

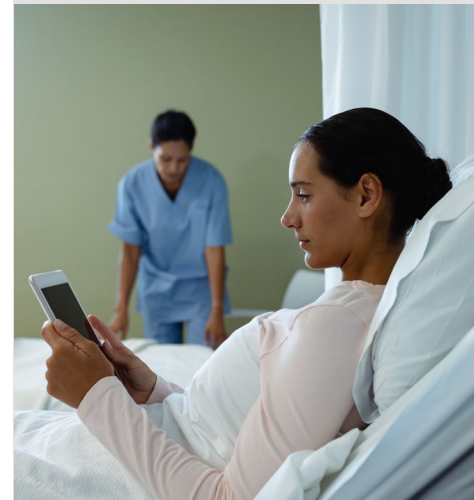
VETN Advisory Board

September 8, 2023

Ali Johnson, MBA | Quality Improvement Specialist

VPQHC

Vermont Program for Quality in Health Care, Inc.



Agenda

- Welcome
- Telepsychiatry in NC Hospitals & Communities
 - Nick J. Galvez, MBA, NCCM
 - NC Office of Rural Health
 - Ryan Baker, MHA
 - North Carolina Statewide Telepsychiatry Program (NC-STeP)
- VETN Advisory Board Survey Results
 - Nikie Sarris Esquivel, MPH
 - RTI International
- Wrap-Up



NC Department of Health and Human Services

North Carolina Rural Hospital Program

Ryan Baker, ECU NC-STeP

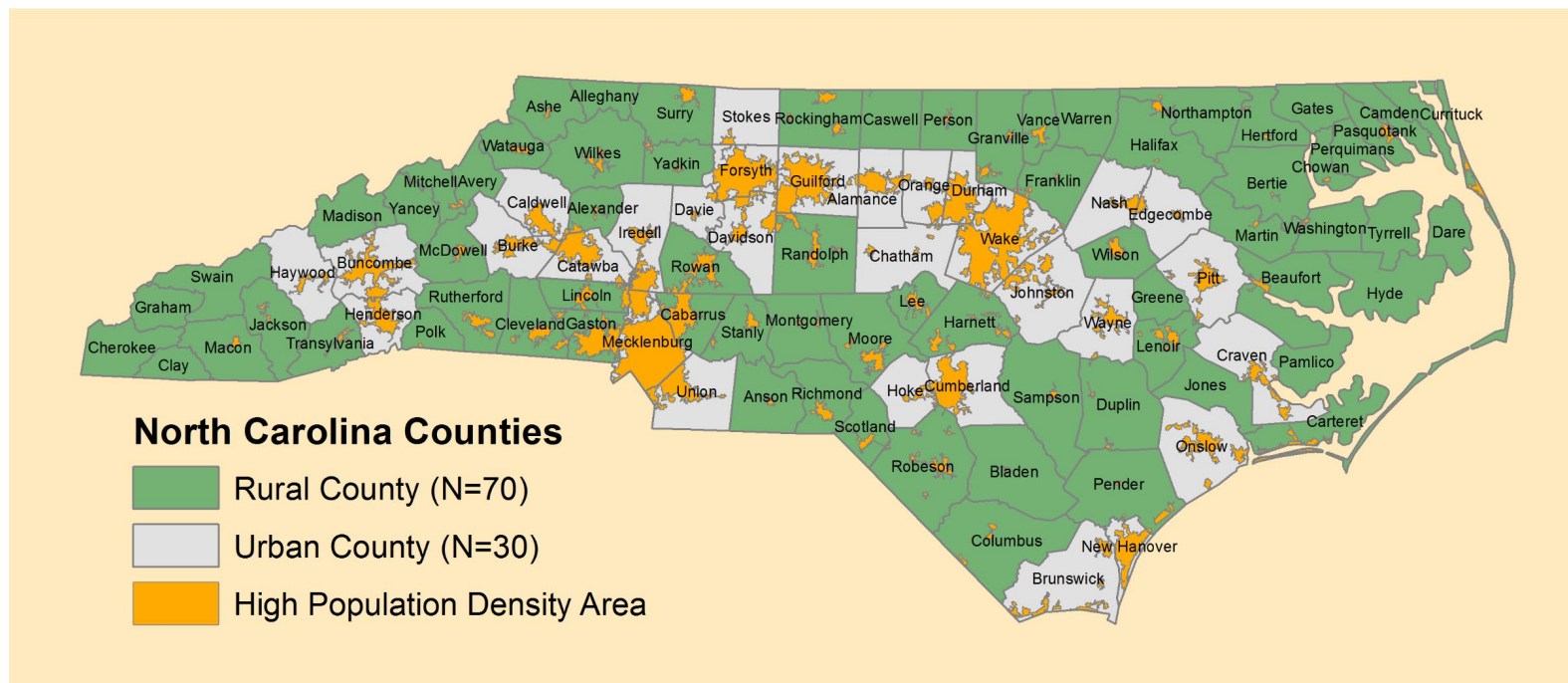
Nick Galvez, NC DHHS

[NC Office of Rural Health](#)

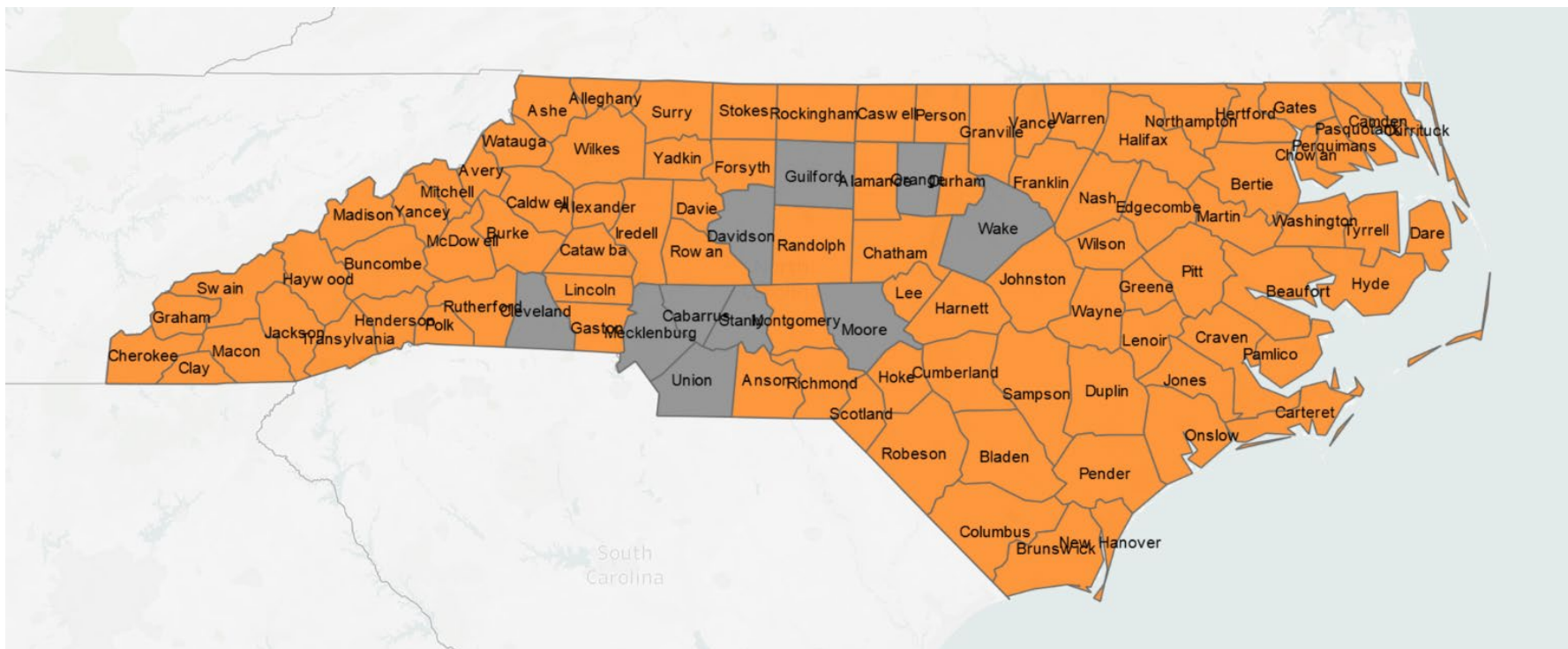
[NC Hospital Program Profile](#)

