Quarterly Progress Update

Sy Atezaz Saeed, MD, MS, FACPsych,
Founder and 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
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

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   Professor of Psychiatry and Behavioral Sciences, Duke Health

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   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, FACP psych
   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
28 hospitals were live
22 hospitals reported Telepsychiatry patients in their ED
  – not all live hospitals had telepsychiatry patients
Total number of assessments for this quarter = 804
Total number of encounters for this quarter = 725
• The Median Length of Stay was 34.8 hours
• The Average Length of Stay was 63.9 hours
  – 47.7 hours for those discharged to home
  – 59.1 hours for those transferred to another facility
• Average Consult Elapsed Time (in Queue to Exam Complete) for Model 1 hospitals was 4 hours and 21 minutes
• 530 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 166 (31.3%) of those patients did not have an IVC in place when discharged.

• Of the ED patients who received telepsychiatry services:
  – 43.0% were discharged to home
  – 44.3% were discharged to another facility
Since project inception in November 2013

<table>
<thead>
<tr>
<th></th>
<th>Quarter Jan- Mar 2024</th>
<th>Quarter Apr- Jun 2024</th>
<th>Quarter Jul- Sep 2024</th>
<th>Quarter Oct- Dec 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>48,668</td>
<td>725</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>31,203</td>
<td>664</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>17,465</td>
<td>61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Total Number of Assessments**  
  (Billed Assessments for Model 1 Hospitals + Number of Patient Encounters for Model 2 Hospitals) | 62,248                | 804                   |                       |                       |
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>48,668</td>
<td>880</td>
<td>925</td>
<td>1,018</td>
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<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>31,203</td>
<td>828</td>
<td>861</td>
<td>950</td>
</tr>
<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>17,465</td>
<td>52</td>
<td>64</td>
<td>68</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>62,248</td>
<td>1,027</td>
<td>1,019</td>
<td>1,161</td>
</tr>
<tr>
<td></td>
<td>Since project inception in November 2013</td>
<td>Calendar Year 2019</td>
<td>Calendar Year 2020</td>
<td>Calendar Year 2021</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------</td>
<td>--------------------</td>
<td>--------------------</td>
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</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>48,668</td>
<td>4,835</td>
<td>4,305</td>
<td>4,763</td>
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<tr>
<td><strong>Model 1 Hospital Patient Encounters</strong></td>
<td>31,203</td>
<td>1,902</td>
<td>2,152</td>
<td>2,897</td>
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<tr>
<td><strong>Model 2 Hospital Patient Encounters</strong></td>
<td>17,465</td>
<td>2,933</td>
<td>2,153</td>
<td>1,866</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>62,248</td>
<td>5,287</td>
<td>4,820</td>
<td>5,641</td>
</tr>
<tr>
<td>Goals</td>
<td>Values Reached</td>
<td>Year-to-Date Total with % of Yearly Target</td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative Target to be reached by (06/30/2024)</td>
<td>Value Reached as of most recent previous quarter (12/31/2023)</td>
<td>Value Reached as of this reporting quarter (03/31/2024)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of IVCs</td>
<td>2,229</td>
<td>642</td>
<td>530</td>
<td>1,953</td>
</tr>
<tr>
<td>Number of IVCs Overturned</td>
<td>1,133</td>
<td>209</td>
<td>166</td>
<td>691</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>
<td>1,019</td>
<td>804</td>
<td>2,984</td>
</tr>
<tr>
<td>EVALUATION CRITERIA</td>
<td>BASELINE VALUES/MEASURES AS REPORTED ON 06/30/2023</td>
<td>TARGET TO BE REACHED BY 06/30/2024</td>
<td>VALUES/MEASURES REACHED AS OF 03/31/2024</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>2. The number of overturned involuntary commitments (inpatient admission prevented)</td>
<td>1,249</td>
<td>1,133</td>
<td>166 in this quarter Cumulative total since program inception 10,747</td>
<td></td>
</tr>
<tr>
<td>3. The number of participating consultant providers</td>
<td>23</td>
<td>20</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>
# NC-STeP Status as of March 31, 2024

