Quarterly Progress Update

Sy Atezaz Saeed, MD, MS, FACPsych,
Professor and Chair
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University

Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
• 66 hospitals in network, 50 hospitals live
• 1,041 assessments for both Model-1 and Model-2 hospitals
  – 561 patient assessments were billed for Model-1 hospitals
• The Median Length of Stay was 28.5 hours
• The Average Length of Stay* was 51.9 hours
  – 49.8 hours for those discharged to home
  – 54.3 hours for those transferred to another facility
NC-STeP Quality Management and Outcomes Monitoring Processes: July-September 2017

• 578 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 249 (43%) of those patients did not have an IVC in place when discharged.

• Of the ED patients who received telepsychiatry services, 42.4% were discharged to home. 40.3% were discharged to another facility.

*Note: Data for Bladen hospital not submitted yet. Data for Cone hospitals did not include a discharge disposition, so Cone is not included in the average LOS calculation by discharge (i.e. Home, Transfer). They are included in the overall average LOS and median LOS.
<table>
<thead>
<tr>
<th></th>
<th>Since project inception in November 2013</th>
<th>During Calendar Year 2014</th>
<th>During Calendar Year 2015</th>
<th>During Calendar Year 2016</th>
<th>During Quarter Jan-March 2017</th>
<th>During Quarter April-June 2017</th>
<th>During Quarter July-September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>18,082</td>
<td>5,144</td>
<td>7,128</td>
<td>1,896</td>
<td>916</td>
<td>1,096</td>
<td>960</td>
</tr>
<tr>
<td><strong>Model-1 Hospital Patient Encounters</strong></td>
<td>13,605</td>
<td>4,578</td>
<td>5,849</td>
<td>706</td>
<td>463</td>
<td>587</td>
<td>480</td>
</tr>
<tr>
<td><strong>Model-2 Hospital Patient Encounters</strong></td>
<td>4,477</td>
<td>566</td>
<td>1,279</td>
<td>1,190</td>
<td>453</td>
<td>509</td>
<td>480</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>27,742</td>
<td>8,130</td>
<td>13,573</td>
<td>1,942</td>
<td>993</td>
<td>1,189</td>
<td>1041</td>
</tr>
</tbody>
</table>
## NC-STeP Status as of September 30, 2017

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2017</th>
<th>TARGET TO BE REACHED BY 06/30/2018</th>
<th>VALUES/MEASURES REACHED AS OF 09/30/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of full-time equivalent (FTE) positions supported by these contracts</td>
<td>2.1 FTEs</td>
<td>2.3 FTEs</td>
<td>1.9 FTEs</td>
</tr>
<tr>
<td>2. The number of overturned involuntary commitments</td>
<td>396</td>
<td>1,034</td>
<td>249 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 3,065</td>
</tr>
<tr>
<td>3. The number of participating consultant providers</td>
<td>30</td>
<td>47</td>
<td>48</td>
</tr>
</tbody>
</table>
## NC-STeP Status as of September 30, 2017

<table>
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<th>VALUES/MEASURES REACHED AS OF 09/30/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The number of telepsychiatry assessments conducted.</td>
<td>2,024</td>
<td>5,743</td>
<td>1,041 in this quarter Cumulative total since program inception 27,742</td>
</tr>
<tr>
<td>5. The number of telepsychiatry referring sites</td>
<td>43</td>
<td>59</td>
<td>66 50 Live</td>
</tr>
<tr>
<td>6. The reports of involuntary commitments to enrolled hospitals</td>
<td>999</td>
<td>2,584</td>
<td>578 in this quarter Cumulative total since program inception 10,709</td>
</tr>
</tbody>
</table>
### NC-STeP Status as of September 30, 2017

