

Emergency Medical Services for Children Innovation and Improvement Center (EIIC) March 19, 2024 Webinar

Making Telehealth Work in the Emergency Department – North Carolina’s Statewide Telepsychiatry Program (NC-STeP)

Ryan Baker, MHA
Administrator
East Carolina University
Brody School of Medicine
Center for Telepsychiatry



Objective: Participants will provide one example of ED relationships building opportunity in their region.

The Why

- Only 45.3% of adults with mental illness in North Carolina receive any form of treatment from either the public system or private providers. The remaining 54.7% receive no mental health treatment.¹
- North Carolina is ranked 33 out of the 50 states and Washington D.C. for providing access to mental health services.²

1. SAMHSA

2. Mental Health Resources in North Carolina. Accessed March 12, 2021 at: <https://www.rtor.org/directory/mental-health-north-carolina/>.

North Carolina Distribution of Psychiatrists and Mental Health Services at the County Level

- 22 out of 100 counties in NC have no adult psychiatrists
- 68 out of 100 counties in NC have no child psychiatrist
- 13 counties have no active behavioral health provider (BHP)
- According to federal guidelines, 93 counties in North Carolina qualify as Health Professional Shortage Areas

Where can you go if you do not have access to community-based behavioral health care?

- In 2013, NC hospitals had 162,000 behavioral health emergency department visits.¹
- In 2010, patients with mental illness made up about 10 percent of all emergency room visits in North Carolina, and people with mental health disorders were admitted to the hospital at twice the rate of those without.²

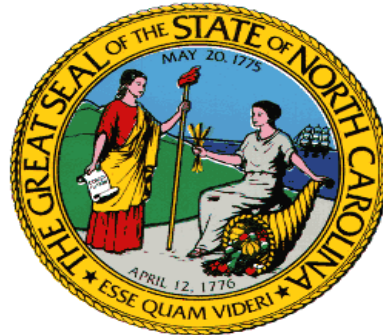
1. NC Hospital Association
2. Study by the Centers for Disease Control



NORTH CAROLINA

STATEWIDE TELEPSYCHIATRY PROGRAM

- Developed in response to Session Law 2013-360.
- G.S. 143B-139, 4B
- Recodified as G.S. 143B-139.4B(a)(1b) by Session Laws 2018-44, s. 15.1, effective July 1, 2018



NC- STeP Vision

If an individual experiencing an acute behavioral health crisis enters an emergency department or community-based site, s/he will receive timely specialized psychiatric treatment through the statewide network in coordination with available and appropriate clinically relevant community resources.

NC-STeP Status as of December 31, 2023

- 29 hospitals in the network
- 61,427 total psychiatry assessments (in hospital EDs) since program inception
- Cumulative return on investment = \$57,105,000
(savings from preventing unnecessary hospitalizations)
- 31% of the patients served had no insurance coverage
- 22 community-based sites.
- 23,780 total patient visits since community-based program inception in October 2018

How to Build RELATIONSHIPS!

- Where do you start? Well, that depends on the current relationship.
- If no relationship exist, find out if there is a true need. The best answer will come from the ED leadership, not the C-Suite (one of the most valuable lessons NC-STeP has learned).
- Build a coalition of stakeholders methodically. Find the common ground.
- Ensure there is a CLEAR understanding of the problem(s) and solution(s) of all involved.

How to Build RELATIONSHIPS!

- Identify your champions (you must have more than one)
- Develop a plan of action with your champions
- Take plan to the C-Suite with your champion(s) taking the lead
- Involve stakeholders identified by the C-Suite (THESE PEOPLE MUST BE IDENTIFIED! Ex. IT, legal, etc.)
- Again, ensure there is a CLEAR understanding
- Develop an action plan with accountability

You Never Stop Building Relationships

- Over communicate
- **YOU MUST VISIT THE SITE PHYSICALLY** (be proactive and develop a cadence)
- Stay in close contact with your champions
- Lack of contact will destroy your hard work, turn over happens more frequent than you think

Contracts

- Who is your legal contact? Develop a relationship
- Rate and terms need to be established
- Who needs to be involved from both organizations
- Set realistic timeline from beginning to execution
- Template design
- Redlines (this often is where delay happens)

Contract Considerations

- Risk/Office of Institutional Integrity
- BAA (Business Associates Agreement)
- Liability Insurance/malpractice
- **Clearly** defined roles and deliverables of each organization (contract exhibits). This includes data
- Termination terms
- Payment terms

Conclusion

- Establishing Telepsychiatry is not hard, but it is hard work
- Just like in sales, relationships drive success
- Establish a check in cadence
- Proactivity reduces the need to be reactive
- Adapt, adjust and reinvent
- Stay positive, you are having a positive impact on people in the communities

Contact Info

- Ryan Baker, MHA
- *Administrator*
- Center for Telepsychiatry
- Brody School of Medicine | East Carolina University
- *Administrator*
- North Carolina Statewide Telepsychiatry Program (NC-STeP)
- Phone: 252.744.0411 | e-mail: bakerry14@ecu.edu
- Website: <https://telepsychiatry.ecu.edu/>
- Mail: 905 Johns Hopkins Drive, Mail Stop 694
- Greenville, NC 27834

The EIC March and May Office Hours

- March 26 at 3pm EST
 - 3pm-ED Expansion toolkit use Step 1 and 2 with QI Coach
 - 4pm-Data basics with our data analyst
- May 2nd at 3pm EST
 - Data software identification platforms considerations
 - Visit the EIC website to block your calendar!
 - <https://emscimprovement.center/partners/pmhca/calendar/>