<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 03/31/2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The number of telepsychiatry assessments conducted.</td>
<td>4,824</td>
<td>3,400</td>
<td>804 in this quarter Cumulative total since program inception 62,248</td>
</tr>
<tr>
<td>5. The number of telepsychiatry referring sites</td>
<td>30</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td>6. The reports of involuntary commitments to enrolled hospitals</td>
<td>3,123</td>
<td>2,229</td>
<td>530 in this quarter Cumulative total since program inception 29,846</td>
</tr>
</tbody>
</table>
## EVALUATION CRITERIA

<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 03/31/2024</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>
<td>QTD Average = 63.9 QTD Median = 34.8</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>
<td>QTD = $896,400 Project to date = $58,001,400</td>
</tr>
</tbody>
</table>
Number of NC-STeP Patients by Hospital
January - March 2024

- Sentara Albem: 14
- Beaufort: 5
- Bertie: 2
- Chowan: 3
- Duplin: 10
- Edgecombe: 22
- Outer Banks: 13
- Carteret: 143
- St. Lukes: 13
- Hugh Chatham: 51
- Maria Parham: 2
- Parham Franklin: 1
- Erlanger: 86
- *Bladen: 61
- Dosher: 10
- Northern Regional: 90
- Lake Norman: 8
- ECU Health North: 85
- Pender: 1
- Betsy Johnson: 23
- Central Harnett: 55
- Iredell: 23
- AdventHealth: 7
Percent of Use by Hospital for Model 1 and Model 2 Jan - Mar 2024
(based on number of patients)

- Outer Banks: 3%
- Iredell: 3%
- Hugh Chatham: 7%
- Erlanger: 12%
- ECU Health North: 12%
- Duplin: 5%
- Central Harnett: 8%
- Carteret: 20%
- Betsy Johnson: 12%
- *Bladen: 8%
- All Others Combined: 11%
18 patients had a LOS longer than 300 hours.

Median Length of Stay for Jan-Mar 2024 = 34.8 hours.
Median Length of Stay by Quarter
(in hours)

- Apr-Jun 2021: 28.5 hours
- Jul-Sep 2021: 30.4 hours
- Oct-Dec 2021: 31.6 hours
- Jan-Mar 2022: 42.5 hours
- Apr-Jun 2022: 36.3 hours
- Jul-Sep 2022: 39.4 hours
- Oct-Dec 2022: 34.6 hours
- Jan-Mar 2023: 34.6 hours
- Apr-Jun 2023: 37.3 hours
- Jul-Sep 2023: 39.5 hours
- Oct-Dec 2023: 35.8 hours
- Jan-Mar 2024: 34.8 hours
Median Length of Stay by Year
(in hours)

<table>
<thead>
<tr>
<th>Year</th>
<th>Length of Stay (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>23.6</td>
</tr>
<tr>
<td>2015</td>
<td>26.7</td>
</tr>
<tr>
<td>2016</td>
<td>32.4</td>
</tr>
<tr>
<td>2017</td>
<td>29.2</td>
</tr>
<tr>
<td>2018</td>
<td>25.5</td>
</tr>
<tr>
<td>2019</td>
<td>24.9</td>
</tr>
<tr>
<td>2020</td>
<td>25.8</td>
</tr>
<tr>
<td>2021</td>
<td>29.2</td>
</tr>
<tr>
<td>2022</td>
<td>38.4</td>
</tr>
<tr>
<td>2023</td>
<td>37.7</td>
</tr>
</tbody>
</table>
Average Length of Stay by Year
(in hours)

- 2014: 37.4 hours
- 2015: 48.7 hours
- 2016: 56.1 hours
- 2017: 54.9 hours
- 2018: 50.6 hours
- 2019: 46.8 hours
- 2020: 52.6 hours
- 2021: 66.6 hours
- 2022: 77.7 hours
- 2023: 68.9 hours
Average Length of Stay for NC-STeP Patients by Hospital
January - March 2024 (in hours)

Number of NC-STeP Patients by Hospital
January - March 2024
Average Length of Stay by Provider

Jan-Mar 2024 (in hours)

- CBC (486 patients): 66 hours
- ECU (178 patients): 70.7 hours
- Cape Fear (61 patients): 27.1 hours

Oct-Dec 2023 (in hours)

- CBC (560 patients): 66.4 hours
- ECU (273 patients): 69.8 hours
- Cape Fear (60 patients): 27.9 hours
Average LOS by Model

