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, November 29, 2023  
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 August 28, 2023 Minutes

10:45- 11:45 a.m. NC-STEP FY24-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/88462582831?pwd=NFAKQ9bKFurU9TC7sYmLn0KUQTCobY.1

Meeting ID: 884 6258 2831  
Passcode: 505481
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 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. Katy Kranze  
   Executive Director, North Carolina Psychiatric Association

6. Gary R. Maslow, MD,  
   Professor of Psychiatry and Behavioral Sciences, Duke Health

7. Keith McCoy, MD  
   Deputy CMO for Behavioral Health and I/DD Community Systems, NC-DHHS

8. Shakeerah McCoy, MSN,RN,PCCN  
   Director, Rural Health Innovation

9. Sy Atezaz Saeed, MD, MS,  
   Professor and Chair Emeritus, Department of Psychiatry and Behavioral Medicine, ECU Brody School of Medicine  
   Founding Executive Director, NC-STeP (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

Ex Officio Members

1. Ryan Baker, NC-STeP/ECU

2. Renee Clark, MSW, DHHS-ORH

3. Sheila Davies, Ph.D., NC-STeP/MedAccess Partners

4. Phil Donahue, NC-STeP/MedAccess Partners

5. Nick Galvez, DHHS-ORH

6. Katherine Jones, Ph.D., NC-STeP/ECU

7. Maggie Sauer, DHHS-ORH
• 29 hospitals were live
• 21 hospitals reporting Telepsychiatry patients in their ED
  – not all live hospitals had telepsychiatry patients
• Total number of assessments for this quarter = 1,139
• Total number of encounters for this quarter = 1,008
• The Median Length of Stay was 39.5 hours
• The Average Length of Stay was 71.0 hours
  – 63.5 hours for those discharged to home
  – 59.9 hours for those transferred to another facility
• Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 5 hours and 29 minutes.
• 771 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 311 (40.3%) 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
  – 40% were discharged to another facility
22 Community based sites were live as of 09/30/2023.

2,045 total behavioral health visits.
- 173 visits with a Psychiatrist.
- 1,872 visits with a behavioral health manager.
<table>
<thead>
<tr>
<th></th>
<th>Since project inception in November 2013</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>47,025</td>
<td>880</td>
<td>925</td>
<td>1,008</td>
<td></td>
</tr>
<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>29,681</td>
<td>828</td>
<td>861</td>
<td>940</td>
<td></td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>17,344</td>
<td>52</td>
<td>64</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Assessments</strong></td>
<td></td>
<td>60,403</td>
<td>1,027</td>
<td>1,019</td>
<td>1,139</td>
</tr>
</tbody>
</table>

(Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)
Since project inception in November 2013

<table>
<thead>
<tr>
<th></th>
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<th>Quarter Jan- Mar 2022</th>
<th>Quarter Apr- Jun 2022</th>
<th>Quarter Jul- Sep 2022</th>
<th>Quarter Oct- Dec 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Encounters</td>
<td>47,025</td>
<td>1,240</td>
<td>1,325</td>
<td>1,350</td>
<td>1,209</td>
</tr>
<tr>
<td>Model 1 Hospital Patient Encounters</td>
<td>29,681</td>
<td>802</td>
<td>873</td>
<td>894</td>
<td>759</td>
</tr>
<tr>
<td>Model 2 Hospital Patient Encounters</td>
<td>17,344</td>
<td>438</td>
<td>452</td>
<td>456</td>
<td>450</td>
</tr>
<tr>
<td>Total Number of Assessments (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals)</td>
<td>60,403</td>
<td>1,532</td>
<td>1,563</td>
<td>1,506</td>
<td>1,322</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 (06/30/2024)</td>
<td>Value Reached as of most recent previous quarter (06/30/2023)</td>
</tr>
<tr>
<td>Number of IVCs</td>
<td>2,229</td>
</tr>
<tr>
<td>Number of IVCs Overturned</td>
<td>1,113</td>
</tr>
<tr>
<td>Total Number of Assessments (Billed assessments for Model 1 hospitals + Number of patient encounters for Model 2 hospitals.)</td>
<td>3,400</td>
</tr>
</tbody>
</table>

- **Number of IVCs**: 34.6% of Yearly Target
- **Number of IVCs Overturned**: 28% of Yearly Target
- **Total Number of Assessments**: 33.5% of Yearly Target
### NC-STeP Status as of September 30, 2023

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2023</th>
<th>TARGET TO BE REACHED BY 06/30/2024</th>
<th>VALUES/MEASURES REACHED AS OF 09/30/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) positions supported by these contracts</td>
<td>4.30 FTEs</td>
<td>5.30 FTEs</td>
<td>4.30 FTEs</td>
</tr>
<tr>
<td>2. The number of overturned involuntary commitments (inpatient admission prevented)</td>
<td>1,249</td>
<td>1,133</td>
<td>311 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 10,367</td>
</tr>
<tr>
<td>3. The number of participating consultant providers</td>
<td>23</td>
<td>20</td>
<td>23</td>
</tr>
</tbody>
</table>
## NC-STeP Status as of September 30, 2023