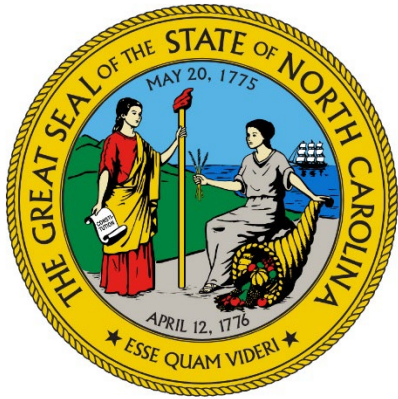


Rural and Urban Counties in NC



Mental Health Professional Shortage Area (HPSA)





Telehealth as a solution

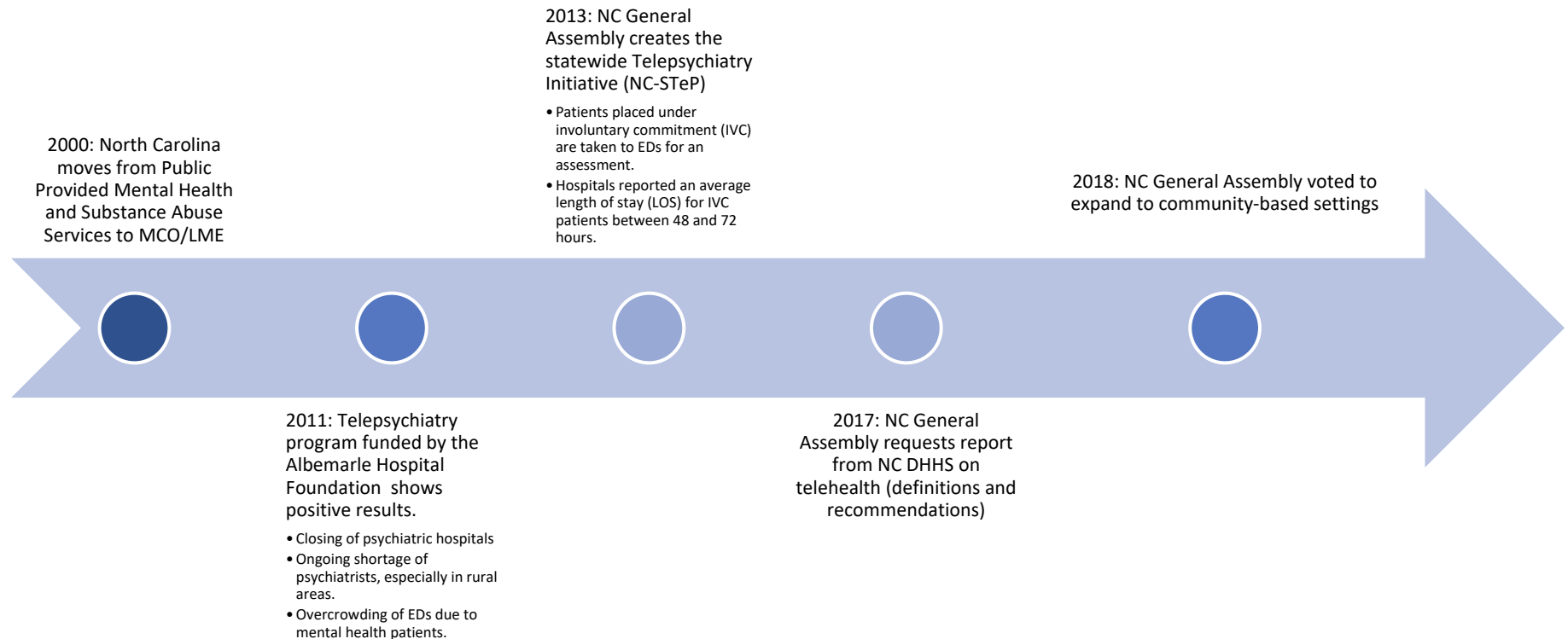
NC State Telepsychiatry Program (NC-STeP)

Program Goal: Address the mental health needs for EDs without access to psychiatric specialties or lack of inpatient psychiatric beds

- Patient placed under involuntary commitments (IVCs) can be on “HOLD” in the beds or rooms hospital emergency departments (not admitted)
- NC General Assembly
 - The NC Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing the Office of Rural Health (ORH) to oversee a statewide telepsychiatry initiative.
- Funding – Recurring state appropriations since 2013 to NC ORH
 - Additional one-time awarded The Duke Endowment for equipment (2019)



Mental Health Crisis, Telepsychiatry & Telehealth in NC



NC-STeP: Timeline of activities

2011:
Telepsychiatry
program by
Albemarle
Hospital
Foundation

- Closing of inpatient psy hospitals in NC
- Overcrowding of EDs due to mental health patients
- Shortage of NC psychiatrists and increase mental health needs in NC
- Opioid abuse disorders/crisis

2013: NC General Assembly creates the NC-STeP Initiative to NC ORH

- Patients under involuntary commitment must be assessed (telehealth)

2017: NC General Assembly requests report from NC DHHS on telehealth (recommendations and definitions)

2014-2016: NC DHHS ORH provides oversight and monitoring with advisory group meetings and performs site visits (50 sites)

2018: NC-STeP Expanding to community sites

2019: 57 hospital sites – Community 6

2020: Hospital 41 - Community site 13

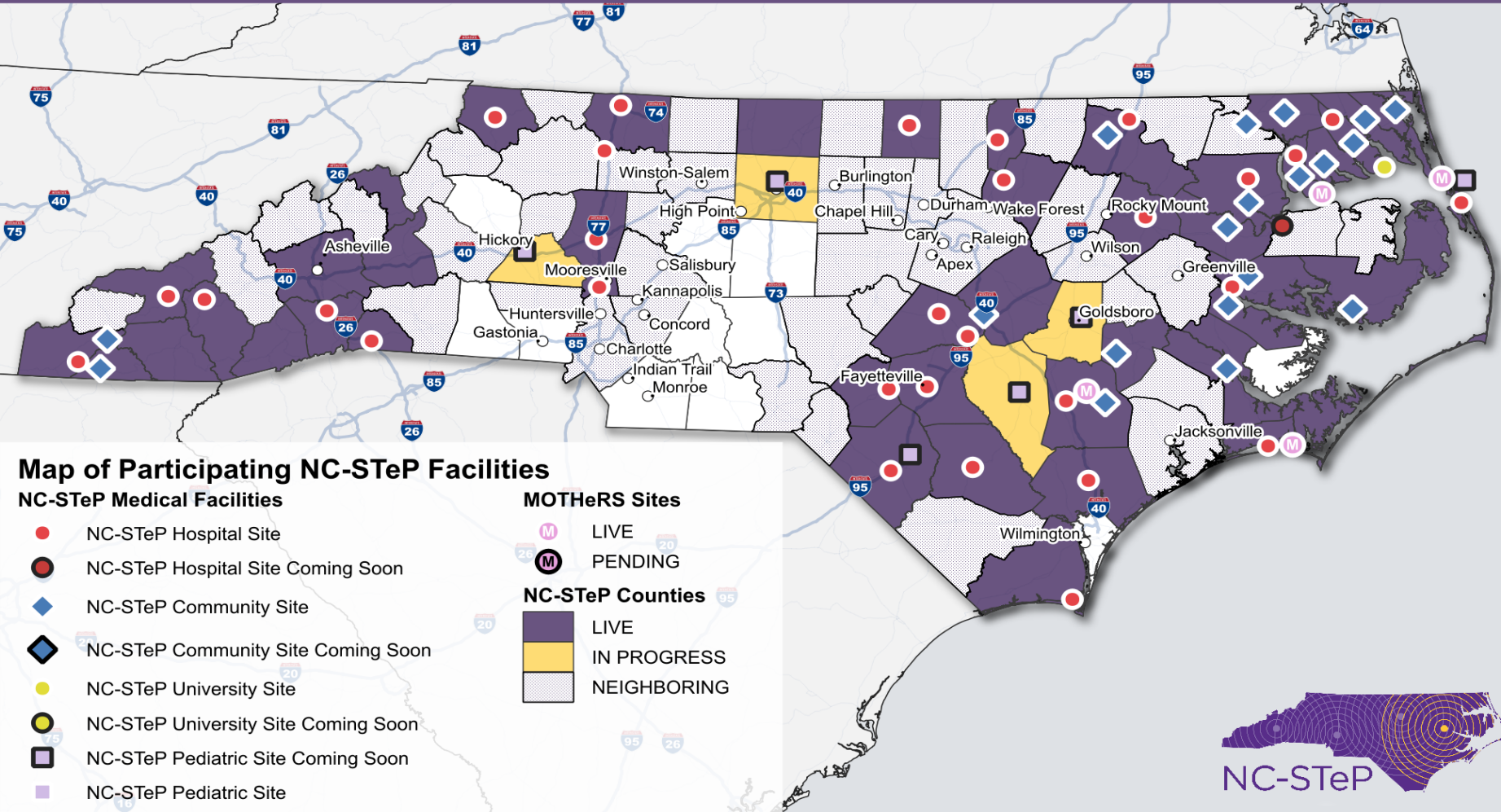
2021: Hospitals 39 – Community 18

2022: Hospital 38 - Community 22



NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

NC-STeP Status as of June 30, 2023



NC-STeP Community Patient Visits

Patient Visits	Since project inception in October 2018	During Calendar Year 2018	During Calendar Year 2019	During Calendar Year 2020	During Calendar Year 2021	During Calendar Year 2022	During Quarter Jan- Mar 2023	During Quarter Apr- Jun 2023
With Medical Doctor	2,113	8	536	265	316	567	249	172
With Mid-Level Provider	17,749	7	2,006	3,217	4,122	4,670	1,904	1,824
Total Patient Visits	19,967	15	2,633	3,477	4,440	5,253* 17 visits did not specify provider	2,153	1,996

Since project inception there are 109 visits that listed no provider and 5 visits that listed both a mid-level and a doctor.