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</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>53.2 hours</td>
<td>53 hours</td>
<td>QTD = 51.9 Median = 28.5</td>
</tr>
<tr>
<td>8. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among emergency department staff participating in NC-STeP.</td>
<td>55.4%</td>
<td>85%</td>
<td>68%</td>
</tr>
<tr>
<td>EVALUATION CRITERIA</td>
<td>BASELINE VALUES/MEASURES AS REPORTED ON 03/31/2017</td>
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</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>9. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among hospital CEOs/COOs participating in NC-STeP.</td>
<td>NA (no responses received)</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>10. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among consulting (hub) providers participating in NC-STeP.</td>
<td>72%</td>
<td>85%</td>
<td>90%</td>
</tr>
</tbody>
</table>
### NC-STeP Status as of September 30, 2017

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>11. The rate of &quot;satisfied&quot; or &quot;strongly satisfied&quot; among emergency department physicians participating in the statewide telepsychiatry program.</td>
<td>80%</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>12. The ratio of overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs).</td>
<td>0.97:1.00</td>
<td>&gt;1.00:1.00</td>
<td>0.08:1.00</td>
</tr>
<tr>
<td>EVALUATION CRITERIA</td>
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<td>---------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------</td>
</tr>
</tbody>
</table>
| 14. Cumulative return on investment to state psychiatric facilities through overturned involuntary commitments. | $2,138,400 | $5,583,600 | $1,344,600 in this quarter
Cumulative total since program inception $16,410,600 |
NC-STeP Status as of September 30, 2017

= Hospital with NC STEP live
= Hospitals with NC STEP in the process of going live.
= Provider HUB

Provider Hubs
1. Carolina Behavioral
2. Mission
3. Cone Health
4. Novant
5. Cape Fear
6. Old Vineyard

R = Rural County (70 Counties)
Number of Patients for July - September 2017

Albemarle: 83
Beaufort: 9
Chowan: 31
Duplin: 42
Edgecombe: 56
Wilson: 9
Lenoir: 158
Bladen: 3
McDowell: 2
Highlands: 1
Cashiers: 1
Novant: 1
Kernersville: 1
Novant: 1
Thomasville: 1
Novant: 1
Rowan: 1

Blue Ridge: 39
Transylvania: 14
St. Lukes: 97
Angel: 30
Hugh Chatham: 1
UNC Johnston: 37
Morehead: 34
Mariah Parham: 60
Murphy: 5
Chatham: 12
Ashe: 16
Dosher: 17
Harris: 69
Northern of Surry: 27
Forsyth: 35
Anne Penn: 5
Wesley Long: 5
Alamance: 5
Percent of Use by Hospital July - September 2017
(based on number of patient encounters)

- McDowell: 16%
- Angel: 10%
- Moses Cone: 4%
- Albemarle: 9%
- Murphy: 6%
- Northern of Surry: 7%
- Wilson: 6%
- Transylvania: 8%
- Annie Penn: 3%
- Outer Banks: 4%
- Blue Ridge: 4%
- Maria Parham: 2%
- Morehead: 4%
- Hugh Chatham: 3%
- All Others Combined: 9%

Percent of Use by Hospital July - September 2017
(based on number of patient encounters)
51.4% percent of patients had a LOS of 30 hours or less.

Length of Stay (in hours): July - September 2017

Number of patients with a LOS in this category

NC STeP July-September 2017 Number of Patients by LOS Category (in hours)

Median Length of Stay for July – Sept 2017 = 28.5 Hours

10 patients had a LOS longer than 300 hours
47.6% percent of patients had a LOS of 30 hours or less

Number of patients with a LOS in this category

Median Length of Stay for April – June 2017 = 33.7 Hours

15 patients had a LOS longer than 300 hours
Average Length of Stay by Provider (in hours)

July - September 2017

- Novant: 44.7 hours (36 patients)
- Cone Health: 35.7 hours (67 patients)
- Cape Fear: 0 hours (no data)
- Mission: 44.2 hours (374 patients)
- Old Vineyard: 62.3 hours (284 patients)
- CBC: 59 hours (196 patients)