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2023</th>
<th>TARGET TO BE REACHED BY 06/30/2024</th>
<th>VALUES/MEASURES REACHED AS OF 09/30/2023</th>
</tr>
</thead>
</table>
| 4. The number of telepsychiatry assessments conducted. | 4,824 | 3,400 | 1,139 in this quarter  
Cumulative total since program inception 60,403 |
| 5. The number of telepsychiatry referring sites | 30 | 29 | 29 |
| 6. The reports of involuntary commitments to enrolled hospitals | 3,123 | 2,229 | 771 in this quarter  
Cumulative total since program inception 28,644 |
### EVALUATION CRITERIA

<table>
<thead>
<tr>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2023</th>
<th>TARGET TO BE REACHED BY 06/30/2024</th>
<th>VALUES/MEASURES REACHED AS OF 09/30/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions.</td>
<td>61.0 hours</td>
<td>72.25 hours</td>
</tr>
<tr>
<td>8. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments. (inpatient admission prevented)</td>
<td>$6,744,600</td>
<td>$5,929,200</td>
</tr>
</tbody>
</table>
Evaluation Criteria #2, #4, and #6:

PTD totals were adjusted upwards to include 15 assessments for 2023 Q3 Jan-Mar 23 and 34 for 2023 Q4 Apr-June 2023 that were submitted too late to be included in their respective reports, for an increase of 49 assessments, 29 IVCs and 10 overturned IVCs.
Number of NC-STeP Patients by Hospital
July - September 2023

Number of NC-STeP Patients by Hospital
July - September 2023

Albemarle 108
Beaufort 21
Bertie 4
Chowan 6
Duplin 25
Edgecombe 11
Outer Banks 52
Carteret 128
St. Lukes 17
Hugh Chatham 74
Maria Parham 4
Maria Parham Franklin 4
Erlanger 82
*Bleden 68
Dosher 12
Northern of Surry 20
Lake Norman 134
*Fayette 10
Pender 79
Betsy Johnson 77
Central Harnett 76
Iredell AdventHealth
Percent of Use by Hospital for Model 1 and Model 2 Jul - Sep 2023
(based on number of patients)
Percent of Use by Hospital for Model 1
Jul - Sep 2023
(based on number of encounters)
Number of Patients by Provider (Model 1)

Jul-Sep 2023

- CBC: 650
- ECU: 290
- Cape Fear: 68

Jan-Mar 2023

- CBC: 581
- ECU: 239

Apr-Jun 2023

- CBC: 585
- ECU: 247
- Cape Fear: 64
Number of Patients by Model

**Jul-Sep 2023**
- Model 1: 940 patients
- Model 2: 68 patients

**Jan-Mar 2023**
- Model 1: 820 patients
- Model 2: 52 patients

**Apr-Jun 2023**
- Model 1: 832 patients
- Model 2: 64 patients
Median Length of Stay for Jul-Sep 2023 = 39.5 hours

38% of patients had a LOS of 30 hours or less.

37 patients had a LOS longer than 300 hours.

Number of NC-SteP Patients by LOS Category
July - September 2023
in hours
Number of NC-SteP Patients by LOS Category
July - September 2023
in hours

38% percent of patients had a LOS of 30 hours or less

Number of patients with a LOS in this category

37 patients had a LOS longer than 360 hours

Median Length of Stay for Jul-Sep 2023 = 39.5 hours

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

45.2% percent of patients had a LOS of 30 hours or less

Number of patients with a LOS in this category

37 patients had a LOS longer than 360 hours

Median Length of Stay for Jan-Mar 2023 = 34.6 hours

Number of NC-SteP Patients by LOS Category
Apr - Jun 2023
in hours

41.1% percent of patients had a LOS of 30 hours or less

Number of patients with a LOS in this category

18 patients had a LOS longer than 360 hours

Median Length of Stay for Apr-Jun 2023 = 37.3 hours

ECU
NORTH CAROLINA STATEWIDE TELEPSYCHIATRY PROGRAM
Average Length of Stay by Quarter for Hospitals Participating in NC-STeP
(in hours)

Average Length of Stay by Year
(in hours)

*Indicates average was adjusted to include back data
Average Length of Stay for NC-STeP Patients by Hospital
July - September 2023
(in hours)
**Average Length of Stay by Provider**

**Jul-Sep 2023** (in hours)

- **CBC** (64 patients): 71.2 hours (585 patients in total)
- **ECU** (247 patients): 75.3 hours
- **Cape Fear** (585 patients): 50.4 hours