NC-STeP Status as of June 30, 2023

- 22 community-based sites.
- 19,862 total patient visits since program inception in October 2018.
 - 2,113 total patient visits with a psychiatrist
 - 17,749 total patient visits with a mid-level provider





NC Department of Health and Human Services

Telepsychiatry in North Carolina hospitals (and communities)

**Nick Galvez, NC DHHS
STeP**

Ryan Baker, ECU NC-

Resources:

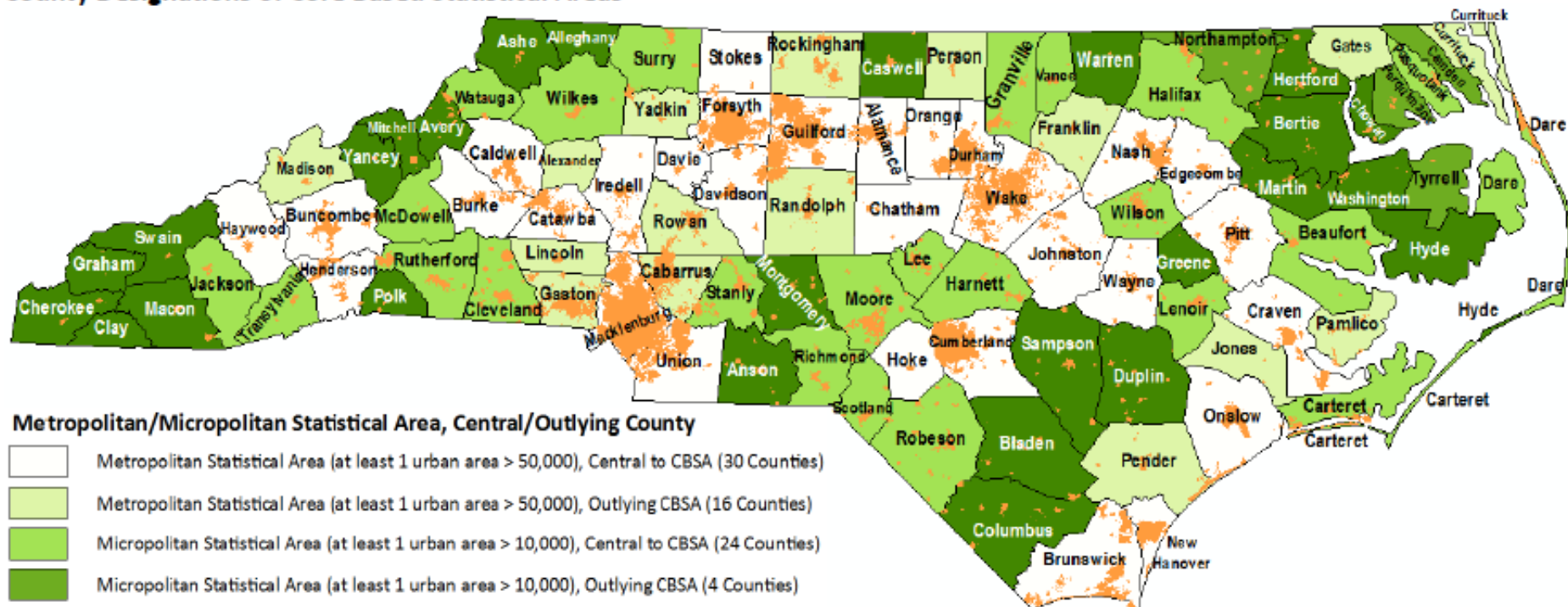
<https://www.ncdhhs.gov/divisions/orh>

[ECU Center for Telepsy and e-Behavioral Health](#)

[Office of Rural Health NC STEP Profile 2021](#)

[NC STEP Quarterly Outcomes](#)

County Designations of Core Based Statistical Areas



Metropolitan/Micropolitan Statistical Area, Central/Outlying County

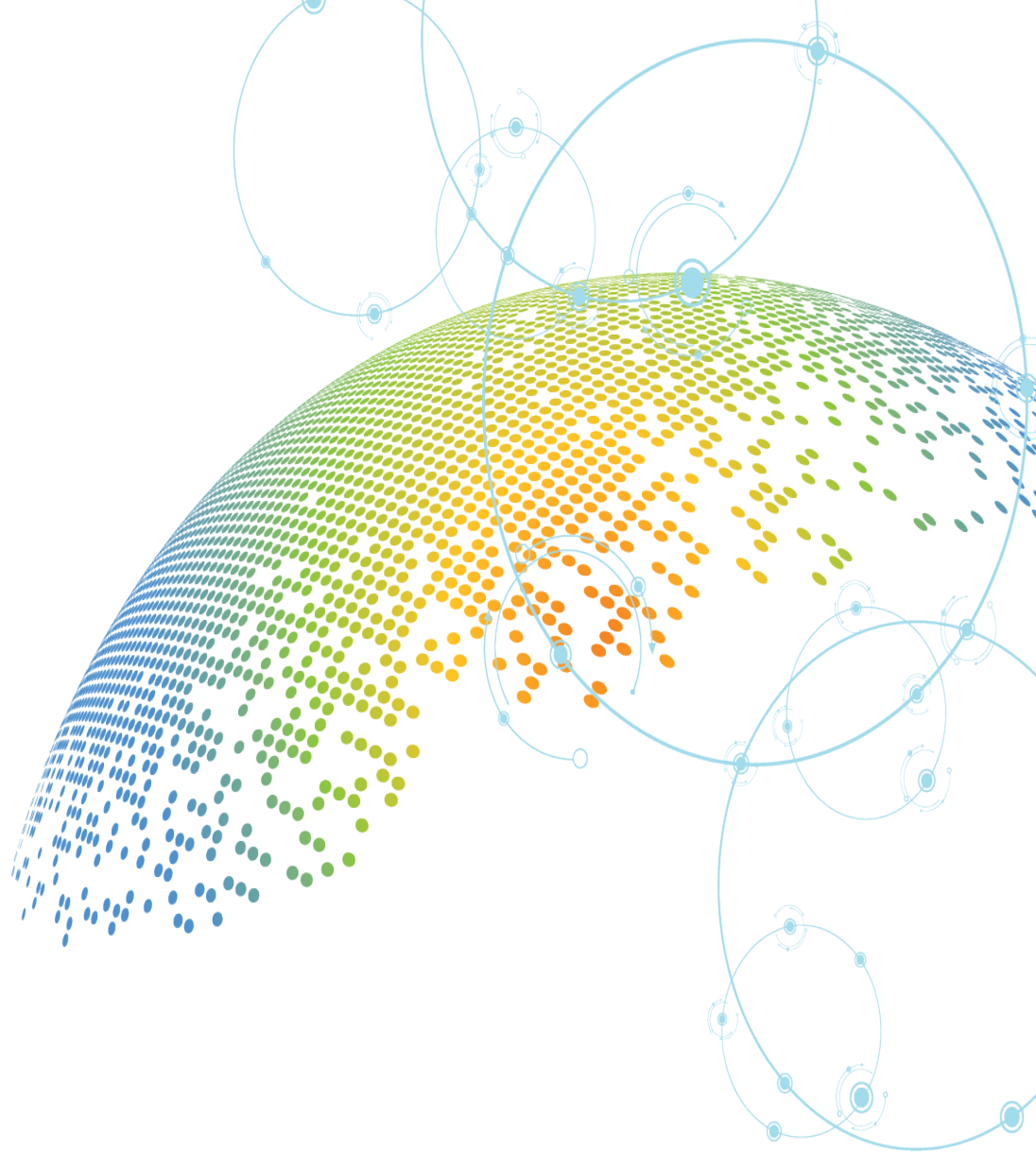
- Metropolitan Statistical Area (at least 1 urban area > 50,000), Central to CBSA (30 Counties)
- Metropolitan Statistical Area (at least 1 urban area > 50,000), Outlying CBSA (16 Counties)
- Micropolitan Statistical Area (at least 1 urban area > 10,000), Central to CBSA (24 Counties)
- Micropolitan Statistical Area (at least 1 urban area > 10,000), Outlying CBSA (4 Counties)
- Neither Metropolitan or Micropolitan (26 Counties)

