Quarterly Progress Update

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Brody School of Medicine - East Carolina University
37 hospitals in the network, 36 hospitals were live

20 hospitals reporting Telepsychiatry patients in their ED
  - not all live hospitals had telepsychiatry patients

Total number of assessments for this quarter = 1,007
Total number of encounters for this quarter = 872
Patient assessments billed for Model 1 hospitals = 955
The Median Length of Stay was 34.6 hours
The Average Length of Stay was 68.8 hours
  – 61.9 hours for those discharged to home
  – 68.4 hours for those transferred to another facility
Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 5 hours and 32 minutes.
• 707 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 303 (42.9%) of those patients did not have an IVC in place when discharged.

• Of the ED patients who received telepsychiatry services:
  – 49.3% were discharged to home
  – 41.3% were discharged to another facility
• 22 Community based sites were live as of 03/31/2023.

• 2,153 total behavioral health visits:
  – 249 visits with a Psychiatrist.
  – 1904 visits with a behavioral health manager.
Since project inception in November 2013

<table>
<thead>
<tr>
<th></th>
<th>Quarter Jan-Mar 2023</th>
<th>Quarter Apr-Jun 2023</th>
<th>Quarter Jul-Sep 2023</th>
<th>Quarter Oct-Dec 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>45,084</td>
<td>872</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>22,872</td>
<td>820</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>17,212</td>
<td>52</td>
<td></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>58,225</td>
<td>1,007</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Since project inception in November 2013</td>
<td>Quarter Jan- Mar 2022</td>
<td>Quarter Apr- Jun 2022</td>
<td>Quarter Jul- Sep 2022</td>
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<tr>
<td>------------------------------</td>
<td>-----------------------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>45,084</td>
<td>1,240</td>
<td>1,325</td>
<td>1,350</td>
</tr>
<tr>
<td><strong>Model 1 Hospital</strong></td>
<td>27,872</td>
<td>802</td>
<td>873</td>
<td>894</td>
</tr>
<tr>
<td><strong>Patient Encounters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 2 Hospital</strong></td>
<td>17,212</td>
<td>438</td>
<td>452</td>
<td>456</td>
</tr>
<tr>
<td><strong>Patient Encounters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Assessments</strong></td>
<td>58,225</td>
<td>1,532</td>
<td>1,563</td>
<td>1,506</td>
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</tbody>
</table>

(Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)
<table>
<thead>
<tr>
<th>Period</th>
<th>Total Patient Encounters</th>
<th>Model 1 Hospital Patient Encounters</th>
<th>Model 2 Hospital Patient Encounters</th>
<th>Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since project inception in November 2013</td>
<td>45,084</td>
<td>27,872</td>
<td>17,212</td>
<td>58,225</td>
</tr>
<tr>
<td>During Calendar Year 2014</td>
<td>5,144</td>
<td>4,578</td>
<td>566</td>
<td>8,130</td>
</tr>
<tr>
<td>During Calendar Year 2015</td>
<td>7,128</td>
<td>5,849</td>
<td>1,279</td>
<td>13,573</td>
</tr>
<tr>
<td>During Calendar Year 2016</td>
<td>1,896</td>
<td>706</td>
<td>1,190</td>
<td>1,942</td>
</tr>
<tr>
<td>During Calendar Year 2017</td>
<td>3,971</td>
<td>2,044</td>
<td>1,927</td>
<td>4,348</td>
</tr>
<tr>
<td>During Calendar Year 2018</td>
<td>6,104</td>
<td>2,654</td>
<td>3,450</td>
<td>6,680</td>
</tr>
<tr>
<td>During Calendar Year 2019</td>
<td>4,835</td>
<td>1,902</td>
<td>2,933</td>
<td>5,287</td>
</tr>
<tr>
<td>During Calendar Year 2020</td>
<td>4,305</td>
<td>2,152</td>
<td>2,153</td>
<td>4,820</td>
</tr>
<tr>
<td>During Calendar Year 2021</td>
<td>4,763</td>
<td>2,897</td>
<td>1,866</td>
<td>5,641</td>
</tr>
<tr>
<td>During Calendar Year 2022</td>
<td>5,124</td>
<td>3,328</td>
<td>1,796</td>
<td>5,923</td>
</tr>
</tbody>
</table>
## NC-STeP Benchmarks

