

North Carolina Telepsychiatry/ Rural Health Information Technology Program 2015 Profile

Overview

The N.C. Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology

The practice of telepsychiatry, through NC-STeP, allows for the psychiatric evaluation of patients, through videoconferencing technology, in emergency departments lacking psychiatric staff.

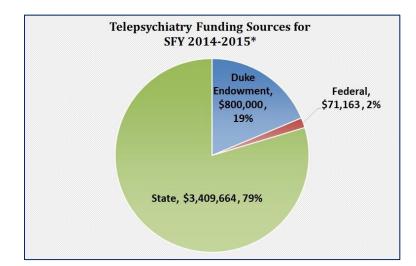
Telepsychiatry is defined as "the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site."

Importance

- As of August 2015, there are 35 counties in NC that are classified as Mental Health Professional Shortage Areas. Though not designated, there are additional counties that have a very low supply of mental health professionals in proportion to the population.
- This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

Cost, Savings and Program Monitoring

- NC-STeP has been awarded \$6 million in State appropriations (\$2 million each for SFY14, SFY15 and SFY16). The program is also supported by an additional \$1.5 million in philanthropic funding from The Duke Endowment.
- As of June 2015, NC-STeP has conducted 14,065 assessments.
- 1,320 involuntary commitments have been overturned.
- Overall, the program has generated cost savings from overturned involuntary commitments, which benefitted the State, Medicaid, Medicare, and other insurance carriers.



*Includes Meaningful Use Coordinator position and SFY 2014 carryover



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Program Coverage

- As of June 2015, NC-STeP was operational in 54 hospitals in 38 counties.
- 5 consulting sites



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