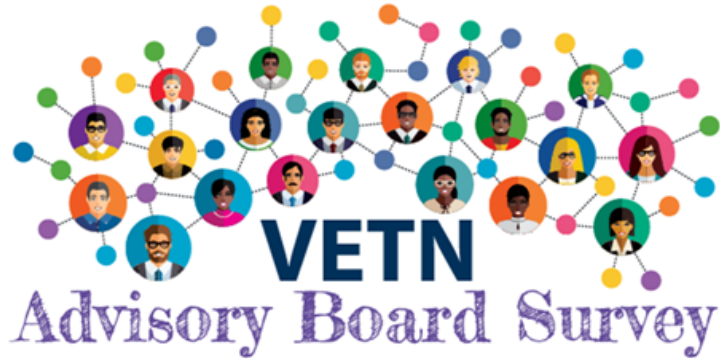
Urban Area/High Population Density

- High Population Density

Metropolitan/Micropolitan Status	Relation to CBSA	OMB	ORH Rural Definition
Metropolitan Statistical Area	Central to CBSA	30	70 'Rural'
	Outlying CBSA	16	
Micropolitan Statistical Area	Central to CBSA	24	
	Outlying CBSA	4	
Neither Metropolitan or Micropolitan	Neither Metropolitan or Micropolitan	26	

VETN Advisory Board Member Survey





Hello Nikie,

As part of the VETN Evaluation, RTI has developed a short survey to assess different aspects of the VETN Advisory Board including: membership composition; member satisfaction; and the perceived benefits and drawbacks to participating in the VETN Advisory Board. We will use survey findings to identify what is working well and what may be adapted to increase member satisfaction.

The survey should take 5-10 minutes to complete. Your responses will be kept confidential.

We ask that you please complete the following survey at your earliest convenience: [VETN Advisory Board Survey](#)

Please do not hesitate reaching out to us if you have any questions or concerns.

Thank you in advance for your participation!

VETN Advisory Board Survey

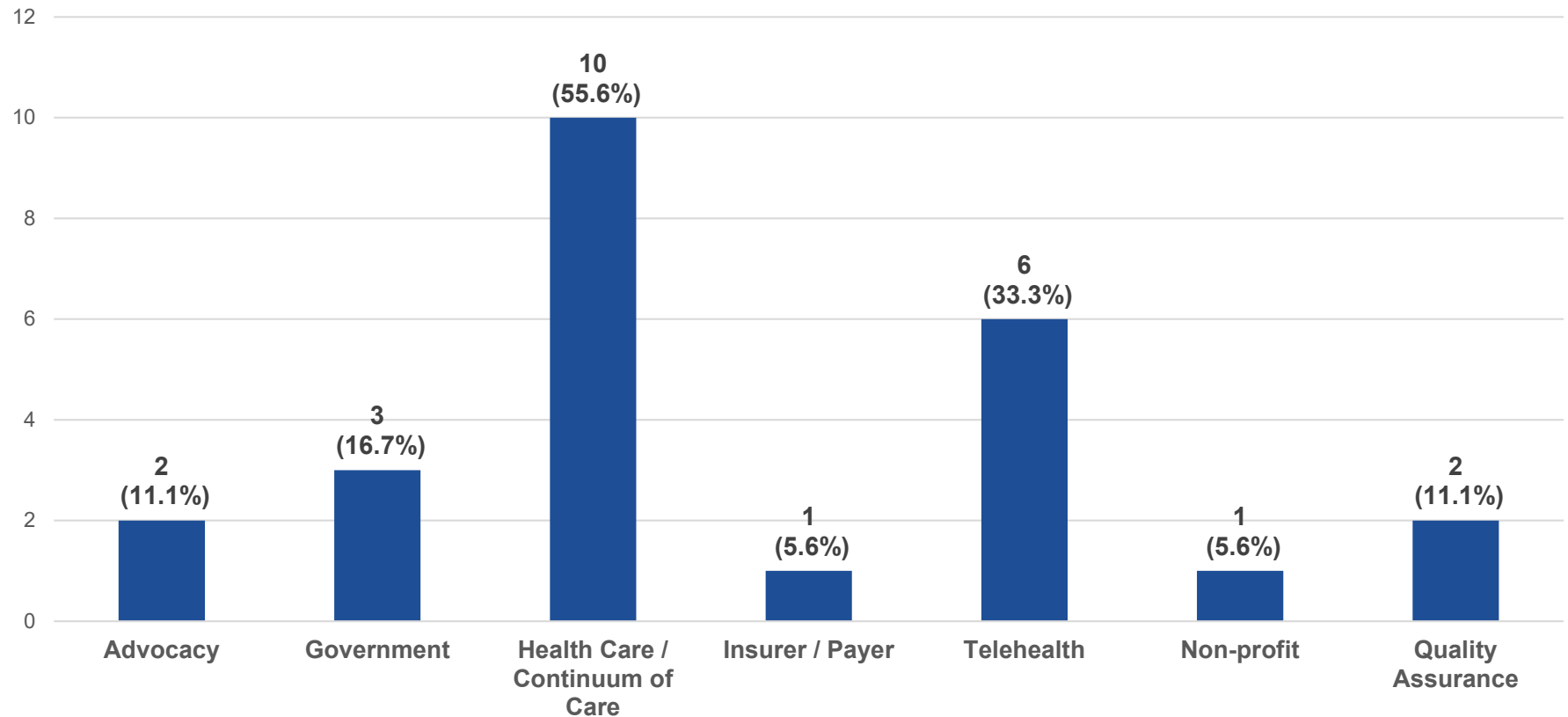
- 19 questions
- 28 individuals invited to participate
- Launched on Monday, August 7
 - 1st reminder sent Wednesday, August 9
 - Soft prompts to complete
 - Final reminder sent Wednesday, August 16
 - Survey closed on Friday, August 18

Results

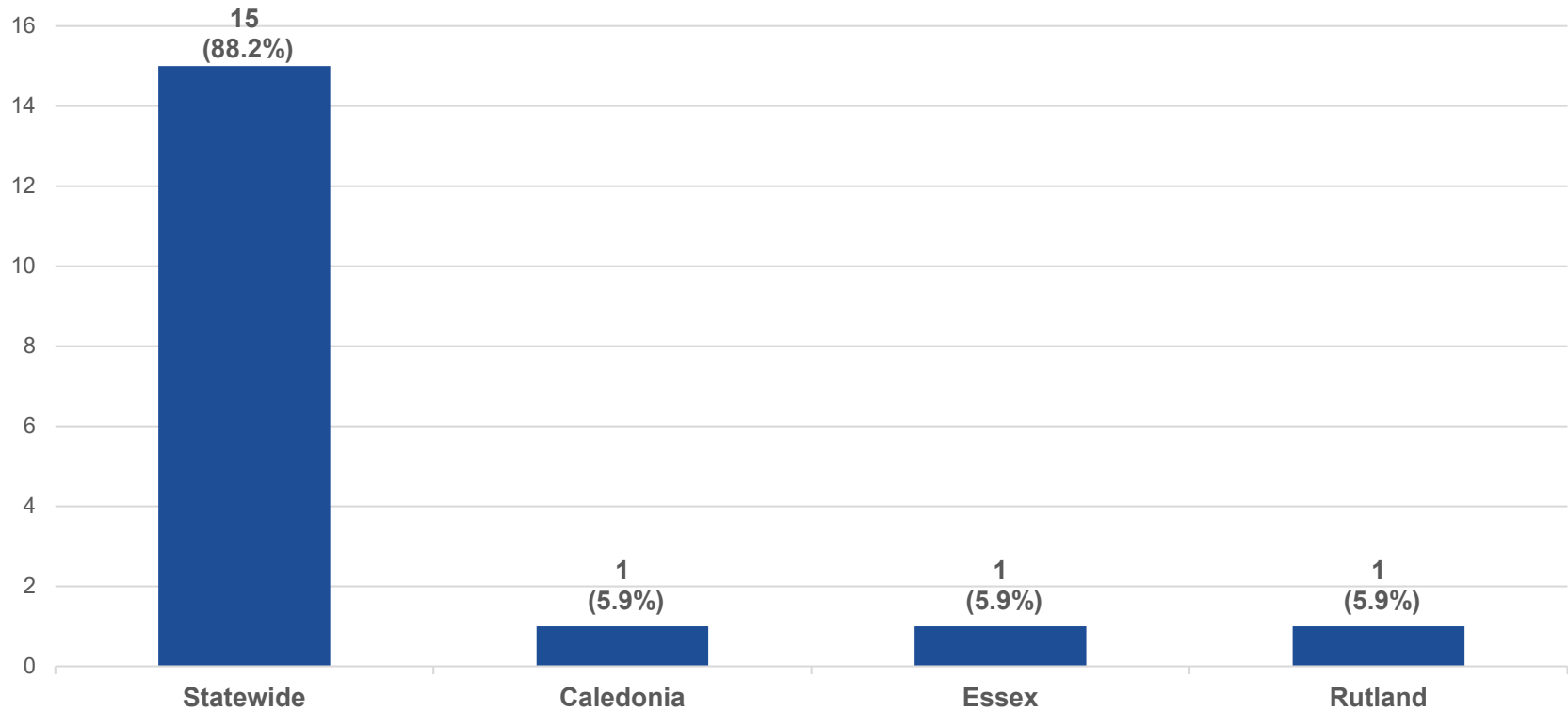
- ✓ Average length of time to complete:
4 ½ minutes
- ✓ 17 completes, 1 partial
- ✓ 61% response rate!
- ✓ Basic descriptive analysis