<table>
<thead>
<tr>
<th>Goals</th>
<th>Values Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Target to be reached by (06/30/2023)</td>
<td>Value Reached as of most recent previous quarter (12/31/2022)</td>
</tr>
<tr>
<td>Number of IVCs</td>
<td>2,815</td>
</tr>
<tr>
<td>Number of IVCs Overturned</td>
<td>1,155</td>
</tr>
<tr>
<td>Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)</td>
<td>5,025</td>
</tr>
</tbody>
</table>
NC-STeP Status as of March 31, 2023

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

MOTHeRS Project
- Live
- In Progress

NC-STeP Counties
- Live
- In Progress
- Neighboring
Number of NC-STeP Patients by Hospital
January - March 2023

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albemarle</td>
<td>115</td>
</tr>
<tr>
<td>Beaufort</td>
<td>16</td>
</tr>
<tr>
<td>Bertie</td>
<td>1</td>
</tr>
<tr>
<td>Chowan</td>
<td>7</td>
</tr>
<tr>
<td>Duplin</td>
<td>20</td>
</tr>
<tr>
<td>Edgecombe</td>
<td>5</td>
</tr>
<tr>
<td>Outer Banks</td>
<td>53</td>
</tr>
<tr>
<td>*McDowell</td>
<td></td>
</tr>
<tr>
<td>*Highland Caseliers</td>
<td></td>
</tr>
<tr>
<td>*Blue Ridge</td>
<td></td>
</tr>
<tr>
<td>*Transylvania</td>
<td></td>
</tr>
<tr>
<td>St. Lukes</td>
<td>20</td>
</tr>
<tr>
<td>*Angel</td>
<td></td>
</tr>
<tr>
<td>Hugh Chatham</td>
<td>67</td>
</tr>
<tr>
<td>Maria Parham</td>
<td></td>
</tr>
<tr>
<td>Maria Parham Franklin</td>
<td>64</td>
</tr>
<tr>
<td>Erlanger</td>
<td>92</td>
</tr>
<tr>
<td>*Bladen</td>
<td></td>
</tr>
<tr>
<td>Doshier</td>
<td>52</td>
</tr>
<tr>
<td>Northern of Surry</td>
<td>22</td>
</tr>
<tr>
<td>Lake Norman</td>
<td>24</td>
</tr>
<tr>
<td>Halifax</td>
<td>69</td>
</tr>
<tr>
<td>*Betsy Johnson</td>
<td></td>
</tr>
<tr>
<td>Central Harnett</td>
<td>109</td>
</tr>
<tr>
<td>Iredell</td>
<td>98</td>
</tr>
<tr>
<td>AdventHealth</td>
<td>90</td>
</tr>
</tbody>
</table>
Percent of Use by Hospital Jan - Mar 2023
(based on number of encounters)

- *Bladen: 6%
- Albemarle: 13%
- Betsy Johnson: 12%
- Central Harnett: 11%
- Dosher: 3%
- Duplin: 2%
- Erlanger: 11%
- Halifax: 8%
- Hugh Chatham: 8%
- Iredell: 10%
- Lake Norman: 3%
- Outer Banks: 6%
- St. Lukes: 2%
- all Others Combined: 5%
Percent of Use by Model 1 Hospitals Jan - Mar 2023
(based on number of encounters)
Number of Patients by Provider (Model 1)

### Jan-Mar 2023
- CBC: 581
- ECU: 239

### Oct-Dec 2022
- CBC: 481
- ECU: 231
Number of Patients by Provider (Model 1)

Oct-Dec 2022

Jan-Mar 2022

Jul-Sep 2022

Apr-Jun 2022
Number of Patients by Model

**Jan-Mar 2023**

- Model 1: 820 patients
- Model 2: 52 patients

**Oct-Dec 2022**

- Model 1: 712 patients
- Model 2: 402 patients
Number of Patients by Model

Oct-Dec 2022

- Model 1: 712
- Model 2: 402

Jan-Mar 2022

- Model 1: 770
- Model 2: 438

Jul-Sep 2022

- Model 1: 872
- Model 2: 411

Apr-Jun 2022

- Model 1: 828
- Model 2: 452
45.2% percent of patients had a LOS of 30 hours or less.