**Oct-Dec 2023 (in hours)**

- Model 1: 67.5 hours
- Model 2: 27.9 hours

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

- Model 1: 72.5 hours
- Model 2: 50.4 hours

**Jan-Mar 2024 (in hours)**

- Model 1: 67.2 hours
- Model 2: 21.7 hours
Average Length of Stay by Quarter for Patients Discharged to Home or Transfer
(in hours)

*Indicates average was adjusted to include back data

Average Length of Stay by Year for Patients Discharged to Home or Transfer
(in hours)
Consult Elapsed Time: January - March 2024

CBC & ECU
Average Consult Exam Elapsed Time
In Que to Exam Complete
FY24-Q3 January - March 2024

Exam Elapsed Time: 2:08:06
In Que Wait Time: 2:17:15

Comparison CBC & ECU
Average Consult Elapsed Time
In Que to Exam Complete
FY24-Q3 October - March 2024

ECU
CBC
Key Processes and Elapsed Times Averages
January - March 2024

Avg. Time from Queue to Intake Start: 2:17:15
Avg. Intake Duration: 0:22:24
Avg. Time From Intake End to Exam Start: 1:09:20
Avg. Exam Duration: 0:36:22
Total Duration from Queue to Consulted: 4:25:21
Key Processes and Elapsed Times Averages

October – December 2023

January - March 2024
Percent of Patients by Discharge Disposition

Jan-Mar 2024
- Home: 43%
- Transfer: 44%
- Admit: 2%
- Other: 11%

Apr-Jun 2023
- Home: 53%
- Transfer: 37%
- Admit: 3%
- Other: 7%

Oct-Dec 2023
- Home: 44%
- Transfer: 42%
- Admit: 3%
- Other: 11%

Jul-Sep 2023
- Home: 46%
- Transfer: 40%
- Admit: 3%
- Other: 11%
**IVCs – By Release Status**

**Jan-Mar 2024**
- 69% released
- 31% not released

**Oct-Dec 2023**
- 68% released
- 32% not released
IVCs – By Release Status

Oct-Dec 2023
- 32% IVCs - percent not released
- 68% IVCs - percent released

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

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

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

Jan-Mar 2024

Model 1 (34% Turnover) - 483
Model 2 (0% Turnover) - 35

Oct-Dec 2023

Model 1 (34.4% Turnover) - 596
Model 2 (0% Turnover) - 66

IVC Turnovers
IVCs
Number of IVCs and IVC Turnovers by Provider

Jan-Mar 2024

Oct-Dec 2023
Satisfaction surveys are done twice a year.
Most recent surveys were conducted in March 2024.
Invitations to participate were sent via electronic mail.
Surveys were completed online via Qualtrics software.
The following number of individuals from each group responded:

- Model 1 Emergency Department Physicians (6 responded)
- Model 1 Emergency Department Staff (17 responded)
- Model 1 Provider Psychiatrists (3 responded)
- Model 1 Psychiatric Intake Specialists (5 responded)
- Model 1 Hospital CEOs (10 responded)
• 41 individuals responded to the survey \((N = 41)\).
• For each group, one summary question was selected for an overall “satisfaction” rate.
• The overall satisfaction rate was 83%.
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=6)

**Model 1 ED DOC: NC Step disposition recommendations are helpful**
- Disagree: 17%
- Undecided: 0%
- Agree: 83%

**Model 1 ED Doc: NC SteP consultants respond quickly to telepsychiatry requests.**
- Disagree: 17%
- Undecided: 33%
- Agree: 50%

**Model 1 ED DOC: NC SteP consults are complete and thorough.**
- Disagree: 33%
- Undecided: 0%
- Agree: 67%

**Model 1 ED Doc: NC SteP consults are easy to obtain**
- Disagree: 0%
- Undecided: 17%
- Agree: 83%
Model 1 Hospital ED Physicians Results (n=6)

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

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

Model 1 ED Doc: NC STeP documentation is straightforward

- Agree: 67%
- Disagree: 0%
- Undecided: 33%

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

- Agree: 83%
- Disagree: 17%
- Undecided: 0%
Model 1 ED Staff: Telepsychiatry consults have enhanced behavioral health patient care in our ED

**this question used to measure overall satisfaction

- Disagree: 12%
- Undecided: 18%
- Agree: 71%
Model 1 Hospital ED Staff Results (n=17)

Model 1 ED Staff: The telepsychiatry equipment is easy to use
- Disagree: 6%
- Undecided: 6%
- Agree: 88%