**Apr-Jun 2023** (in hours)

- **Cape Fear**: 49.9 hours
- **ECU**: 64.7 hours
- **CBC**: 60.7 hours
Average LOS by Model

**Jul-Sep 2023 (in hours)**
- Model 1: 72.5 hours
- Model 2: 50.4 hours

**Jan-Mar 2023 (in hours)**
- Model 1: 71.1 hours
- Model 2: 33.5 hours

**Apr-Jun 2023 (in hours)**
- Model 1: 61.9 hours
- Model 2: 49.9 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 2020</td>
<td>47.8</td>
<td>56.1</td>
</tr>
<tr>
<td>Jan-Mar 2021*</td>
<td>61.5</td>
<td>69.9</td>
</tr>
<tr>
<td>Apr-Jun 2021*</td>
<td>58.4</td>
<td>64.2</td>
</tr>
<tr>
<td>Jul-Sep 2021*</td>
<td>78.8</td>
<td>70.5</td>
</tr>
<tr>
<td>Oct-Dec 2021*</td>
<td>68.8</td>
<td>86.4</td>
</tr>
<tr>
<td>Jan-Mar 2022*</td>
<td>92.2</td>
<td>81.9</td>
</tr>
<tr>
<td>Apr-Jun 2022*</td>
<td>85.1</td>
<td>76.2</td>
</tr>
<tr>
<td>Jul-Sep 2022*</td>
<td>69.7</td>
<td>61.9</td>
</tr>
<tr>
<td>Oct-Dec 2022*</td>
<td>61.9</td>
<td>54.4</td>
</tr>
<tr>
<td>Jan-Mar 2023</td>
<td>68.4</td>
<td>55.5</td>
</tr>
<tr>
<td>Apr-Jun 2023</td>
<td>79.3</td>
<td>63.5</td>
</tr>
<tr>
<td>Jul-Sep 2023</td>
<td>59.9</td>
<td>61.9</td>
</tr>
</tbody>
</table>

*Indicates average was adjusted to include back data.
Average LOS by Discharge Disposition

**Jul - Sep 2023 (in hours)**

- **AVG - ALL DISPOSITIONS**: 71 hours
- **Other**: 92.5 hours
- **Admit**: 59.9 hours
- **Transfer**: 63.5 hours
- **Home**: 61 hours

**Apr - Jun 2023 (in hours)**

- **AVG - ALL DISPOSITIONS**: 134.8 hours
- **Other**: 110 hours
- **Admit**: 74 hours
- **Transfer**: 60.4 hours
- **Home**: 55 hours
Consult Elapsed Time: July - September 2023

CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY24-Q1 July - September 2023
(5 hrs. 29 min. 40 29 sec.)

In Que Wait Time
3:39:24

Exam Elapsed Time
1:50:16

Comparison CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY24-Q1 July - September 2023

CBC
ECU

0:00:00
1:12:00
2:24:00
3:36:00
4:48:00
5:60:00
6:00:00
7:12:00

0:00:00
1:12:00
2:24:00
3:36:00
4:48:00
5:60:00
6:00:00
7:12:00

5:43:21
5:15:58

3:41:39
3:37:09

E.C.
CBC

In Que Wait Time
Exam Elapsed Time

NC-SteP
STATEWIDE TELEPSYCHIATRY PROGRAM

NORTH CAROLINA
Key Processes and Elapsed Times Averages
CBC and ECU: July - September 2023

- Avg. Time from Queue to Intake Start: 3:39:24
- Avg. Intake Duration: 0:20:05
- Avg. Time From Intake End to Exam Start: 0:49:09
- Avg. Exam Duration: 0:41:02
- Total Duration from Queue to Consulted: 5:29:40

Avg. Time
Elapsed Time
Key Processes and Elapsed Times Averages (CBC and ECU)

April - June 2023

- Avg. Time from Queue to Intake Start: 3:15:46
- Avg. Intake Duration: 0:19:21
- Avg. Time From Intake End to Exam Start: 0:44:37
- Avg. Exam Duration: 0:40:08
- Total Duration from Queue to Consulted: 4:19:44

- Avg. Time from Queue to Intake Start: 3:35:07
- Avg. Intake Duration: 0:44:37
- Avg. Time From Intake End to Exam Start: 0:40:08
- Avg. Exam Duration: 0:40:08
- Total Duration from Queue to Consulted: 4:59:52

July - September 2023

- Avg. Time from Queue to Intake Start: 3:15:46
- Avg. Intake Duration: 0:20:05
- Avg. Time From Intake End to Exam Start: 0:49:09
- Avg. Exam Duration: 0:41:02
- Total Duration from Queue to Consulted: 5:29:40

Avg. Time from Queue to Intake Start: 3:39:24
Avg. Intake Duration: 0:20:05
Avg. Time From Intake End to Exam Start: 0:49:09
Avg. Exam Duration: 0:41:02
Total Duration from Queue to Consulted: 5:29:40

