td>80.5</td>
<td>68.8</td>
</tr>
<tr>
<td>Jan-Mar 2022*</td>
<td>78.7</td>
<td>83.9</td>
</tr>
<tr>
<td>Apr-Jun 2022*</td>
<td>78.7</td>
<td>72.6</td>
</tr>
<tr>
<td>Jul-Sep 2022</td>
<td>83.9</td>
<td>62.6</td>
</tr>
</tbody>
</table>

* denotes data collected during COVID-19 pandemic.
Average LOS by Discharge Disposition

**Jul-Sep 2022 (in hours)**

- AVG - ALL DISPOSITIONS: 72.1
- Other: 62.6
- Admit: 95.3
- Transfer: 72.6
- Home: 72.1

**Apr-Jun 2022 (in hours)**

- AVG - ALL DISPOSITIONS: 62.1
- Other: 69
- Admit: 116.5
- Transfer: 66.1
- Home: 55.8
Consult Elapsed Time: July - September 2022

CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY23-Q1 September 2022

Comparison CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
FY23-Q1 September 2022
Key Processes and Elapsed Times Averages
CBC and ECU: July – September 2022

<table>
<thead>
<tr>
<th></th>
<th>Avg. Time from Queue to Intake Start</th>
<th>Avg. Intake Duration</th>
<th>Avg. Time From Intake End to Exam Start</th>
<th>Avg. Exam Duration</th>
<th>Total Duration from Queue to Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elapsed Time</td>
<td>4:45:45</td>
<td>1:12:00</td>
<td>5:28:22</td>
<td>6:07:09</td>
<td>6:07:09</td>
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</table>
IVCs – By Release Status

- Jul-Sep 2022: 59% released, 41% not released
- Jan-Mar 2022: 54% released, 46% not released
- Apr-Jun 2022: 58% released, 42% not released
**Number of IVCs and IVC Turnovers by Model**

**Jul-Sep 2022**

- Model 1 (47.9% Turnover)
  - IVCs: 746
  - Turnovers: 144
- Model 2 (3.5% Turnover)
  - IVCs: 357
  - Turnovers: 5

**Apr-Jun 2022**

- Model 1 (51.8% Turnover)
  - IVCs: 687
  - Turnovers: 356
- Model 2 (5.5% Turnover)
  - IVCs: 183
  - Turnovers: 10
Number of IVCs and IVC Turnovers by Provider

Jul-Sep 2022

CBC (46.5% Turnover)

ECU (50.6% Turnover)

IVCs  IVC Turnovers

Apr-Jun 2022

CBC (53.3% Turnover)

ECU (48.9% Turnover)

IVCs  IVC Turnovers
Satisfaction Surveys

- Satisfaction surveys are done twice a year.
- Most recent surveys were conducted in August 2022.
- 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 2022 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

• 52 individuals responded to the survey (N = 52).

• For each group, one summary question is selected for an overall “satisfaction” rate.

• The overall satisfaction rate is 81%.
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=7)

Model 1 ED DOC: NC Step disposition recommendations are helpful

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

Model 1 ED Doc: NC STeP consultants respond quickly to telepsychiatry requests.

- Agree: 43%
- Undecided: 29%
- Disagree: 29%

Model 1 ED DOC: NC STeP consults are complete and thorough.

- Agree: 71%
- Undecided: 29%
- Disagree: 0%

Model 1 ED Doc: NC STeP consults are easy to obtain

- Agree: 43%
- Undecided: 43%
- Disagree: 14%
Model 1 Hospital ED Physicians Results (n=7)

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

Model 1 ED Doc: NC STeP documentation is straightforward

Model 1 ED Doc: Telepsychiatry consults have improved the workflow in the ED

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

**this question used to measure overall satisfaction**

- Disagree: 0%
- Undecided: 18%
- Agree: 82%
Model 1 Hospital ED Staff Results (n=22)

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

- Agree: 82%
- Undecided: 18%
- Disagree: 0%

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

- Agree: 73%
- Undecided: 18%
- Disagree: 9%

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

- Agree: 68%
- Undecided: 27%
- Disagree: 5%

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

- Agree: 82%
- Undecided: 18%
- Disagree: 0%
Model 1 Hospital ED Staff Results (n=22)

Model 1 ED Staff: The NC-STeP portal is easy to use.
- 9% Disagree
- 9% Undecided
- 82% Agree

Model 1 ED Staff: The training and resources provided adequately prepared me to use the NC-STeP portal.
- 9% Disagree
- 14% Undecided
- 77% Agree

Model 1 ED Staff: The NC-STeP portal is reliable and unscheduled downtime is rare.
- 0% Disagree
- 23% Undecided
- 77% Agree

Model 1 ED Staff: The level of technical expertise provided by NC-STeP support is adequate.
- 0% Disagree
- 23% Undecided
- 73% Agree
Model 1 Psychiatrist: 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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<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Model 1 Provider Psychiatrist Results (n=5)

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

- 100% Agree

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.

- 100% Agree

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.

- 100% Agree

Model 1 Psychiatrist: The NC-STEPI portal is straightforward to use.