Q1: Organizational affiliation

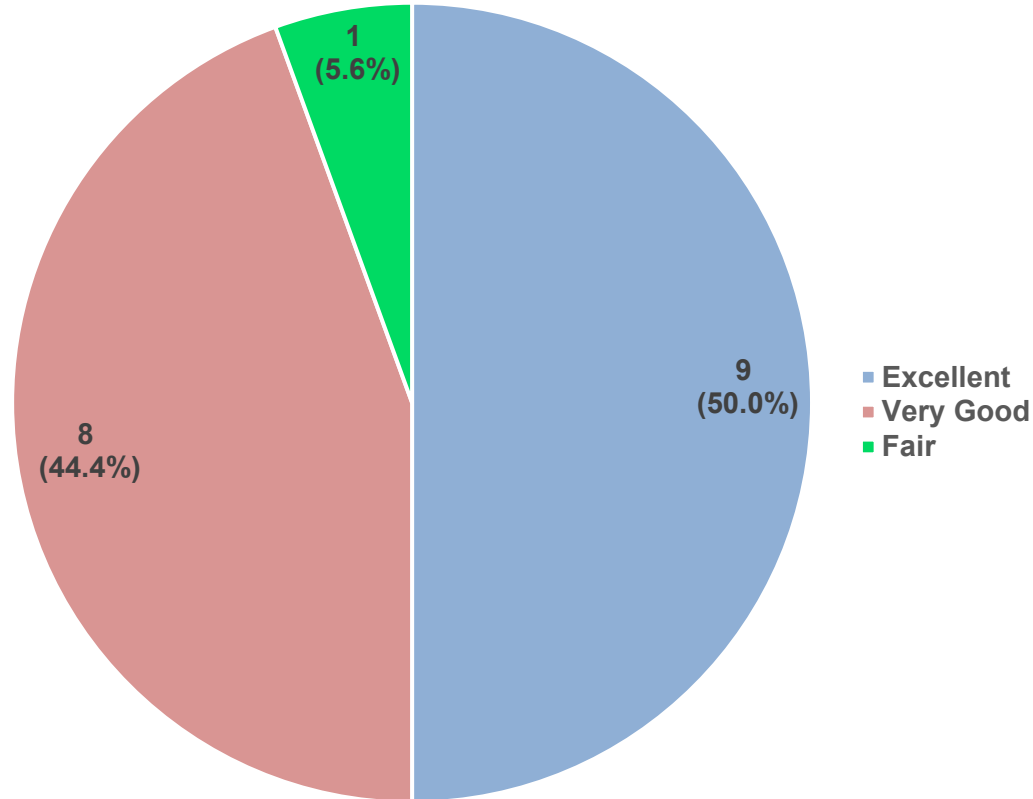


Q2: County(ies) that you or your organization serve(s)