April - June 2017 (in hours)

- Novant: 51.7 hours (45 patients)
- Cone Health: 46.3 hours (158 patients)
- Cape Fear: 0 hours (no data)
- Mission: 43.4 hours (350 patients)
- Old Vineyard: 67.3 hours (302 patients)
- CBC: 70.6 hours (219 patients)
Average Length of Stay (in Hours) by Hospital
July - September 2017

Albemarle: 48.9
Beaufort: 43.3
Chowan: 60
Duplin: 58.2
Edgecombe: 32
Outer Banks: 50.6
Wilson: 50.2
Lenoir: 50.2
Bladen: 31.2
McDowell: 32.4
Highlands Cashiers: 41.7
Novant Kernessville: 29.6
Novant Thomasville: 47.2
Novant Rowan: 88.5
Blue Ridge: 35.6
Transylvania: 18.5
St. Lukes: 102.2
Angel: 73.5
Hugh Chatham: 70.4
UNC Johnston: 68.1
Morehead: 46.3
Mariah Parham: 48.1
Murphy: 64.8
Chatham: 34.3
Ash: 34
Northern of Surry: 54.4
Forsyth Med Center: 51.9
Med Center High Point: Average across all hospitals
Average LOS by Disposition
April - June 2017 (in hours)

- AVG - ALL DISPOSITIONS: 56.6 hours
- Other: 44.5 hours
- Admit: 75.2 hours
- Transfer: 62.6 hours
- Home: 56.9 hours

Average LOS by Disposition
July - September 2017 (in hours)

- AVG - ALL DISPOSITIONS: 51.9 hours
- Other: 51.1 hours
- Admit: 54.5 hours
- Transfer: 54.3 hours
- Home: 49.8 hours
Percent of Patients by Discharge Disposition
July - September 2017

*This category is high because the data from Cone this quarter did not include any discharge disposition information, coded as “unknown” and included in with the “other” category. If taken out, the other category would be a more typical 10.2% and the unknown would be 3.6%.

- IVCs - percent released: 37%
- IVCs - percent not released: 63%

IVCs - By Release Status for January - December 2015

- IVCs - percent released: 25%
- IVCs - percent not released: 75%

IVCs - By Release Status for January - December 2014

- IVCs - percent released: 21%
- IVCs - percent not released: 79%
NC STeP: Number of IVCs for Participating Hospitals by Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Mar Turnover</td>
<td>925</td>
<td>170</td>
<td>858</td>
</tr>
<tr>
<td>Apr-Jun Turnover</td>
<td>1199</td>
<td>167</td>
<td>522</td>
</tr>
<tr>
<td>Jul-Sep Turnover</td>
<td>1392</td>
<td>299</td>
<td>678</td>
</tr>
<tr>
<td>Oct-Dec Turnover</td>
<td>1089</td>
<td>98</td>
<td>578</td>
</tr>
<tr>
<td>12 MONTH PERIOD Jan-Dec 2015</td>
<td>4605</td>
<td>319</td>
<td>831</td>
</tr>
<tr>
<td>12 MONTH PERIOD Jan-Dec 2016</td>
<td>1126</td>
<td>220</td>
<td>43%</td>
</tr>
<tr>
<td>Turnover</td>
<td>26%</td>
<td>36.4%</td>
<td>48.8%</td>
</tr>
</tbody>
</table>

Number of IVCs
Number of IVCs Turned Over

Legend:
NC-STeP Charge Mix
FYTD 2018 - Quarter 1

- Self-pay: 34.99%
- Blue Shield: 7.97%
- Commercial: 23.07%
- Medicaid: 12.79%
- Medicare: 1.40%
- Other: 19.78%
- Self-pay: 34.99%
NC-STeP Charge Mix – Project to Date
Service Dates 10/01/2013 – 09/30/2017