Avg. time and Elapsed Time

ECU

NORTH CAROLINA
STATEWIDE TESPECbTISTRY PROGRAM
Percent of Patients by Discharge Disposition

**Jul-Sep 2023**
- Home: 46%
- Transfer: 40%
- Admit: 3%
- Other: 11%

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

**Apr-Jun 2023**
- Home: 53%
- Transfer: 37%
- Admit: 3%
- Other: 7%
IVCs –
By Release Status

Jul-Sep 2023
- 40% not released
- 60% released

Jan-Mar 2023
- 43% not released
- 57% released

Apr-Jun 2023
- 44% not released
- 56% released
Number of IVCs and IVC Turnovers by Model

**Apr-Jun 2023**

- **Model 1** (47% Turnover): 295 IVCs
- **Model 2** (0% Turnover): 40 IVCs

**Jul-Sep 2023**

- **Model 1** (43% Turnover): 311 IVCs
- **Model 2** (0% Turnover): 46 IVCs
Number of IVCs and IVC Turnovers by Provider

Apr-Jun 2023

CBC (47.4% Turnover)  ECU (46.1% Turnover)  Cape Fear (0%)

IVCs  IVC Turnovers

CBC  437  207  191  88  0
ECU  511  226  214  85  46
Cape Fear  0  0  0  0  0

Jul-Sep 2023

CBC (44.2% Turnover)  ECU (39.7% Turnover)  Cape Fear (0%)

IVCs  IVC Turnovers

CBC  511  226  214  85  46
ECU  214  85  46  0  0
Cape Fear  0  0  0  0  0
Satisfaction Surveys

• Satisfaction surveys are done twice a year.
• Most recent surveys were conducted in September 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.
52 individuals responded to the survey \( (N = 52) \).

For each group, one summary question was selected for an overall "satisfaction" rate.

The overall satisfaction rate was 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=14)

**Model 1 ED DOC: NC Step disposition recommendations are helpful**

- Disagree: 0%
- Undecided: 21%
- Agree: 79%

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

- Disagree: 36%
- Undecided: 36%
- Agree: 29%

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

- Disagree: 21%
- Undecided: 14%
- Agree: 34%

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

- Disagree: 14%
- Undecided: 14%
- Agree: 71%
Model 1 Hospital ED Physicians Results (n=14)

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

- Disagree: 14%
- Undecided: 14%
- Agree: 71%

Model 1 ED Doc: NC SteP documentation is straightforward

- Disagree: 0%
- Undecided: 21%
- Agree: 79%

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

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

9/26/2023
Model 1 ED Staff: Telepsychiatry consults have enhanced behavioral health patient care in our ED

**this question used to measure overall satisfaction

- Disagree: 17%
- Undecided: 4%
- Agree: 78%
Model 1 Hospital ED Staff Results (n=23)

Model 1 ED Staff: The telepsychiatry equipment is easy to use
- Agree: 83%
- Disagree: 9%
- Undecided: 9%

Model 1 ED Staff: I received adequate training/instruction preparing me to use the telepsychiatry cart
- Agree: 70%
- Disagree: 13%
- Undecided: 17%

Model 1 ED Staff: The telepsychiatry equipment is reliable and seldom goes down.
- Agree: 61%
- Disagree: 22%
- Undecided: 17%

Model 1 ED Staff: Patients appear comfortable interacting with the psychiatric providers via telepsychiatry
- Agree: 70%
- Disagree: 13%
- Undecided: 17%

9/26/2023
Model 1 Hospital ED Staff Results (n=23)

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

- Disagree: 9%
- Undecided: 9%
- Agree: 83%

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

- Disagree: 17%
- Undecided: 9%
- Agree: 70%

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

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

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

- Disagree: 13%
- Undecided: 13%
- Agree: 74%
Model 1 Psychiatrist: I am satisfied with providing psychiatric consults via telepsychiatry

**this question used to measure overall satisfaction

- Disagree: 0%
- Undecided: 33%
- Agree: 67%
Model 1 Provider Psychiatrist Results (n=3)

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

- 33% Agree

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

- 67% Agree

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

- 67% Agree
Model 1 Provider Psychiatrist Results (n = 3)

Model 1 Psychiatrist: The telepsychiatry desktop unit is straightforward to use.
- Agree: 100%
- Undecided: 0%
- Disagree: 0%

Model 1 Psychiatrist: The NC-SteP portal is straightforward to use.
- Agree: 67%
- Undecided: 33%
- Disagree: 0%

Model 1 Psychiatrist: I received adequate training and resources preparing me to use the NC-SteP portal.
- Agree: 100%
- Undecided: 0%
- Disagree: 0%