Number of NC-STeP Patients by LOS Category
Jan - Mar 2023
in hours

37 patients had a LOS longer than 300 hours

Median Length of Stay for Jan-Mar 2023 = 34.6 hours
Median Length of Stay by Quarter
(in hours)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Median Length of Stay</th>
</tr>
</thead>
<tbody>
<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>39.4</td>
</tr>
<tr>
<td>Oct-Dec 2022</td>
<td>34.6</td>
</tr>
<tr>
<td>Jan-Mar 2023</td>
<td>34.6</td>
</tr>
</tbody>
</table>
Average Length of Stay by Quarter for Hospitals Participating in NC-STeP
(in hours)

- Apr-Jun 2020: 49.3
- Jul-Sep 2020: 53.9
- Oct-Dec 2020: 50.5
- Jan-Mar 2021*: 57
- Apr-Jun 2021*: 63.4
- Jul-Sep 2021*: 57
- Oct-Dec 2021*: 72.5
- Jan-Mar 2022*: 72.6
- Apr-Jun 2022*: 90.6
- Jul-Sep 2022*: 84.5
- Oct-Dec 2022*: 84.5
- Jan-Mar 2023: 68.8
- Apr-Jun 2023*
Average Length of Stay for NC-STeP Patients by Hospital
January - March 2023
(in hours)
Average LOS by Provider (in hours)

Jan-Mar 2023
(in hours)

CBC
(581 patients)

ECU
(239 patients)

71.1
71

Oct-Dec 2022
(in hours)

CBC

87.5

ECU

72.5

(581 patients)

(239 patients)
### Average Length of Stay by Provider

#### Jan-Mar 2023 (in hours)

- **Mission**: Data not submitted
- **Cape Fear**: 33.5 hours (52 patients)
- **CBC**: 71.1 hours (581 patients)
- **ECU**: 71 hours (239 patients)

#### Oct-Dec 2022 (in hours)

- **Mission**: 28.1 hours (402)
- **Cape Fear**: 87.5 hours (no patients)
- **CBC**: 72.5 hours (481 patients)
- **ECU**: 72.5 hours (231 patients)
Average LOS by Model

Jan-Mar 2023 (in hours)

- Model 1: 71.1 hours
- Model 2: 33.5 hours

Oct-Dec 2022 (in hours)

- Model 1: 82.7 hours
- Model 2: 28 hours
Average Length of Stay by Quarter for Patients Discharged to Home or Transfer (in hours)

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged Home</td>
<td>47.4</td>
<td>56.8</td>
<td>62.4</td>
<td>61.5</td>
<td>69.9</td>
<td>64.2</td>
<td>70.5</td>
<td>78.8</td>
<td>86.4</td>
<td>92.2</td>
<td>81.9</td>
<td>61.9</td>
</tr>
<tr>
<td>Discharged Transfer</td>
<td>47.4</td>
<td>56.1</td>
<td>61.5</td>
<td>58.4</td>
<td>50.7</td>
<td>68.8</td>
<td>86.4</td>
<td>85.1</td>
<td>76.2</td>
<td>69.7</td>
<td>76.2</td>
<td>68.4</td>
</tr>
</tbody>
</table>
Average LOS by Discharge Disposition

Jan - Mar 2023 (in hours)

Oct-Dec 2022 (in hours)
Consult Elapsed Time: January – March 2023

CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY23-Q3 JAN-MAR 2023

In Que Wait Time
3:43:18

Exam Elapsed Time
1:49:25

Comparison CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
FY23-Q3 January – March 2023

ECU
CB

In Que Wait Time
3:28:19

Exam Elapsed Time
5:46:09

5:18:01

3:58:11

3:28:19

0:00:00

1:12:00

2:24:00

3:36:00

4:48:00

6:00:00

7:12:00

In Que Wait Time
Exam Elapsed Time
Consult Elapsed Time

CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
January - December 2022
(5 hrs. 42 min.)

- Exam Elapsed Time
  - 1:44:01
- In Que Wait Time
  - 4:01:40

CBC, OVBHS, and ECU
Average Consult Elapsed Time
In Queue to Exam Complete
January - December 2019
(3 hrs. 16 min.)