- Self-pay 31.09%
- Other 20.45%
- Medicare 19.48%
- Medicaid 6.05%
- Commercial 17.31%
- Blue Shield, 5.61%
- Other 20.45%

Total: 100.00%
Satisfaction surveys were conducted in September 2017 with 9 groups

- Invitations to participate were sent via electronic mail
- Surveys were completed online via Qualtrics software
- Each group was given a different survey (with different questions) based on their role in the telepsychiatry program

Survey Groups and N

- Model 1 Emergency Department Physicians 6 responded
- Model 1 Emergency Department Staff 30 responded
- Model 1 Provider Psychiatrists 9 responded
- Model 1 Psychiatric Intake Specialists 8 responded
- Model 1 Hospital CEOs 7 responded
- Model 2 Emergency Department Physicians 2 responded
- Model 2 Emergency Department Staff 4 responded
- Model 2 Provider Psychiatrists 2 responded
- Model 2 Hospital CEOs none responded

For each group, one summary question was selected for an overall “satisfaction” rate. The overall satisfaction rate was 79%.
Model 1 ED Doc: Telepsych consults have improved the quality of care for mental health and substance abuse patients in the ED

**this question used to measure overall satisfaction**
Model 1 Hospital ED Physicians Results

Model 1 ED Doc: Telepsychiatry consults are easy to obtain

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

Model 1 ED Doc: Telepsychiatry equipment is reliable and seldom down

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

Model 1 ED DOC: Consultants respond quickly to telepsychiatry requests

- Disagree: 17%
- Undecided: 17%
- Agree: 67%
Model 1 Hospital ED Physicians Results

Model 1 ED DOC: Telepsychiatry evaluations are complete and thorough

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

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

- Disagree: 33%
- Undecided: 0%
- Agree: 67%
Model 1 Hospital ED Staff results:
“The program has improved patient care in our ED.”

Model 1 ED Staff: Telepsychiatry consults have improved patient care in our ED

**this question used to measure overall satisfaction

- Disagree: 17%
- Undecided: 13%
- Agree: 56%

Last survey
Model 1 ED Staff: The telepsychiatry cart is easy to use

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

Last survey 69%

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

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

Last survey 61%

Model 1 ED Staff: I can do simple trouble shooting when the cart does not work

- Agree: 53%
- Undecided: 27%
- Disagree: 20%

Model 1 ED Staff: The cart system works well without static, delays in transmission, or limits of picture or audio

- Agree: 73%
- Undecided: 17%
- Disagree: 10%
Model 1 ED Staff: Assisting in telepsychiatry consults is an efficient use of my time

- Disagree: 10%
- Undecided: 27%
- Agree: 63%

Last survey 48%

Model 1 ED Staff: The portal system of requesting the consultation is straightforward to use

- Disagree: 20%
- Undecided: 20%
- Agree: 60%

Last survey 52%; survey before 15%

Model 1 ED Staff: The portal system works well without excessive delays or downtime

- Disagree: 27%
- Undecided: 27%
- Agree: 47%

Last survey 54%

Model 1 ED Staff: I received adequate training preparing me to use the portal

- Disagree: 20%
- Undecided: 23%
- Agree: 57%
Model 1 Provider Psychiatrist Results

“I am satisfied with providing psychiatric consults via telepsychiatry”

Model 1 Psychiatrist: I am satisfied with providing psychiatric consults via telepsych

**This question used to measure overall satisfaction**

- Agree: 88%
- Undecided: 13%
- Disagree: 0%
Model 1 Psychiatrist: Providing telepsych services is an effective and efficient way of assessing and treating patients with mental health/substance abuse issues

- Disagree: 0%
- Undecided: 11%
- Agree: 89%

Model 1 Psychiatrist: I believe the quality of psychiatric care provided via telepsychiatry is comparable to the quality of care delivered via face to face care

- Disagree: 0%
- Undecided: 22%
- Agree: 78%

Model 1 Psychiatrist: The portal system works well without excessive delays or downtime