Model 1 ED Staff: I received adequate training/instruction preparing me to use the telepsychiatry cart
- Disagree: 6%
- Undecided: 29%
- Agree: 65%

Model 1 ED Staff: The telepsychiatry equipment is reliable and seldom goes down.
- Disagree: 6%
- Undecided: 29%
- Agree: 65%

Model 1 ED Staff: Patients appear comfortable interacting with the psychiatric providers via telepsychiatry
- Disagree: 18%
- Undecided: 12%
- Agree: 71%
Model 1 Hospital ED Staff Results ($n=17$)

- **Model 1 ED Staff: The NC-STeP portal is easy to use.**
  - Agree: 76%
  - Undecided: 12%
  - Disagree: 12%

- **Model 1 ED Staff: The training and resources provided adequately prepared me to use the NC-STeP portal.**
  - Agree: 65%
  - Undecided: 12%
  - Disagree: 18%

- **Model 1 ED Staff: The NC-STeP portal is reliable and unscheduled downtime is rare.**
  - Agree: 82%
  - Undecided: 12%
  - Disagree: 6%

- **Model 1 ED Staff: The level of technical expertise provided by NC-STeP support is adequate.**
  - Agree: 71%
  - Undecided: 18%
  - Disagree: 12%
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%

(ECU, NC-SteP, North Carolina Statewide Telepsychiatry Program)
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

- 100% Agree

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

- 100% Agree

Model 1 Psychiatrist: I am satisfied with the ability to provide disposition recommendations via telepsychiatry

- 100% Agree
Model 1 Provider Psychiatrist Results (n=3)

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

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

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

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

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

- Disagree: 0%
- Undecided: 0%
- Agree: 100%
Model 1 Psychiatric Intake Specialist Results (n=5)

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=5)

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. 100% agree.

Intake Specialist: Telepsychiatry increases my productivity and/or efficiency. 80% agree.

Intake Specialist: The telepsychiatry desktop unit is straightforward to use. 80% agree.
Model 1 Psychiatric Intake Specialist Results (n=5)

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

- Disagree: 0%
- Undecided: 20%
- Agree: 80%

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

- Disagree: 0%
- Undecided: 0%
- 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**

- Disagree: 0%
- Undecided: 30%
- Agree: 70%
Model 1 CEO/CNO/CFO Results (n=10)

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

- Disagree: 10%
- Undecided: 30%
- Agree: 60%

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

- Disagree: 10%
- Undecided: 20%
- Agree: 70%

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

- Disagree: 0%
- Undecided: 30%
- Agree: 70%

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

- Disagree: 0%
- Undecided: 30%
- Agree: 70%
Model 1 Hospital CEO: Medical staff's understanding of mental health issues and treatment options in our ED has improved

Disagree: 0%  
Undecided: 40%  
Agree: 60%

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

Disagree: 0%  
Undecided: 30%  
Agree: 70%

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

Disagree: 10%  
Undecided: 20%  
Agree: 70%

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

Disagree: 0%  
Undecided: 20%  
Agree: 80%
NC-STeP Charge Mix
QTD FY2024 - Quarter 3

- Medicaid/MCO, 39%
- Medicare, 17%
- Commercial, 13%
- LME/IPRS, 2%
- Other, 2%
- Self-Pay, 11%
- Blue Shield, 16%
Quarter 1 (July 1– September 30, 2023)

- Blue Shield, 17%
- Self-Pay, 18%
- Other, 0%
- Medicare, 20%
- Medicaid/MCO, 32%
- Commercial, 10%
- LME/IPRS, 3%
- Medicaid/MCO, 32%
- Commercial, 10%
- LME/IPRS, 3%
- Medicaid/MCO, 32%
- Commercial, 10%
- LME/IPRS, 3%
- Medicaid/MCO, 32%
- Commercial, 10%
- LME/IPRS, 3%
- Medicaid/MCO, 32%

Quarter 2 (October 1– December 31, 2023)

- Blue Shield, 19%
- Self-Pay, 15%
- Other, 3%
- Medicare, 16%
- Medicaid, 32%
- Commercial, 12%
- LME/IPRS, 3%
- Medicaid/MCO, 32%
- Commercial, 12%
- LME/IPRS, 3%
- Medicaid/MCO, 32%
- Commercial, 12%
- LME/IPRS, 3%
- Medicaid/MCO, 32%

Quarter 3 (January 1- March 31, 2024)