- Exam Elapsed Time
  - 1:53:15
- In Queue Wait Time
  - 1:22:23

In Que Wait Time ▶ Exam Elapsed Time
Percent of Patients by Discharge Disposition

Jan-Mar 2023
- Home: 50%
- Transfer: 41%
- Admit: 3%
- Other: 6%

Oct-Dec 2022
- Home: 49%
- Transfer: 42%
- Admit: 6%
- Other: 3%
Jan-Mar 2023

IVCs –
By Release Status

Oct-Dec 2022

IVCs - percent not released

IVCs - percent released
Percent of IVCs Turned Over by Quarter
January 2021 - December 2022

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Mar 2021</td>
<td>40.9</td>
</tr>
<tr>
<td>Apr-Jun 2021</td>
<td>40.1</td>
</tr>
<tr>
<td>Jul-Sep 2021</td>
<td>40.5</td>
</tr>
<tr>
<td>Oct-Dec 2021</td>
<td>42.1</td>
</tr>
<tr>
<td>Jan-Mar 2022</td>
<td>45.5</td>
</tr>
<tr>
<td>Apr-Jun 2022</td>
<td>43.0</td>
</tr>
<tr>
<td>Jul-Sep 2022</td>
<td>41.0</td>
</tr>
<tr>
<td>Oct-Dec 2022</td>
<td>34.7</td>
</tr>
</tbody>
</table>
Jan-Mar 2023

Model 1 (45.2% Turnover)

Model 2 (0% Turnover)

Oct-Dec 2022

Model 1 (42.6% Turnover)

Model 2 (4% Turnover)

Number of IVCs and IVC Turnovers by Model
Number of IVCs and IVC Turnovers by Provider

Jan-Mar 2023

Oct-Dec 2022

CBC (44.6% Turnover)

ECU (46.3% Turnover)

CBC (44.8% Turnover)

ECU (46.3% Turnover)
Satisfaction surveys are done twice a year. Most recent surveys were conducted in March 2023. 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.
• 46 individuals responded to the survey (N = 46).
• For each group, one summary question is selected for an overall “satisfaction” rate.
• The overall satisfaction rate is 88%.
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**

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>14%</td>
</tr>
<tr>
<td>Undecided</td>
<td>0%</td>
</tr>
<tr>
<td>Agree</td>
<td>86%</td>
</tr>
</tbody>
</table>
Model 1 Hospital ED Physicians Results (n=7)

Model 1 ED DOC: NC Step disposition recommendations are helpful

- Agree: 86%
- Undecided: 14%
- Disagree: 0%

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

- Agree: 57%
- Undecided: 14%
- Disagree: 29%

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

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

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

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

3/21/2023
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

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

Model 1 ED Doc: NC STeP documentation is straightforward

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

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

- Disagree: 14%
- Undecided: 29%
- Agree: 57%
Model 1 Hospital ED Staff Results (n=23)

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

**this question used to measure overall satisfaction**

- Disagree: 9%
- Undecided: 13%
- Agree: 78%
Model 1 Hospital ED Staff Results (n=23)

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

- Agree: 87%
- Undecided: 0%
- Disagree: 13%

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

- Agree: 78%
- Undecided: 13%
- Disagree: 9%

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

- Agree: 65%
- Undecided: 4%
- Disagree: 30%

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

- Agree: 87%
- Undecided: 9%
- Disagree: 4%
Model 1 Hospital ED Staff Results (n=23)

Model 1 ED Staff: The NC-STeP portal is easy to use.

- Disagree: 13%
- Undecided: 13%
- Agree: 74%

Model 1 ED Staff: The training and resources provided adequately prepared me to use the NC-STeP portal.

- Disagree: 13%
- Undecided: 17%
- Agree: 70%

Model 1 ED Staff: The NC-STeP portal is reliable and unscheduled downtime is rare.

- Disagree: 22%
- Undecided: 9%
- Agree: 70%

Model 1 ED Staff: The level of technical expertise provided by NC-STeP support is adequate.

- Disagree: 17%
- Undecided: 13%
- Agree: 70%
Model 1 Psychiatrist: I am satisfied with providing psychiatric consults via telepsychiatry

**This question used to measure overall satisfaction**

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

3/21/2023
Model 1 Provider Psychiatrist Results (n= 6)

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 NC-SteP portal is straightforward to use.
Model 1 Provider Psychiatrist Results (n = 6)

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

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

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

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

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

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

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

- Disagree: 50%
- Undecided: 17%
- Agree: 33%
Model 1 Psychiatric Intake Specialist Results (n=8)

Intake Specialist: I am satisfied with providing psychiatric consults via telepsychiatry
**this question used to measure overall satisfaction