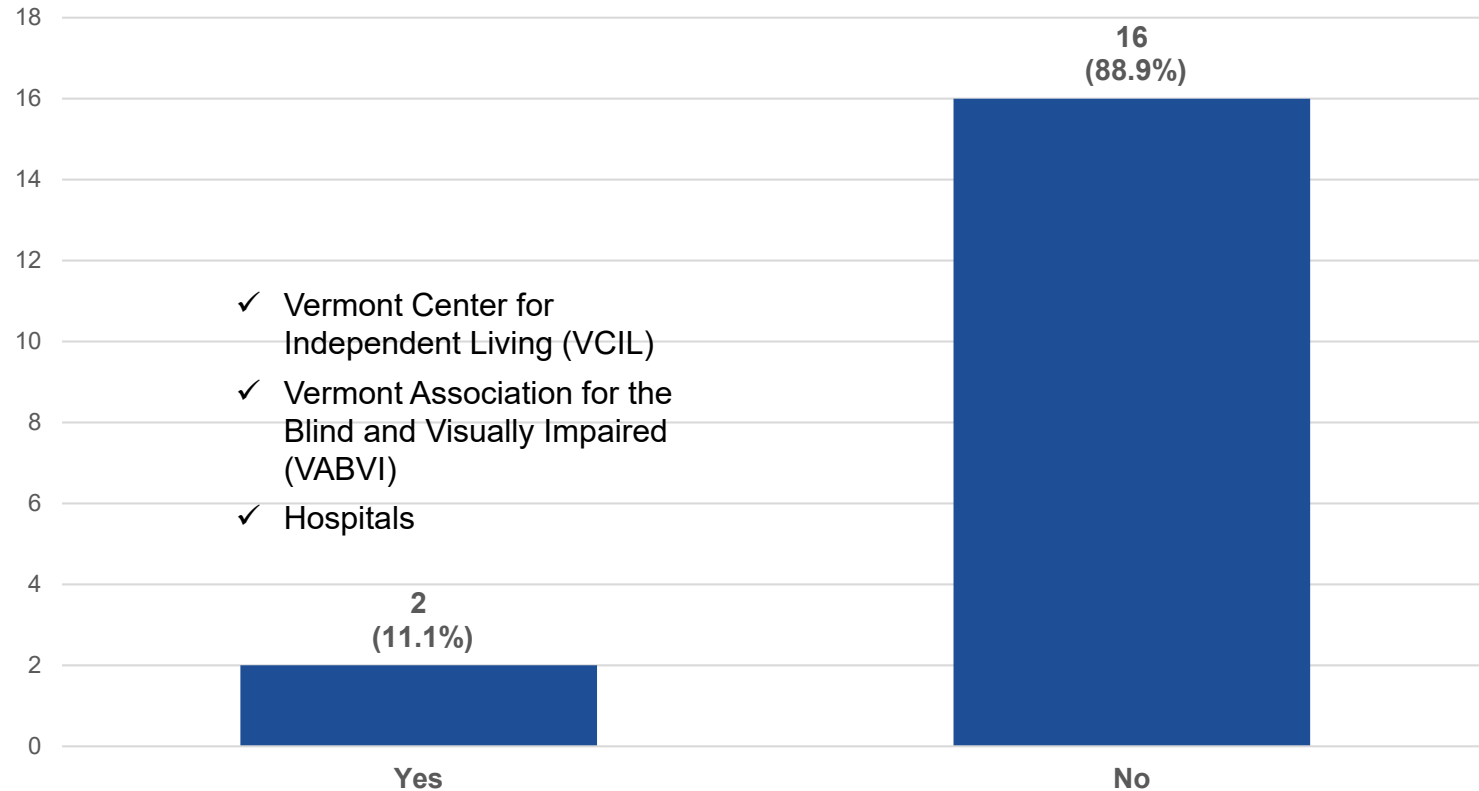


*Excluded counties with no response rate

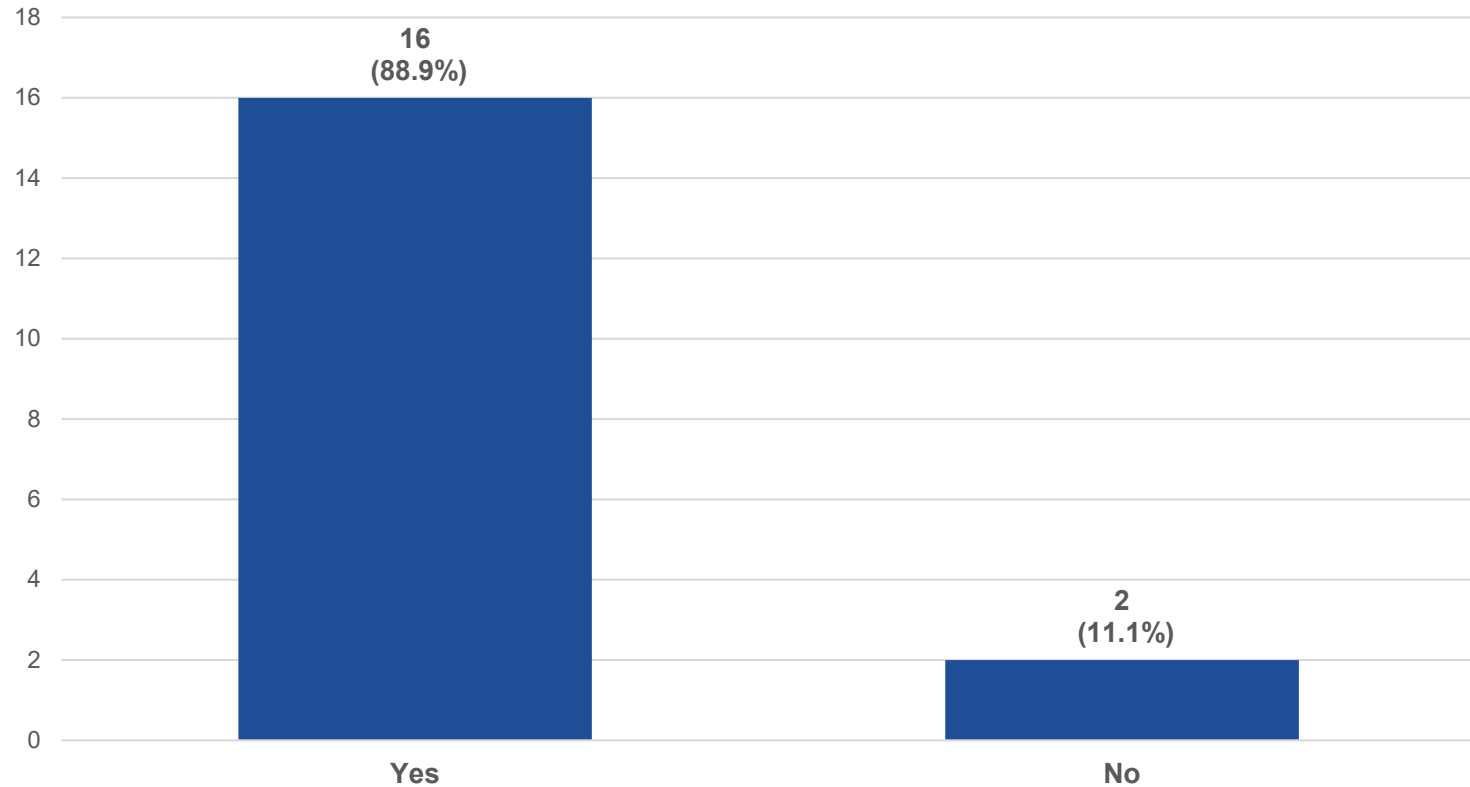
Q3: Effectiveness of recruiting diverse people / organizations



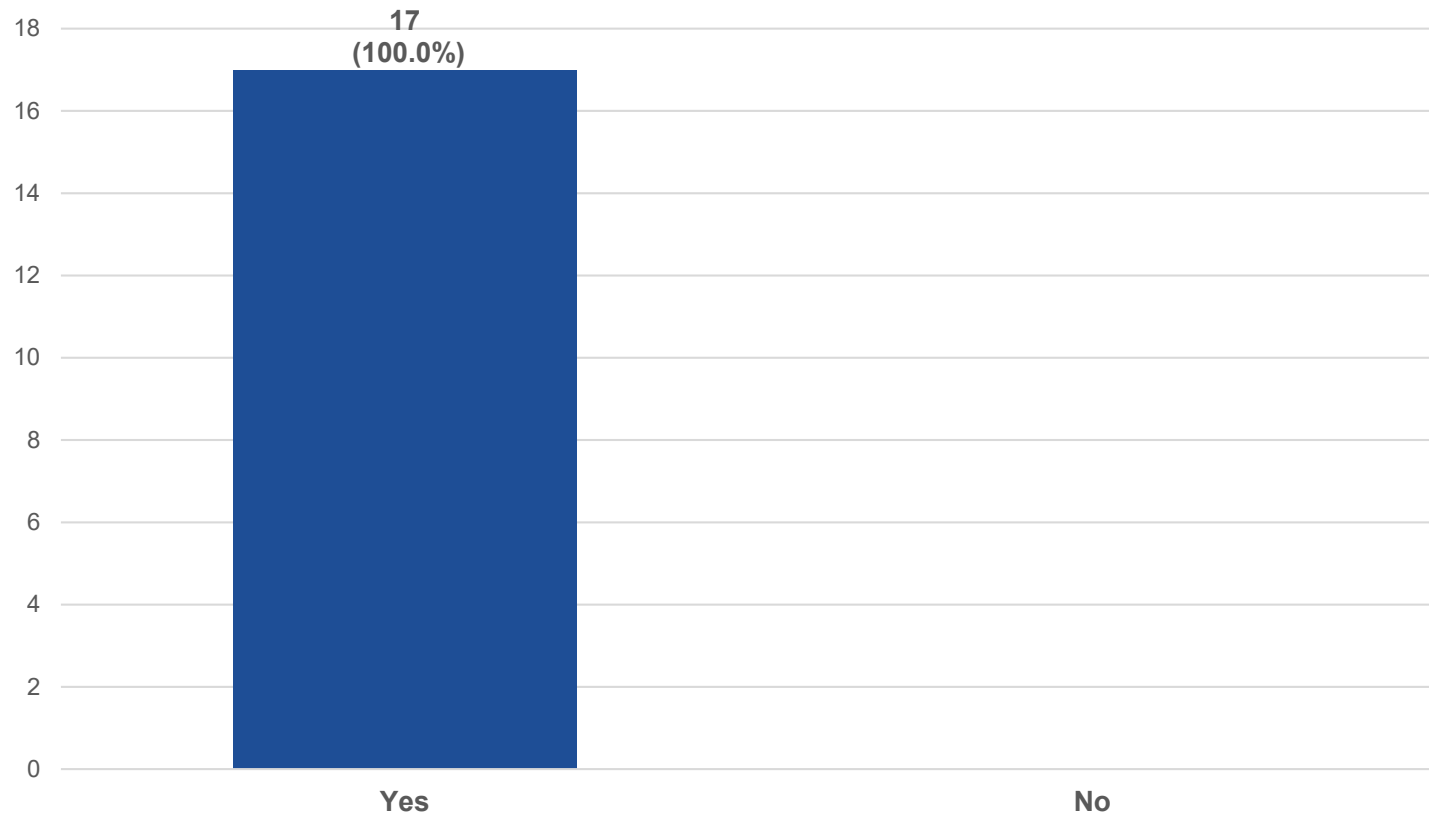
Q4: Additional stakeholder representation needed



