**North Carolina Integrated Health Systems**

2017 Profile (Data from State Fiscal Year 2017 and current as of 6/30/2017)

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### Grant Facts

- **$2.5M**
  - Grant funding appropriated from the General Assembly

- **450,203**
  - Patient encounters

- **134,109**
  - Patients served

- **59,064**
  - Uninsured patients served

- **$15.61**
  - Average annual contribution by ORH per patient

### Performance Measures

- **71%**
  - Patients with well controlled diabetes, as evidenced by A1c levels ≤ 9

- **59%**
  - Patients with well controlled hypertension, as evidenced by blood pressure levels ≤ 140/90

- **70%**
  - Patients screened for obesity through Body Mass Index (BMI) testing

- **36%**
  - Patients screened for tobacco cessation and treatment

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### Overview

The Integrated Health Systems (IHS) Team provides technical assistance for communities and safety net providers seeking to improve access and quality of care for vulnerable populations through integrated systems of care and innovative, strategic planning. The IHS Team leverages resources and funding of the State, federal agencies, and private foundations to support community health initiatives and demonstration projects that benefit the uninsured, Medicaid recipients, and other vulnerable populations. Current and previous programs include the Perinatal Quality Collaborative of North Carolina, the Chronic Pain Initiative, Fostering Health NC, North Carolina’s Children’s Health Insurance Program Reauthorization Act Quality Demonstration, and HealthNet Transitions.

### Program Achievements and Improvements

Fostering Health North Carolina (FHNC) is targeted for foster children and supported with funding from The Duke Endowment and Medicaid in partnership with the North Carolina Pediatric Society. Since last year, the program increased the number of medical practices implementing the foster care medical home model by 12. In addition, the program increased the number of foster children linked to a participating foster care medical home by 614. Moreover, patient encounter totals increased to 450,203, up 55% from last year. Another improvement included the average annual contribution made by ORH per patient, which increased to $61.80, up 77% from last year.

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### Return On Investment and Economic Impact

Source: IMPLAN

<table>
<thead>
<tr>
<th>IHS Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,352,522</td>
<td>$2,216,482</td>
<td>$4,569,004</td>
</tr>
</tbody>
</table>

Each IHS grant dollar has a total economic impact of $1.94 (94% ROI).

*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.*

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### Fostering Health (FHNC)

- **$248K**
  - Available grant funding (federal and The Duke Endowment)

- **2.58**
  - Full-time equivalent health care professionals supported through grant funds

- **106**
  - Medical practices implementing the foster care medical home model

- **3,096**
  - Foster children linked to a participating foster care medical home

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### Grant Expenditures

- **$2.3M**
  - HealthNet Transitions

- **$248K**
  - Fostering Health
North Carolina Telepsychiatry/Rural Health Information Technology Program
2016 Profile

North Carolina Integrated Health Systems
2017 Profile (Data from State Fiscal Year 2017 and current as of 6/30/2017)

Overview
The N.C. Statewide Telepsychiatry Program (NC-STE-P) 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-STE-P, 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.

TELEPSYCHIATRY FUNDING SOURCES FOR SFY 2014-2015

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Endowment</td>
<td>$800,000</td>
<td>19%</td>
</tr>
<tr>
<td>State</td>
<td>$3,409,664</td>
<td>79%</td>
</tr>
<tr>
<td>Federal</td>
<td>$71,163</td>
<td>2%</td>
</tr>
</tbody>
</table>

Total Program Funding* $2,521,931 88%

*Estimate based on budget reorganization

Costs and Savings
NC-STE-P 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.

Overall, the program has generated cost savings from overturned involuntary commitments, which benefit the State, Medicaid, Medicare, and other insurance carriers.

Technical Assistance
152 Activities in 50 Counties Provided by ORH Staff

- Board Meeting Assistance: 9 Activities
- Community Development Assistance: 55 Activities
- Contract Development Assistance: 74 Activities
- Training Sessions: 10 Activities
- Other: 4 Activities

Program Reach
100 Total Counties Covered
70 Rural Counties Covered

If you have further questions, please contact:
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