- Disagree: 0%
- Undecided: 0%
- Agree: 100%
Model 1 Psychiatric Intake Specialist Results (n=8)

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

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

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

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

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

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

Intake Specialist: The telepsychiatry desktop unit is straightforward to use

- Agree: 88%
- Undecided: 12%
- Disagree: 0%
Model 1 Psychiatric Intake Specialist Results (n=8)

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

- Disagree: 25%
- Undecided: 38%
- Agree: 38%

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

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

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: 25%
- Agree: 25%

3/21/2023
Model 1 Hospital CEO: The overall quality of care for psychiatric patients utilizing our ED has improved

**this question used to measure overall satisfaction**

- Disagree: 0%
- Undecided: 25%
- Agree: 75%
Model 1 CEO/CNO/CFO Results (n=4)

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

- Disagree: 25%
- Undecided: 25%
- Agree: 50%

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

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

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

- Disagree: 25%
- Undecided: 25%
- Agree: 50%

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

- Disagree: 0%
- Undecided: 50%
- Agree: 50%

3/21/2023
Model 1 CEO/CNO/CFO Results (n=4)

Model 1 Hospital CEO: Medical staff’s understanding of mental health issues and treatment options in our ED has improved
- Disagree: 25%
- Undecided: 0%
- Agree: 75%

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: 0%
- Agree: 100%
NC-STeP Charge Mix
QTD FY2023 - Quarter 3

- Medicaid: 32%
- Blue Shield: 20%
- Commercial: 10%
- LME/IPRS: 3%
- Medicare: 14%
- Self-Pay: 19%
- Other: 2%
- LME/MCO's: 0%
NC-STeP Charge Mix - Project to Date

Service Dates: October 1, 2013 – March 31, 2023

- **Self-Pay**, 32%
- **Other**, 5%
- **Medicare**, 17%
- **LME/MCO’s**, 22%
- **Medicaid**, 8%
- **LME/IPRS**, 3%
- **Commercial**, 6%
- **Blue Shield**, 7%
# Community-Based Sites as of March 31, 2023

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>VALUES/MEASURES REACHED AS OF 03/31/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of full-time equivalent (FTE) providers supporting the program</td>
<td>1.5 FTEs</td>
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<tr>
<td>2. Number of community-based sites contracted</td>
<td>22</td>
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<tr>
<td>3. Number of patient visits with medical (psychiatric) doctor</td>
<td>249</td>
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<tr>
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<td>PTD= 1,941</td>
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<td>4. Number of return visits</td>
<td>1,645</td>
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<td>5. Number of patient visits with a mid-level provider</td>
<td>1,904</td>
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<td>PTD= 15,925</td>
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<td>6. Number of new patient visits</td>
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<td>PTD= 4,006</td>
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<td>Patient Visits</td>
<td>Since project inception in October 2018</td>
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<td>----------------------------------------</td>
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<tr>
<td>With Medical Doctor</td>
<td>1,941</td>
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<tr>
<td>With Mid-Level Provider</td>
<td>15,925</td>
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<tr>
<td>Total Patient Visits</td>
<td>17,971</td>
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</table>

Since project inception there are 109 visits that listed no provider and 5 visits that listed both a mid-level and a doctor.
NC-STeP Appointment by Site
Appointments, Visits Kept, Rescheduled, Cancelled, No Show
January - March 2023

<table>
<thead>
<tr>
<th>Site</th>
<th>Total Apts</th>
<th>Apts Kept</th>
<th>Apts Rescheduled</th>
<th>Apts Cancelled</th>
<th>Apts No Show</th>
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</table>

**NC-STeP Community Visits by Site**
New and Follow-Up
January - March 2023

**New Visits** and **Follow up Visits**
NC-STeP Status as of March 31, 2023

• 37 hospitals in the network. 36 live.
• 58,225 total psychiatry assessments since program inception
• 9,747 IVCs overturned
  – Cumulative return on investment = $52,633,800 (savings from preventing unnecessary hospitalizations)
• Four Clinical Provider Hubs with 59 consultant providers
• 32% of the patients served had no insurance coverage
NC-STeP Status as of March 31, 2023

• 22 community-based sites.
• 17,866 total patient visits since program inception in October 2018.
  – 1,941 total patient visits with a psychiatrist
  – 15,925 total patient visits with a mid-level provider
Sy Atezaz Saeed, MD, MS, FACPsych
*Professor and Chair Emeritus*
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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