- Blue Shield, 16%
- Self-Pay, 11%
- Other, 2%
- Medicare, 17%
- Medicaid/MCO, 39%
- Commercial, 13%
- LME/IPRS, 2%
- Medicaid/MCO, 39%
- Commercial, 13%
- LME/IPRS, 2%
- Medicaid/MCO, 39%
- Commercial, 13%
- LME/IPRS, 2%
- Medicaid/MCO, 39%
- Commercial, 13%
- LME/IPRS, 2%
- Medicaid/MCO, 39%
- Commercial, 13%
- LME/IPRS, 2%
- Medicaid/MCO, 39%
NC-STeP Charge Mix - Project to Date
Service Dates: October 1, 2013 – March 31, 2024

Self-Pay, 32%
Medicaid/MCO, 30%
Medicare, 17%
Other, 5%
Blue Shield, 7%
Commercial, 6%
LME/IPRS, 3%
## Community-Based Sites as of March 31, 2024

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>VALUES/MEASURES REACHED AS OF 03/31/2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) providers supporting the program</td>
<td>.90 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>129</td>
</tr>
<tr>
<td></td>
<td>PTD= 2,529</td>
</tr>
<tr>
<td>4. The number return visits</td>
<td>1,744</td>
</tr>
<tr>
<td></td>
<td>PTD= 20,399</td>
</tr>
<tr>
<td>5. The number of patient visits with a mid-level provider</td>
<td>2,013</td>
</tr>
<tr>
<td></td>
<td>PTD= 23,393</td>
</tr>
<tr>
<td>6. The number of new patient visits</td>
<td>395</td>
</tr>
<tr>
<td></td>
<td>PTD= 5,584</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>2,529</td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>23,393</td>
</tr>
<tr>
<td>Total Patient Visits</td>
<td>26,028</td>
</tr>
</tbody>
</table>

*17 visits did not specify provider type
# NC-STeP Community Patient Visits

## Patient Visits

<table>
<thead>
<tr>
<th></th>
<th>Since October 2018 (project inception)</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 Calendar Year 2023</th>
<th>During Quarter Jan- Mar 2024</th>
<th>During Quarter Apr- Jun 2024</th>
<th>During Quarter Jul- Sep 2024</th>
<th>During Quarter Oct- Dec 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Medical Doctor</td>
<td>2,529</td>
<td>8</td>
<td>536</td>
<td>265</td>
<td>316</td>
<td>567</td>
<td>708</td>
<td>129</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Mid-Level Provider</td>
<td>23,393</td>
<td>7</td>
<td>2,006</td>
<td>3,217</td>
<td>4,122</td>
<td>4,669</td>
<td>7,359</td>
<td>2,013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Patient Visits</td>
<td>26,028</td>
<td>15</td>
<td>2,633</td>
<td>3,477</td>
<td>4,440</td>
<td>5,253*</td>
<td>8,068</td>
<td>2,142</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*17 visits did not specify provider type

Since project inception there are 110 visits that listed no provider and 5 visits that listed both a mid-level and a doctor. For a net increase of 106 shown in the total visits but not in the individual rows for doctor or mid-level visits.
NC-STeP Appointment by Site
Appointments, Visits Kept, Rescheduled, Cancelled, No Show
January - March 2024

<table>
<thead>
<tr>
<th>Sites</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>268</td>
<td>187</td>
<td>16</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Benson</td>
<td>211</td>
<td>133</td>
<td>12</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Bertie</td>
<td>12</td>
<td>5</td>
<td>12</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Camden</td>
<td>19</td>
<td>10</td>
<td>16</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Carteret</td>
<td>11</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Cherokee</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chocowinty</td>
<td>16</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Chowan</td>
<td>28</td>
<td>19</td>
<td>9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Craven</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Currituck</td>
<td>12</td>
<td>5</td>
<td>12</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Duplin</td>
<td>16</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Eranger-Clay</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Gates</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Hertford</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Hyde</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Kinston</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>MTW</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Pasquotank</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Perquimans</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>VidantEdenton</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>VidantKenansville</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>RoanokeRapids</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>OuterBanks</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Legend:
- Blue: Total Apts
- Orange: Apts Kept
- Green: Apts Rescheduled
- Purple: Apts Cancelled
- Red: Apts No Show

ECU
North Carolina Statewide Telepsychiatry Program
NC-STeP Community Visits by Site by Provider Type
January - March 2024