Model 1 Psychiatrist: The NC-SteP portal works well without excessive delays or downtime.
- Agree: 67%
- Undecided: 33%
- Disagree: 0%
Model 1 Psychiatric Intake Specialist Results (n=6)

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=6)

- **Intake Specialist: Telepsychiatry is an effective and efficient way of assessing and treating behavioral health patients**
  - Agree: 100%

- **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: 100%

- **Intake Specialist: Telepsychiatry increases my productivity and/or efficiency.**
  - Agree: 83%

- **Intake Specialist: The telepsychiatry desktop unit is straightforward to use**
  - Agree: 83%
Model 1 Psychiatric Intake Specialist Results (n=6)

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

- **Intake Specialist:** The NC-STeP portal is straightforward to use
  - Disagree: 0%
  - Undecided: 17%
  - Agree: 83%

- **Intake Specialist:** I received adequate training and resources preparing me to use the portal
  - Disagree: 0%
  - Undecided: 17%
  - Agree: 83%

- **Intake Specialist:** The NC-STeP portal works well without excessive delays or downtime
  - Disagree: 67%
  - Undecided: 17%
  - Agree: 17%
Model 1 Hospital CEO: The overall quality of care for psychiatric patients utilizing our ED has improved

**this question used to measure overall satisfaction

100%

0%

0%

100%

Disagree

Undecided

Agree

ECU

NC-SteP

NORTH CAROLINA STATEWIDE TELEPSYCHIATRY PROGRAM

9/26/2023
Model 1 Hospital CEO: The LOS for psychiatric patients in our ED has reduced

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

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

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

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

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

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

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

- Agree: 83%

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

- Agree: 100%

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

- Agree: 100%

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

- Agree: 83%
NC-STeP Charge Mix
QTD FY2024 - Quarter 1

- Self-Pay, 18%
- Other, 0%
- Medicare, 20%
- LME/MCO's, 0%
- Medicaid, 32%
- LME/IPRS, 3%
- Commercial, 10%
- Blue Shield, 17%
NC-STeP Charge Mix - Project to Date
Service Dates: October 1, 2013 – September 30, 2023

- Self-Pay, 32%
- LME/MCO’s, 21%
- Medicaid, 9%
- LME/IPRS, 3%
- Medicare, 17%
- Commercial, 6%
- Blue Shield, 7%
- Other, 5%
### Community-Based Sites as of September 30, 2023

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>VALUES/MEASURES REACHED AS OF 09/30/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) providers supporting the program</td>
<td>1.3 FTEs</td>
</tr>
<tr>
<td>2. The number of community-based sites contracted</td>
<td>22</td>
</tr>
<tr>
<td>3. Number of patient visits with medical (psychiatric) doctor</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td>PTD = 2,286</td>
</tr>
<tr>
<td>4. The number return visits</td>
<td>1,623</td>
</tr>
<tr>
<td></td>
<td>PTD = 17,145</td>
</tr>
<tr>
<td>5. The number of patient visits with a mid-level provider</td>
<td>1,872</td>
</tr>
<tr>
<td></td>
<td>PTD = 19,645</td>
</tr>
<tr>
<td>6. The number of new patient visits</td>
<td>419</td>
</tr>
<tr>
<td></td>
<td>PTD = 4,849</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 Calendar Year 2021</th>
<th>During Calendar Year 2022</th>
<th>During Quarter Jan- Mar 2023</th>
<th>During Quarter Apr- Jun 2023</th>
<th>During Quarter Jul- Sep 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Medical Doctor</td>
<td>2,286</td>
<td>8</td>
<td>536</td>
<td>265</td>
<td>316</td>
<td>567</td>
<td>249</td>
<td>172</td>
<td>173</td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>19,646</td>
<td>7</td>
<td>2,006</td>
<td>3,217</td>
<td>4,122</td>
<td>4,670</td>
<td>1,904</td>
<td>1,848</td>
<td>1,872</td>
</tr>
<tr>
<td>Total Patient Visits</td>
<td>22,036</td>
<td>15</td>
<td>2,633</td>
<td>3,477</td>
<td>4,440</td>
<td>5,253*</td>
<td>2,153</td>
<td>2,020*</td>
<td>2,045</td>
</tr>
</tbody>
</table>

17 visits did not specify provider. Adjusted for Duplin.