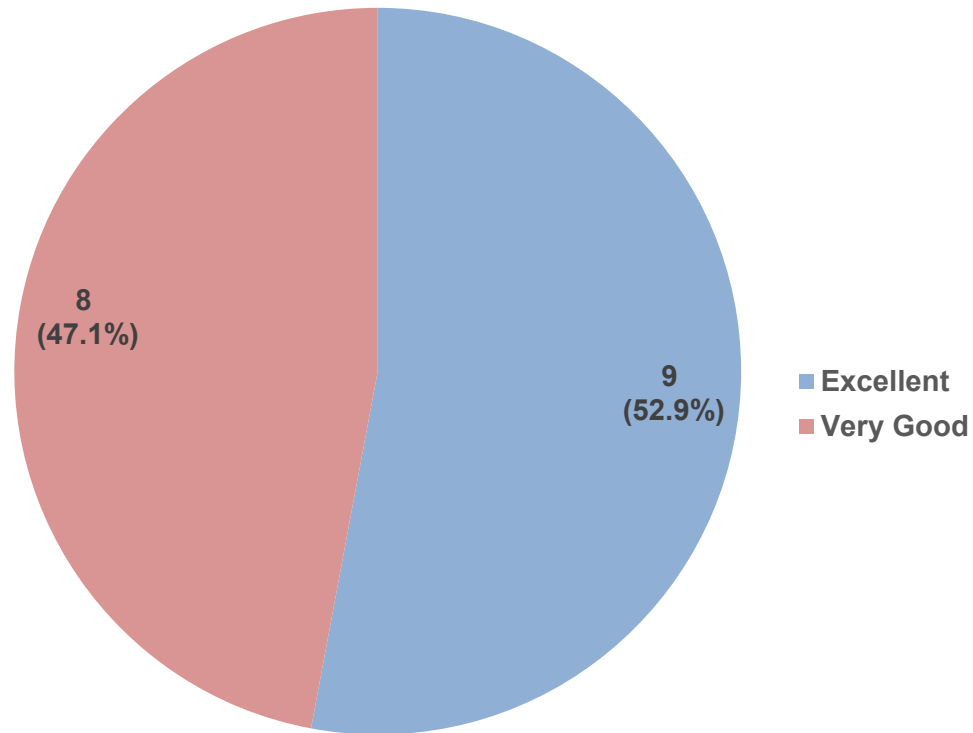
Q6: Attended at least three VETN Advisory Board meetings



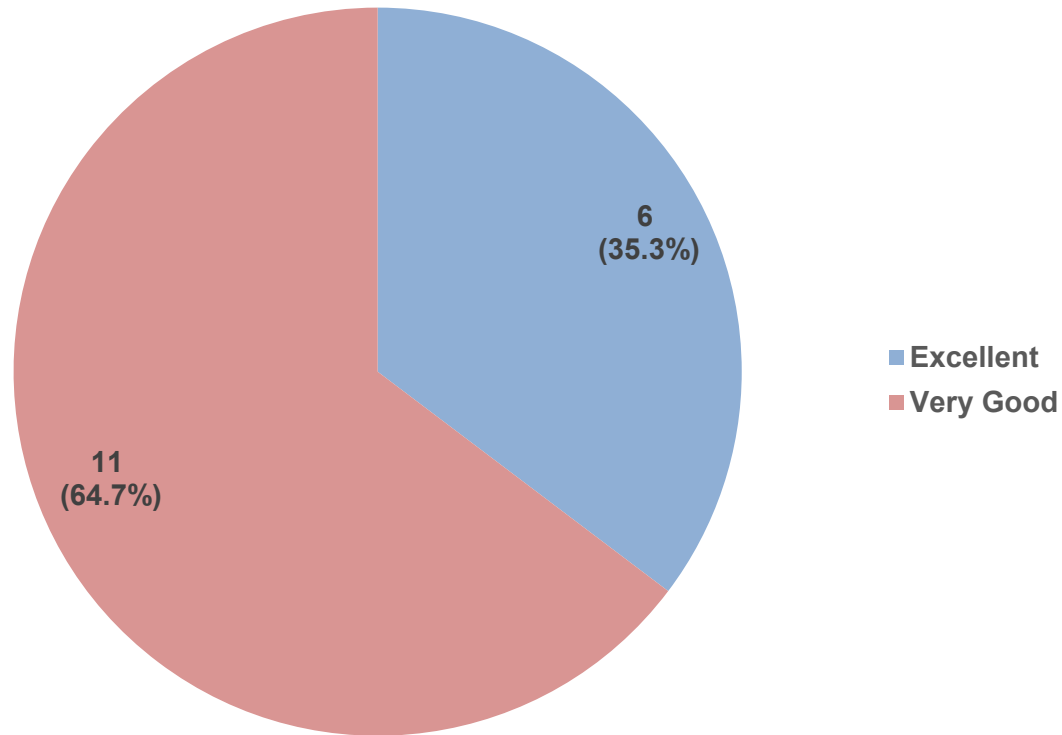
Q8: Members feel supported or heard when voicing ideas



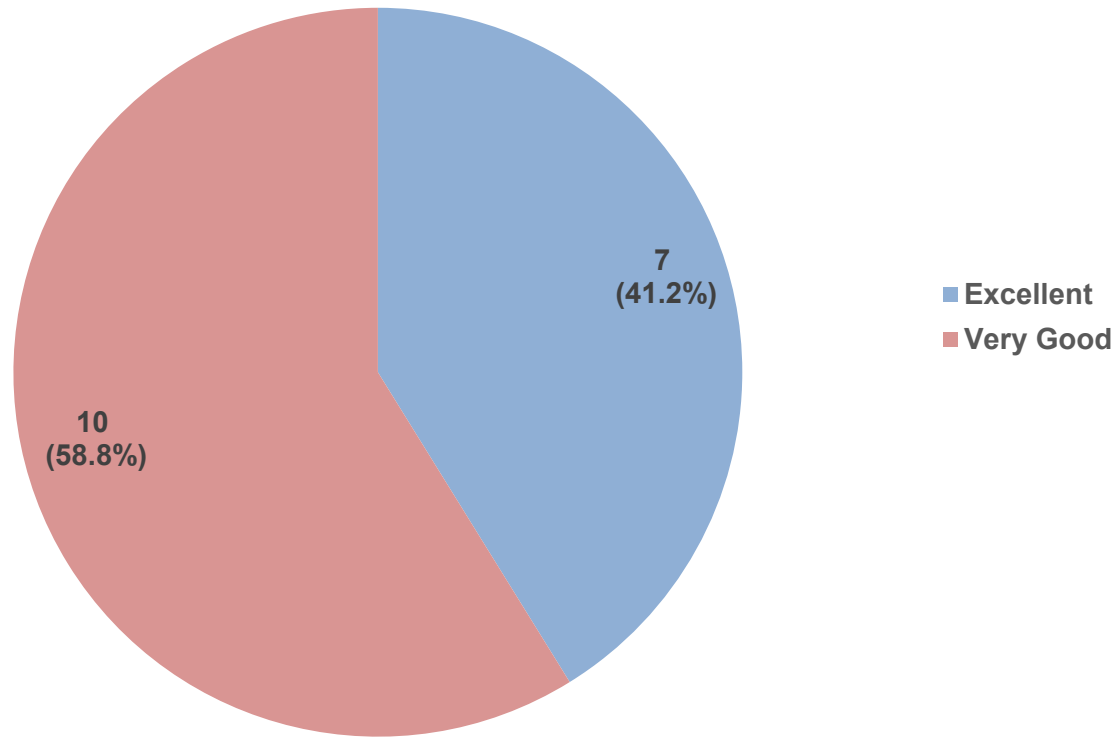
Q9: Effectiveness of Advisory Board in fostering respect