Psychiatric Provider Visits
BH Mgr Visits


0  50  100  150  200  250  300  350  400  450  500

Psychiatric Provider Visits
BH Mgr Visits
NC-STeP Status as of March 31, 2024

- 28 hospitals live.
- 62,248 total psychiatry assessments since program inception
- 10,747 IVCs overturned
  - Cumulative return on investment = $58,001,400
    (savings from preventing unnecessary hospitalizations)
- Three Clinical Provider Hubs with 23 consultant providers
- 32% of the patients served had no insurance coverage
NC-STeP Status as of March 31, 2024

- 22 community-based sites.
- 25,922 total patient visits since program inception in October 2018.
  - 2,529 total patient visits with a psychiatrist
  - 23,393 total patient visits with a mid-level provider
# Hospital Status Report as of March 31, 2024

## 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 Duplin Hospital</td>
<td>10/01/2013</td>
<td>08/22/2016</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>Vidant Beaufort Hospital</td>
<td>10/01/2013</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>Vidant North (Halifax Regional)</td>
<td>03/15/2015</td>
<td>08/08/2017</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>Southeastern Regional Medical</td>
<td>05/01/2014</td>
<td>08/08/2017</td>
</tr>
<tr>
<td>Advent Health Hendersonville</td>
<td>10/01/2018</td>
<td>10/27/2020</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 March 31, 2024

### 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>09/01/2019</td>
<td>04/17/2020</td>
</tr>
<tr>
<td>Lake Norman Regional Medical</td>
<td>10/01/2018</td>
<td>10/27/20</td>
</tr>
<tr>
<td>Hugh Chatham Hospital</td>
<td>03/01/2020</td>
<td>12/08/20</td>
</tr>
</tbody>
</table>
### Model 2

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Go Live Date/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Fear Valley Bladen Hospital</td>
<td>07/2014</td>
</tr>
<tr>
<td>Cape Fear Valley Hoke Hospital</td>
<td>06/2016</td>
</tr>
</tbody>
</table>
# Hospital Status Report as of March 31, 2024