- 80% Agree
Model 1 Provider Psychiatrist Results (n = 5)

Model 1 Psychiatrist: The telepsychiatry desktop unit is reliable and seldom down

- 100% Agree

Model 1 Psychiatrist: The NC-STeP portal is straightforward to use.

- 80% Agree

Model 1 Psychiatrist: I received adequate training and resources preparing me to use the NC-STeP portal

- 80% Agree

Model 1 Psychiatrist: The NC-STeP portal works well without excessive delays or downtime

- 60% Agree
Intake Specialist: I am satisfied with providing psychiatric consults via telepsychiatry

**this question used to measure overall satisfaction**

- Disagree: 17%
- Undecided: 0%
- Agree: 83%
Model 1 Psychiatric Intake Specialist Results (n=6)

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

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

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

- Disagree: 17%
- Undecided: 17%
- Agree: 67%

Intake Specialist: The telepsychiatry desktop unit is straightforward to use.

- Disagree: 17%
- Undecided: 17%
- Agree: 67%
Model 1 Psychiatric Intake Specialist Results (n=6)

Intake Specialist: The telepsychiatry desktop unit is reliable and seldom down
- Disagree: 17%
- Undecided: 33%
- Agree: 50%

Intake Specialist: The NC-STeP portal is straightforward to use
- Disagree: 33%
- Undecided: 17%
- Agree: 50%

Intake Specialist: I received adequate training and resources preparing me to use the portal
- Disagree: 0%
- Undecided: 0%
- Agree: 100%

Intake Specialist: The NC-STeP portal works well without excessive delays or downtime
- Disagree: 50%
- Undecided: 17%
- Agree: 33%
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=12)

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

- Disagree: 42%
- Undecided: 17%
- Agree: 42%

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

- Disagree: 33%
- Undecided: 33%
- Agree: 33%

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

- Disagree: 25%
- Undecided: 0%
- Agree: 75%

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

- Disagree: 17%
- Undecided: 25%
- Agree: 58%
Model 1 Hospital CEO: Medical staff’s understanding of mental health issues and treatment options in our ED has improved.

- Disagree: 25%
- Undecided: 17%
- Agree: 58%

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: 25%
- Agree: 75%

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

- Disagree: 0%
- Undecided: 17%
- Agree: 83%
NC-STeP Charge Mix
QTD FY2023 - Quarter 1

Blue Shield, 15%
Commercial, 7%
Medicaid, 32%
Medicare, 18%
Other, 4%
LME/IPRS, 3%
Self Pay, 21%

Blue Shield  Commercial  Medicaid  Medicare  Other  LME/IPRS  Self Pay
NC-STeP Charge Mix - Project to Date
Service Dates: October 1, 2013 – September 30, 2022

- Blue Shield, 7%
- Commercial, 6%
- Medicaid, 6%
- Medicare, 17%
- Other, 5%
- LME/IPRS, 3%
- LME/MCO, 23%
- Self Pay, 33%
<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>VALUES/MEASURES REACHED AS OF 9/30/2022</th>
</tr>
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<tbody>
<tr>
<td>The number of full-time equivalent (FTE) providers supporting the program</td>
<td>1.6 FTEs</td>
</tr>
<tr>
<td>The number of community-based sites contracted</td>
<td>23</td>
</tr>
<tr>
<td>Number of patient visits with medical (psychiatric) doctor</td>
<td>151</td>
</tr>
<tr>
<td></td>
<td>PTD= 1,477</td>
</tr>
<tr>
<td>The number return visits</td>
<td>952</td>
</tr>
<tr>
<td></td>
<td>PTD= 11,077</td>
</tr>
<tr>
<td>The number of patient visits with a mid-level provider</td>
<td>1,212</td>
</tr>
<tr>
<td></td>
<td>PTD= 12,586</td>
</tr>
<tr>
<td>The number of new patient visits</td>
<td>411</td>
</tr>
<tr>
<td></td>
<td>PTD= 3,036</td>
</tr>
<tr>
<td>Patient Visits</td>
<td>Since project inception in October 2018</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>With Medical Doctor</td>
<td>1,477</td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>12,586</td>
</tr>
<tr>
<td>Total Patient Visits</td>
<td>14,152</td>
</tr>
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</table>
NC-Step Community Visits by Site
by Provider Type
July - September 2022

<table>
<thead>
<tr>
<th>Site</th>
<th>Psychiatric Provider Visits</th>
<th>BH Mgr Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort</td>
<td>3</td>
<td>124</td>
</tr>
<tr>
<td>Benson</td>
<td>21</td>
<td>94</td>
</tr>
<tr>
<td>Bertie</td>
<td>40</td>
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Legend:
- Blue: Psychiatric Provider Visits
- Orange: BH Mgr Visits
• 39 hospitals in the network. 38 live.
• 55,812 total psychiatry assessments since program inception
• 9,155 IVCs overturned
  – Cumulative return on investment = $49,437,00
    (savings from preventing unnecessary hospitalizations)
• Four Clinical Provider Hubs with 52 consultant providers
• Over 32% of the patients served had no insurance coverage
NC-STeP Status as of September 30, 2022

• 23 community-based sites.
• 14,063 total patient visits since program inception in October 2018.
  – 1,477 total patient visits with a psychiatrist
  – 12,586 total patient visits with a mid-level provider
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