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
July - September 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>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort</td>
<td>305</td>
<td>226</td>
<td>30</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Benson</td>
<td>197</td>
<td>143</td>
<td>13</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Bertie</td>
<td>130</td>
<td>95</td>
<td>14</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Camden</td>
<td>148</td>
<td>107</td>
<td>28</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Carteret</td>
<td>278</td>
<td>209</td>
<td>26</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>Cherokee</td>
<td>30</td>
<td>18</td>
<td>8</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Chowan</td>
<td>333</td>
<td>192</td>
<td>40</td>
<td>45</td>
<td>54</td>
</tr>
<tr>
<td>Craven</td>
<td>38</td>
<td>21</td>
<td>12</td>
<td>14</td>
<td>54</td>
</tr>
<tr>
<td>Currituck</td>
<td>99</td>
<td>66</td>
<td>11</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Duplin</td>
<td>113</td>
<td>71</td>
<td>6</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Eranger-Clay</td>
<td>34</td>
<td>131</td>
<td>11</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Gates</td>
<td>332</td>
<td>146</td>
<td>46</td>
<td>195</td>
<td>25</td>
</tr>
<tr>
<td>Hertford</td>
<td>30</td>
<td>107</td>
<td>9</td>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td>Hyde</td>
<td>216</td>
<td>434</td>
<td>682</td>
<td>19</td>
<td>66</td>
</tr>
<tr>
<td>Hyde</td>
<td>19</td>
<td>17</td>
<td>19</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Vidant</td>
<td>46</td>
<td>68</td>
<td>462</td>
<td>17</td>
<td>77</td>
</tr>
<tr>
<td>Vidant</td>
<td>117</td>
<td>46</td>
<td>17</td>
<td>23</td>
<td>75</td>
</tr>
<tr>
<td>Vidant</td>
<td>97</td>
<td>47</td>
<td>17</td>
<td>23</td>
<td>75</td>
</tr>
<tr>
<td>Roanoke Rapids</td>
<td>58</td>
<td>75</td>
<td>17</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Outer Banks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Blue: Total Apts
- Red: Apts Kept
- Green: Apts Rescheduled
- Purple: Apts Cancelled
- Turquoise: Apts No Show
NC-Step Community Visits by Site by Provider Type
July - September 2023

<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>26</td>
</tr>
<tr>
<td>Benson</td>
<td>95</td>
<td>117</td>
</tr>
<tr>
<td>Bertie</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td>Camden</td>
<td>4</td>
<td>189</td>
</tr>
<tr>
<td>Carteret</td>
<td>4</td>
<td>205</td>
</tr>
<tr>
<td>Cherokee(Andrews)</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Chocowinity</td>
<td>15</td>
<td>56</td>
</tr>
<tr>
<td>Chowan</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Craven</td>
<td>2</td>
<td>127</td>
</tr>
<tr>
<td>Currituck</td>
<td>2</td>
<td>145</td>
</tr>
<tr>
<td>Duplin</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Vidant Edenton</td>
<td>1</td>
<td>58</td>
</tr>
<tr>
<td>Erlanger-Clay</td>
<td>6</td>
<td>131</td>
</tr>
<tr>
<td>Gates</td>
<td>1</td>
<td>62</td>
</tr>
<tr>
<td>Herford</td>
<td>4</td>
<td>117</td>
</tr>
<tr>
<td>Hyde</td>
<td>4</td>
<td>95</td>
</tr>
<tr>
<td>Kinston</td>
<td>1</td>
<td>69</td>
</tr>
<tr>
<td>MTW</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>Pasquotank</td>
<td>409</td>
<td>6</td>
</tr>
<tr>
<td>Perquimans</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Vidant Kenansville</td>
<td>145</td>
<td>17</td>
</tr>
<tr>
<td>Roanoke Rapids</td>
<td>409</td>
<td>62</td>
</tr>
<tr>
<td>Outer Banks</td>
<td>131</td>
<td>117</td>
</tr>
</tbody>
</table>

Legend:
- **Psychiatric Provider Visits**
- **BH Mgr Visits**
NC-STeP Community Visits by Site
New and Follow-Up
July - September 2023

<table>
<thead>
<tr>
<th>County</th>
<th>New Visits</th>
<th>Follow up Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort</td>
<td>10</td>
<td>216</td>
</tr>
<tr>
<td>Benson</td>
<td>44</td>
<td>98</td>
</tr>
<tr>
<td>Bertie</td>
<td>6</td>
<td>89</td>
</tr>
<tr>
<td>Camden</td>
<td>28</td>
<td>79</td>
</tr>
<tr>
<td>Carteret</td>
<td>40</td>
<td>169</td>
</tr>
<tr>
<td>Cherokee</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Chowan</td>
<td>39</td>
<td>163</td>
</tr>
<tr>
<td>Craven</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Currituck</td>
<td>19</td>
<td>47</td>
</tr>
<tr>
<td>Edenton</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Erlanger-Clay</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Gates</td>
<td>17</td>
<td>114</td>
</tr>
<tr>
<td>Hertford</td>
<td>12</td>
<td>133</td>
</tr>
<tr>
<td>Hyde</td>
<td>82</td>
<td>352</td>
</tr>
<tr>
<td>Kinston</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>MTW</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Pasquotank</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>Perquimans</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>Vidant-Kenansville</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Roanoke Rapids</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Outer Banks</td>
<td>12</td>
<td>17</td>
</tr>
</tbody>
</table>