## Graduated

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleghany Memorial Hospital</td>
<td>Martin County General</td>
</tr>
<tr>
<td>Carolina East</td>
<td>Nash General Hospital</td>
</tr>
<tr>
<td>Mission Health</td>
<td>Sampson</td>
</tr>
<tr>
<td>Columbus Regional</td>
<td>UNC Hillsborough</td>
</tr>
<tr>
<td>Davie Medical</td>
<td>WakeMed Apex</td>
</tr>
<tr>
<td>DLP Rutherford Regional Medical Center</td>
<td>WakeMed Briar Creek</td>
</tr>
<tr>
<td>FirstHealth Montgomery Memorial Hospital</td>
<td>WakeMed Cary</td>
</tr>
<tr>
<td>FirstHealth Moore Regional Hospital</td>
<td>WakeMed Garner</td>
</tr>
<tr>
<td>FirstHealth Regional Hospital – Hoke</td>
<td>WakeMed North Healthplex</td>
</tr>
<tr>
<td>FirstHealth Richmond Memorial Hospital</td>
<td>WakeMed Raleigh</td>
</tr>
<tr>
<td>FirstHealth Sandhills Regional Medical</td>
<td>WakeMed Raleigh Children's ED</td>
</tr>
<tr>
<td>Lexington</td>
<td>WakeMed Psychiatric Observation Unit</td>
</tr>
<tr>
<td>Wilson Memorial Hospital</td>
<td>DLP Haywood Hospital</td>
</tr>
<tr>
<td>UNC Chatham</td>
<td>Novant Brunswick</td>
</tr>
<tr>
<td>Novant Clemmons</td>
<td>Novant Forsyth Medical</td>
</tr>
<tr>
<td>Novant Kernersville</td>
<td>Novant Presbyterian Hospital</td>
</tr>
<tr>
<td>Novant Rowan</td>
<td>Novant Thomasville</td>
</tr>
<tr>
<td>Cone Health Behavioral Health Hospital</td>
<td>Cone Health MedCenter High Point</td>
</tr>
<tr>
<td>Wesley Long Hospital</td>
<td>Annie Penn Hospital</td>
</tr>
<tr>
<td>Moses H. Cone Memorial Hospital</td>
<td>Women’s Hospital – Cone Health</td>
</tr>
<tr>
<td>Alamance Regional Medical Center</td>
<td>UNC Johnson – Clayton and Smithfield</td>
</tr>
<tr>
<td>Northern Hospital of Surry County</td>
<td>UNC Rockingham and Lenoir</td>
</tr>
<tr>
<td>Under Contract</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Camden</td>
<td>Aug-18</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Pasquotank</td>
<td>Aug-18</td>
</tr>
<tr>
<td>Hyde County Health Department</td>
<td>Aug-18</td>
</tr>
<tr>
<td>Martin County Health Department</td>
<td>Aug-18</td>
</tr>
<tr>
<td>Craven County Health Department</td>
<td>Apr-19</td>
</tr>
<tr>
<td>Duplin County Health Department</td>
<td>May-19</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Gates</td>
<td>Nov-19</td>
</tr>
<tr>
<td>Erlanger Health – Andrews</td>
<td>Aug-20</td>
</tr>
<tr>
<td>Beaufort County Health Department</td>
<td>Sep-20</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Chowan</td>
<td>Nov-19</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Currituck</td>
<td>Nov-19</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Perquimans</td>
<td>Nov-19</td>
</tr>
<tr>
<td>Albemarle Regional Health Services – Bertie</td>
<td>Nov-19</td>
</tr>
<tr>
<td>Vidant Family Medicine – Chocowinity</td>
<td>Jan-21</td>
</tr>
<tr>
<td>Carteret OB-GYN Associates, PA</td>
<td>Jan-21</td>
</tr>
<tr>
<td>ECU Health Women’s Edenton (Broad St.)</td>
<td>Dec-21</td>
</tr>
<tr>
<td>Erlanger Health - Clay</td>
<td>Apr-21</td>
</tr>
<tr>
<td>ECU Health Women’s Kenansville</td>
<td>Dec-21</td>
</tr>
<tr>
<td>Benson Health</td>
<td>Mar-22</td>
</tr>
<tr>
<td>ECU Health Kinston</td>
<td>Mar-22</td>
</tr>
<tr>
<td>Roanoke Rapids</td>
<td>Jun-22</td>
</tr>
<tr>
<td>Outer Banks Women's Care</td>
<td>Jul-22</td>
</tr>
</tbody>
</table>
# Community Based Site Report as of March 31, 2024

## Terminated

<table>
<thead>
<tr>
<th>Name</th>
<th>Contract Start Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Albemarle Regional Health Services – Hertford</td>
<td>November 2019</td>
<td>March 2024</td>
</tr>
</tbody>
</table>
Updates on Grants-Funded Projects

MOTHeRS Project

NC-STeP-Peds

NC-STeP Expansion: Elizabeth City State University

HRSA: NC-STeP Expansion
### Table-1: MOTHeRS Project Results (as of March 31, 2024)

<table>
<thead>
<tr>
<th>Impact on Patient Access</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of perinatal visits with MFM specialist (as of March 2023)*</td>
<td>122</td>
</tr>
<tr>
<td>Impact on patient access (calculated as driving miles saved per MFM specialist visit and diabetes educator visit.)</td>
<td>36,784 driving miles saved</td>
</tr>
<tr>
<td>Number of patient visits with Certified Diabetes Educator or Registered Dietitian Nutritionist</td>
<td>116</td>
</tr>
<tr>
<td>*Number of women served for mental health reasons</td>
<td></td>
</tr>
<tr>
<td>LCSW visits:</td>
<td>1,601</td>
</tr>
<tr>
<td>Psychiatrist visits:</td>
<td>589</td>
</tr>
<tr>
<td>Total Mental Health visits:</td>
<td>2,190</td>
</tr>
<tr>
<td>* Impact on patient access (calculated as driving miles saved per Psychiatrist and LCSW visit)</td>
<td>360,110 driving miles saved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Insecurity *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Food Bags Sent to Clinics**</td>
<td>1,195</td>
</tr>
<tr>
<td>Number of Patients Screened for Food Insecurity</td>
<td>41,229</td>
</tr>
<tr>
<td>Number of Food Bags Distributed***</td>
<td>888</td>
</tr>
</tbody>
</table>

Saeed SA, Jones K, Sacks AJ, Craven K, Xue Y. Maternal Outreach Through Telehealth for Rural Sites: The MOTHeRS Project. NCMJ. 2023;84 (1).* [updated data as of May 2024]
NC-STeP-Peds
## Patient Screening Data
### August 1, 2023 - March 31, 2024