- Disagree: 25%
- Undecided: 25%
- Agree: 50%
Model 1 Psychiatrist: I am satisfied with the ability to provide disposition recommendations via telepsychiatry

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

Model 1 Psychiatrist: Telepsychiatry increases my productivity

- Disagree: 0%
- Undecided: 22%
- Agree: 33%

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

- Disagree: 0%
- Undecided: 0%
- Agree: 100%
Model 1 Psychiatric Intake Specialist Results

“I am satisfied with providing psychiatric consults via telepsychiatry”

Intake Specialist: I am satisfied with providing psychiatric consults via telepsych

**this question used to measure overall satisfaction**

Disagree | Undecided | Agree
---|---|---
| | | 100%
Intake Specialist: Telepsychiatry increases my productivity

- Disagree: 12.50%
- Undecided: 38%
- Agree: 50%

Intake Specialist: The portal system of sending consultations is straightforward to use

- Disagree: 12.50%
- Undecided: 25%
- Agree: 63%

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

- Agree: 100%

October 9, 2016
Intake Specialist: Telepsych desktop unit is reliable and seldom down

50% Disagree
13% Undecided
38% Agree

Intake Specialist: The portal system works well without excessive delays or downtime

50% Disagree
25% Undecided
25% Agree

October 9, 2016
Model 1 CEO/COO/CNO/ED Manager Results
“The overall quality of care for psychiatric patients utilizing the ED has improved”

Model 1 Hospital CEO: The overall quality of care for psychiatric patients utilizing the ED has improved

**this question used to measure overall satisfaction

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Model 1 Hospital CEO: The LOS for psychiatric patients in the ED has reduced

Model 1 Hospital CEO: Overall ED costs have been reduced

Model 1 CEO/COO/CNO/ED Manager Results

Model 1 Hospital CEO: I would recommend this program to other hospitals

October 9, 2016
Model 1 CEO/COO/CNO/ED Manager Results

Model 1 Hospital CEO: Our hospital's use of telepsych consults has been cost effective

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

Model 1 Hospital CEO: Overall ED staff satisfaction has improved

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

[Images of bar graphs for the above data]
Model 2 Hospital ED Staff Results
“The program has improved patient care in our ED”

Model 2 ED Staff: Telepsychiatry consults have improved patient care in our ED

**this question used to measure overall satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>50%</strong></td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>

NC-SteP
East Carolina University
CENTER FOR TELEPSYCHIATRY
Model 2 ED Staff: The telepsychiatry equipment is easy to use

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

Model 2 ED Staff: I can do simple troubleshooting when the system does not work

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

Model 2 ED Staff: The system rarely goes down

- Disagree: 50%
- Undecided: 50%
- Agree: 0%
Model 2 ED Staff: The system works well without static, delays in transmission, or limits of picture or audio

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

Model 2 ED Staff: Assisting in telepsychiatry consults is an efficient use of my time

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

Model 2 ED Staff: I received adequate training/instruction preparing me to use the system