Legend:
- **New Visits**: Blue bars
- **Follow up Visits**: Red bars
NC-STeP Status as of September 30, 2023

• 29 hospitals live
• 60,403 total psychiatry assessments since program inception
• 10,367 IVCs overturned
  – Cumulative return on investment = $55,927,800
    (savings from preventing unnecessary hospitalizations)
• Three Clinical Provider Hubs with 23 consultant providers
• 32% of the patients served had no insurance coverage (since program inception)
22 community-based sites.
21,931 total patient visits since program inception in October 2018.
  - 2,286 total patient visits with a psychiatrist
  - 19,645 total patient visits with a mid-level provider
### Hospital Status Report as of September 30, 2023

#### Model 1 - Live

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Contract Date</th>
<th>Portal Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vidant Outer Banks Hospital</td>
<td>10/01/2013</td>
<td>08/08/2016</td>
</tr>
<tr>
<td>Vidant Bertie Hospital</td>
<td>10/01/2013</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>Vidant Chowan Hospital</td>
<td>10/01/2013</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>Vidant Edgecombe Hospital</td>
<td>10/01/2013</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>Sentara Albemarle Medical Center</td>
<td>10/01/2013</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>Vidant Beaufort Hospital</td>
<td>10/01/2013</td>
<td>08/22/2016</td>
</tr>
<tr>
<td>Vidant Duplin Hospital</td>
<td>10/01/2013</td>
<td>08/22/2016</td>
</tr>
<tr>
<td>St Lukes Hospital</td>
<td>03/01/2014</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>DLP Harris Regional Medical</td>
<td>07/01/2015</td>
<td>10/14/2016</td>
</tr>
<tr>
<td>DLP Swain Community Hospital</td>
<td>07/01/2015</td>
<td>10/14/2016</td>
</tr>
<tr>
<td>Erlanger Murphy Medical Center</td>
<td>05/01/2015</td>
<td>10/26/2016</td>
</tr>
<tr>
<td>DLP Maria Parham Medical Center</td>
<td>07/01/2015</td>
<td>11/15/2016</td>
</tr>
<tr>
<td>J. Arthur Dosher Memorial Hospital</td>
<td>04/01/2015</td>
<td>01/07/2017</td>
</tr>
<tr>
<td>Ashe Memorial Hospital</td>
<td>06/01/2015</td>
<td>01/26/2017</td>
</tr>
<tr>
<td>Northern Hospital of Surry County</td>
<td>11/01/2015</td>
<td>03/07/2017</td>
</tr>
<tr>
<td>Halifax Regional Medical Center</td>
<td>03/15/2015</td>
<td>08/08/2017</td>
</tr>
<tr>
<td>Southeastern Regional Memorial</td>
<td>05/01/2014</td>
<td>08/08/2017</td>
</tr>
<tr>
<td>DLP Person Memorial Hospital</td>
<td>07/01/2015</td>
<td>08/17/2017</td>
</tr>
<tr>
<td>Carteret</td>
<td>02/01/2023</td>
<td>04/01/2023</td>
</tr>
</tbody>
</table>
## Hospital Status Report as of September 30, 2023