<table>
<thead>
<tr>
<th>Pediatrics Clinic Name:</th>
<th>Total (all sites)</th>
<th>Total (Catawba)</th>
<th>Total (Surf)</th>
<th>Total (Clinton)</th>
<th>Total (Robeson)</th>
<th>Total (ECU Peds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients screened during the reporting period</td>
<td>9725</td>
<td>4734</td>
<td>2352</td>
<td>1007</td>
<td>1435</td>
<td>197</td>
</tr>
<tr>
<td>Number of patients who completed PSC-17 screening</td>
<td>8015</td>
<td>3232</td>
<td>2343</td>
<td>1006</td>
<td>1247</td>
<td>187</td>
</tr>
<tr>
<td>Number of patients whose PSC-17 score &lt; 15</td>
<td>7141</td>
<td>2902</td>
<td>2074</td>
<td>884</td>
<td>1123</td>
<td>158</td>
</tr>
<tr>
<td>Number of patients whose PSC-17 score &gt;= 15</td>
<td>874</td>
<td>330</td>
<td>269</td>
<td>122</td>
<td>124</td>
<td>29</td>
</tr>
<tr>
<td>Number of patients who completed GAD-7 screening:</td>
<td>4151</td>
<td>1509</td>
<td>1178</td>
<td>459</td>
<td>932</td>
<td>73</td>
</tr>
<tr>
<td>Number of patients whose GAD-7 score &lt;8</td>
<td>3365</td>
<td>1233</td>
<td>929</td>
<td>363</td>
<td>782</td>
<td>58</td>
</tr>
<tr>
<td>Number of patients whose GAD-7 score &gt;=8</td>
<td>780</td>
<td>270</td>
<td>249</td>
<td>96</td>
<td>150</td>
<td>15</td>
</tr>
</tbody>
</table>
## Pediatrics Site Children Mental Health Service Data

**August 1, 2023 - March 31, 2024**

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>2023 Q3 (07/23-09/23)</th>
<th>2023 Q4 (10/23-12/23)</th>
<th>2024 Q1 (01/24-03/24)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients seen by a psychiatrist</td>
<td>3</td>
<td>31</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>Number of patients seen by behavioral health provider (BHP)</td>
<td>8</td>
<td>64</td>
<td>106</td>
<td>178</td>
</tr>
<tr>
<td>Number of patients receiving follow-up counseling with behavioral health provider</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Number of patients receiving re-consults by a psychiatrist</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Number of patients receiving integrated care</td>
<td>8</td>
<td>68</td>
<td>107</td>
<td>183</td>
</tr>
<tr>
<td>Number of uninsured patients receiving services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Percentage of visits kept</strong></td>
<td><strong>100%</strong></td>
<td><strong>90.70%</strong></td>
<td><strong>87.40%</strong></td>
<td><strong>92.70%</strong></td>
</tr>
</tbody>
</table>
Recognition of NC-STeP- Invited Presentations

1. Benjamin Rush Society Annual Meeting, March 20 - 22, 2024, Santa Barbara, California
5. American Telemedicine Association Annual Meeting, Boston, May 2022
6. NC Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services Advisory Committee, January 2021
10. The 5th National Telehealth Summit, Chicago, July 2020
11. HIMSS Global Conference, Orlando, Florida, March 2020
12. The 3rd National Telehealth Summit, Miami, May 2019
13. Weill Cornell Medicine | New York-Presbyterian, New York, April 2019
14. UNC Kenan-Flagler Business School, Chapel Hill, NC, November 2017
15. The US News and World Reports, Washington DC, November 2017
17. Avera e-Care, Sioux Falls, South Dakota, September 2017
18. IPS: The Mental Health Services Conference, Washington DC, October 8, 2016
20. St. Elizabeth Hospital, Washington DC, February 2016
22. Center for Evidence-Based Policy, Oregon Health Sciences Univ., Portland, Oregon. October 2015.
NC-STeP Published Papers and Book Chapters


The Psychiatric Services Achievement Awards recognize outstanding programs that deliver services to people with mental illness or disabilities that have overcome obstacles and that can serve as models for other programs.
Sy Atezaz Saeed, MD, MS, FACPsych
Professor and Chair Emeritus
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine | East Carolina University

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

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