- Disagree: 50%
- Undecided: 25%
- Agree: 25%
NC-STeP Status as of Sept 30, 2017

- 66 hospitals in the network. 50 live.
- 27,742 total psychiatry assessments since program inception
- 3,065 IVCs overturned
  - Cumulative return on investment = $16,410,600
    (from savings from preventing unnecessary hospitalizations)
- High levels of satisfaction
- Six Clinical Providers’ Hubs with 48 consultant providers
- Administrative costs below industry’s standard
- Over 31% of the patients served had no insurance coverage
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Portal Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vidant Outer Banks Hospital</td>
<td>8/8/2016</td>
</tr>
<tr>
<td>Vidant Bertie Hospital</td>
<td>8/15/2016</td>
</tr>
<tr>
<td>Vidant Chowan Hospital</td>
<td>8/15/2016</td>
</tr>
<tr>
<td>Vidant Edgecombe Hospital</td>
<td>8/15/2016</td>
</tr>
<tr>
<td>Sentara Albemarle Medical Center</td>
<td>8/17/2016</td>
</tr>
<tr>
<td>Vidant Beaufort Hospital</td>
<td>8/22/2016</td>
</tr>
<tr>
<td>Vidant Duplin Hospital</td>
<td>8/22/2016</td>
</tr>
<tr>
<td>Lenoir Memorial Hospital</td>
<td>9/6/2016</td>
</tr>
<tr>
<td>St Lukes Hospital</td>
<td>9/7/2016</td>
</tr>
<tr>
<td>Wilson Medical Center</td>
<td>9/20/2016</td>
</tr>
<tr>
<td>Morehead Memorial Hospital</td>
<td>10/5/2016</td>
</tr>
<tr>
<td>DLP Harris Regional Medical Center</td>
<td>10/14/2016</td>
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<tr>
<td>DLP Swain Community Hospital</td>
<td>10/14/2016</td>
</tr>
<tr>
<td>Murphy Medical Center</td>
<td>10/26/2016</td>
</tr>
<tr>
<td>DLP Maria Parham Medical Center</td>
<td>11/15/2016</td>
</tr>
<tr>
<td>UNC Chatham Hospital</td>
<td>12/21/2016</td>
</tr>
<tr>
<td>J. Arthur Dosher Memorial Hospital</td>
<td>1/7/2017</td>
</tr>
<tr>
<td>Ashe Memorial Hospital</td>
<td>1/26/2017</td>
</tr>
<tr>
<td>Northern Hospital of Surry County</td>
<td>3/7/2017</td>
</tr>
<tr>
<td>Southeastern Regional Medical Center</td>
<td>8/8/2017</td>
</tr>
<tr>
<td>Halifax Regional Medical Center</td>
<td>8/8/2017</td>
</tr>
<tr>
<td>DLP Person Memorial Hospital</td>
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# Hospital Status Report as of September 2017

## Model 1 – In Process

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<tr>
<th>Hospital Name</th>
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<td>FirstHealth Regional Hospital – Hoke</td>
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<td>FirstHealth Sandhills Regional Medical Center</td>
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<tr>
<td>Pender Memorial Hospital</td>
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<tr>
<td>Our Community Hospital</td>
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<tr>
<td>Hospital Name</td>
<td>Program Status</td>
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<tr>
<td>DLP Central Carolina Hospital</td>
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<td>Pioneer Community Hospital of Stokes (Greene)</td>
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</tr>
<tr>
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<tr>
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<td>Wayne Memorial Hospital</td>
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<tr>
<td>Cape Fear Valley Medical Center</td>
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<tr>
<td>Cape Fear Valley Bladen Hospital</td>
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<tr>
<td>Cone Health Behavioral Health Hospital</td>
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<td>Cone Health MedCenter High Point</td>
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<tr>
<td>Forsyth Medical Center</td>
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<tr>
<td>McDowell Hospital</td>
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<td>Mission Hospital</td>
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<tr>
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<td>Annie Penn Hospital</td>
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<tr>
<td>Moses H. Cone Memorial Hospital</td>
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<td>UNC Johnston, Clayton</td>
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<td>(King &amp; Greene)</td>
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<td>Sampson</td>
<td>WakeMed Psychiatric Observation Unit</td>
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## Hospital Status Report as of September 2017

### No Information Available

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<td>Wilkes Regional Medical</td>
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Contact

Sy Atezaz Saeed, M.D., M.S., FACPpsych
Professor and Chairman
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine | East Carolina University

Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
Phone: 252.744.2660 | e-mail: saeeds@ecu.edu | Website: http://www.ecu.edu/psychiatry
Mail: Brody School of Medicine, 600 Moye Boulevard, Suite 4E-100,
Greenville, NC 27834