### Model 1 - Live

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Contract Date</th>
<th>Portal Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pender Memorial Hospital</td>
<td>09/01/2014</td>
<td>12/07/2017</td>
</tr>
<tr>
<td>DLP Maria Parham Franklin</td>
<td>03/01/2018</td>
<td>02/01/2019</td>
</tr>
<tr>
<td>Central Harnett Hospital</td>
<td>07/01/2019</td>
<td>02/21/2020</td>
</tr>
<tr>
<td>Betsy Johnson Hospital</td>
<td>07/01/2019</td>
<td>02/21/2020</td>
</tr>
<tr>
<td>Iredell Hospital</td>
<td>09/01/2109</td>
<td>04/17/2020</td>
</tr>
<tr>
<td>Park Ridge Health</td>
<td>10/01/2018</td>
<td>10/27/20</td>
</tr>
<tr>
<td>Hugh Chatham Hospital</td>
<td>03/01/2020</td>
<td>12/8/20</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Go Live Date/Status</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Cape Fear Valley Medical Center</td>
<td>06/2014</td>
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</tr>
<tr>
<td>Cape Fear Valley Bladen Hospital</td>
<td>07/2014</td>
<td></td>
</tr>
<tr>
<td>Cape Fear Valley Hoke Hospital</td>
<td>06/2016</td>
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</tr>
<tr>
<td>Hospital Name</td>
<td>Hospital Name</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>Alleghany Memorial Hospital</td>
<td>Martin County General</td>
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</tr>
<tr>
<td>Carolina East</td>
<td>Nash General Hospital</td>
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</tr>
<tr>
<td>Mission Health</td>
<td>Sampson</td>
<td></td>
</tr>
<tr>
<td>Columbus Regional</td>
<td>UNC Hillsborough</td>
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</tr>
<tr>
<td>Davie Medical</td>
<td>WakeMed Apex</td>
<td></td>
</tr>
<tr>
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<td>WakeMed Briar Creek</td>
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</tr>
<tr>
<td>FirstHealth Montgomery Memorial Hospital</td>
<td>WakeMed Cary</td>
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</tr>
<tr>
<td>FirstHealth Moore Regional Hospital</td>
<td>WakeMed Garner</td>
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<tr>
<td>FirstHealth Regional Hospital – Hoke</td>
<td>WakeMed North Healthplex</td>
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<tr>
<td>FirstHealth Richmond Memorial Hospital</td>
<td>WakeMed Raleigh</td>
<td></td>
</tr>
<tr>
<td>FirstHealth Sandhills Regional Medical</td>
<td>WakeMed Raleigh Children's ED</td>
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</tr>
<tr>
<td>Lexington</td>
<td>WakeMed Psychiatric Observation Unit</td>
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<tr>
<td>Wilson Memorial Hospital</td>
<td>DLP Haywood Hospital</td>
<td></td>
</tr>
<tr>
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<td>Novant Brunswick</td>
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<td>Novant Clemmons</td>
<td>Novant Forsyth Medical</td>
<td></td>
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<tr>
<td>Novant Kernersville</td>
<td>Novant Presbyterian Hospital</td>
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<td>Novant Rowan</td>
<td>Novant Thomasville</td>
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</tr>
<tr>
<td>Cone Health Behavioral Health Hospital</td>
<td>Cone Health MedCenter High Point</td>
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</tr>
<tr>
<td>Wesley Long Hospital</td>
<td>Annie Penn Hospital</td>
<td></td>
</tr>
<tr>
<td>Moses H. Cone Memorial Hospital</td>
<td>Women’s Hospital – Cone Health</td>
<td></td>
</tr>
<tr>
<td>Alamance Regional Medical Center</td>
<td>UNC Johnson – Clayton</td>
<td></td>
</tr>
</tbody>
</table>
**Hospital Status Report as of September 30, 2023**

**No Information Available**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Program Status</th>
<th>NC-STeP Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldwell Memorial</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>Cherokee Indian Hospital</td>
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<tr>
<td>New Hanover</td>
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<td>TBD</td>
</tr>
<tr>
<td>Novant Franklin Medical</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>Onslow Memorial</td>
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<tr>
<td>Scotland Health</td>
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<tr>
<td>Wilkes Regional Medical</td>
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### Under Contract

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contract Date</th>
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<tbody>
<tr>
<td>Albemarle Regional Health Services – Camden</td>
<td>Aug-18</td>
<td>Live</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Pasquotank</td>
<td>Aug-18</td>
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<tr>
<td>Hyde County Health Department</td>
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<tr>
<td>Martin County Health Department</td>
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<tr>
<td>Craven County Health Department</td>
<td>Apr-19</td>
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</tr>
<tr>
<td>Duplin County Health Department</td>
<td>May-19</td>
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</tr>
<tr>
<td>Albemarle Regional Health Services – Gates</td>
<td>Nov-19</td>
<td>Live</td>
</tr>
<tr>
<td>Erlanger Health – Andrews</td>
<td>Aug-20</td>
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<tr>
<td>Beaufort County Health Department</td>
<td>Sep-20</td>
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<tr>
<td>Albemarle Regional Health Services – Chowan</td>
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<tr>
<td>Albemarle Regional Health Services – Currituck</td>
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<tr>
<td>Albemarle Regional Health Services – Perquimans</td>
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<tr>
<td>Albemarle Regional Health Services – Bertie</td>
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<td>Albemarle Regional Health Services – Hertford</td>
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<tr>
<td>Vidant Family Medicine – Chocowinity</td>
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<tr>
<td>Carteret OB-GYN Associates, PA</td>
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<tr>
<td>ECU Health Women’s Edenton (Broad St.)</td>
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<td>ECU Health Women’s Edenton (Earnhardt Dr.)</td>
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<td>ECU Health Women’s Kenansville</td>
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<tr>
<td>Benson Health</td>
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<td>ECU Health Kinston</td>
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<td>Roanoke Rapids</td>
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<td>Outer Banks Women's Care</td>
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## Terminated

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<tr>
<th>Hospital Name</th>
<th>Contract Start Date</th>
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<tr>
<td>Macon County Health Department</td>
<td>February 2019</td>
<td>July 2020</td>
</tr>
<tr>
<td>Wilson County Health Department</td>
<td>February 2020</td>
<td>May 2021</td>
</tr>
</tbody>
</table>
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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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Greenville, NC 27834