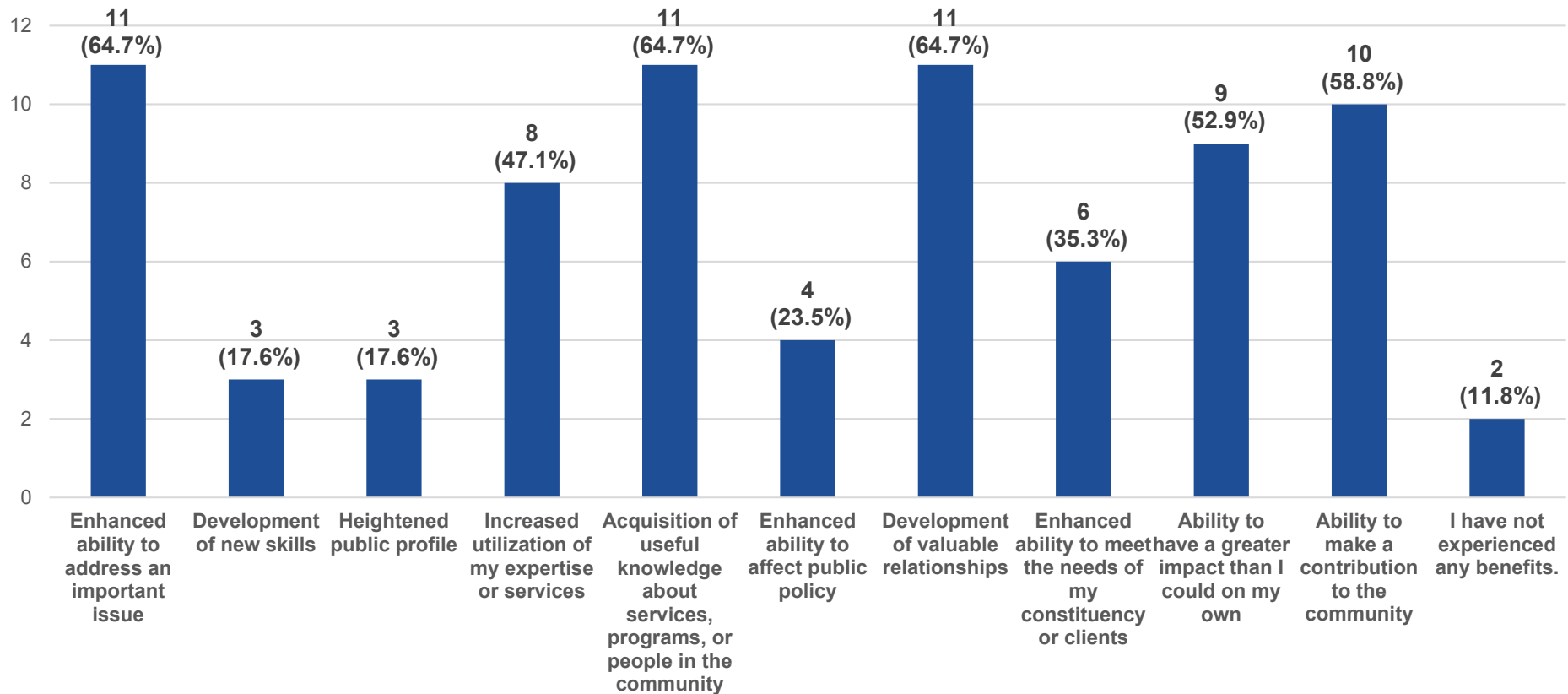
Q10: Satisfaction with how people / organizations work together



Q11: Satisfaction with accomplishments

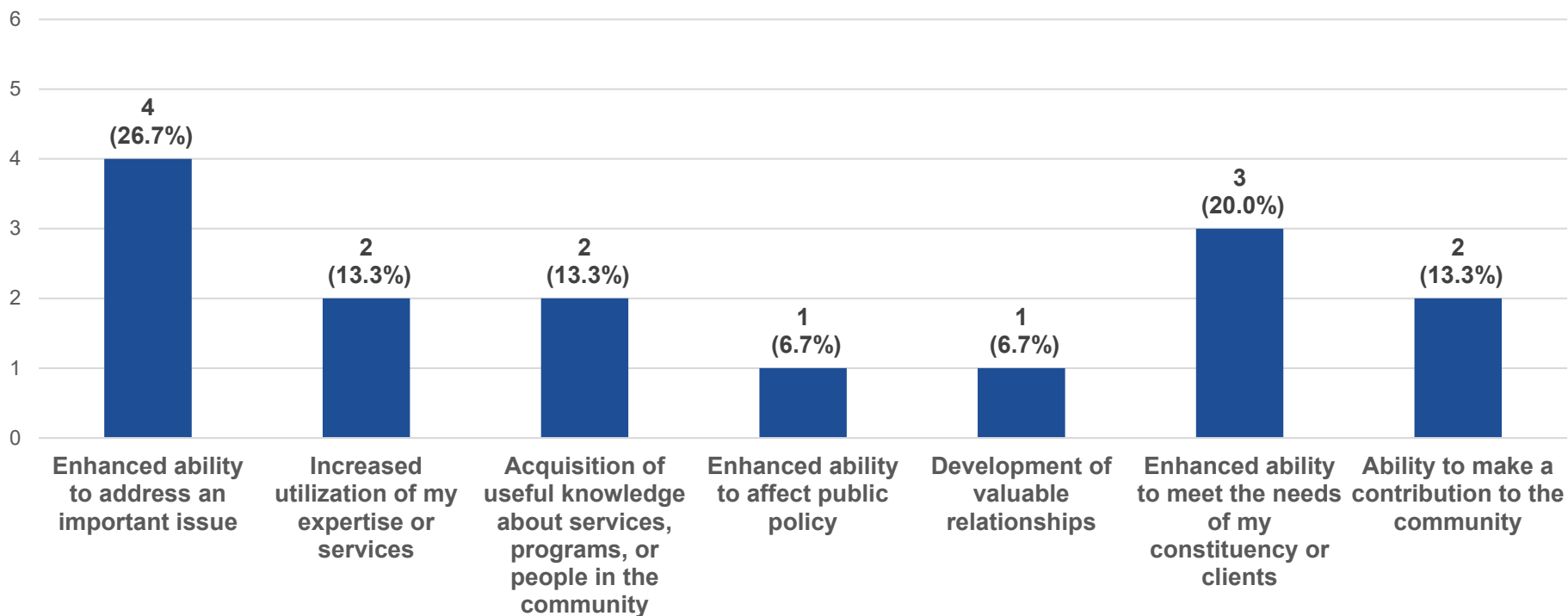


Q13: Benefits received as a result of participation



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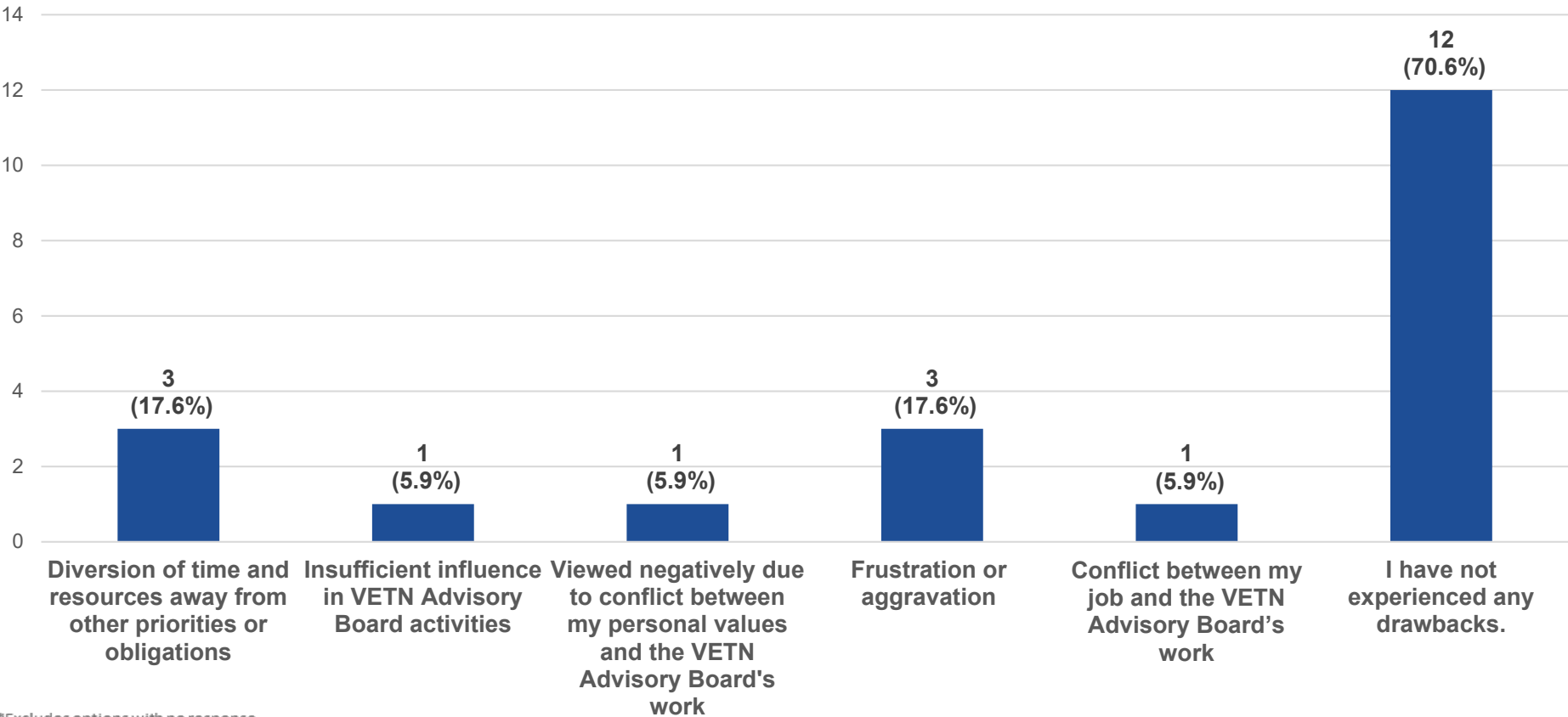
Q14: Greatest benefit received as a result of participation



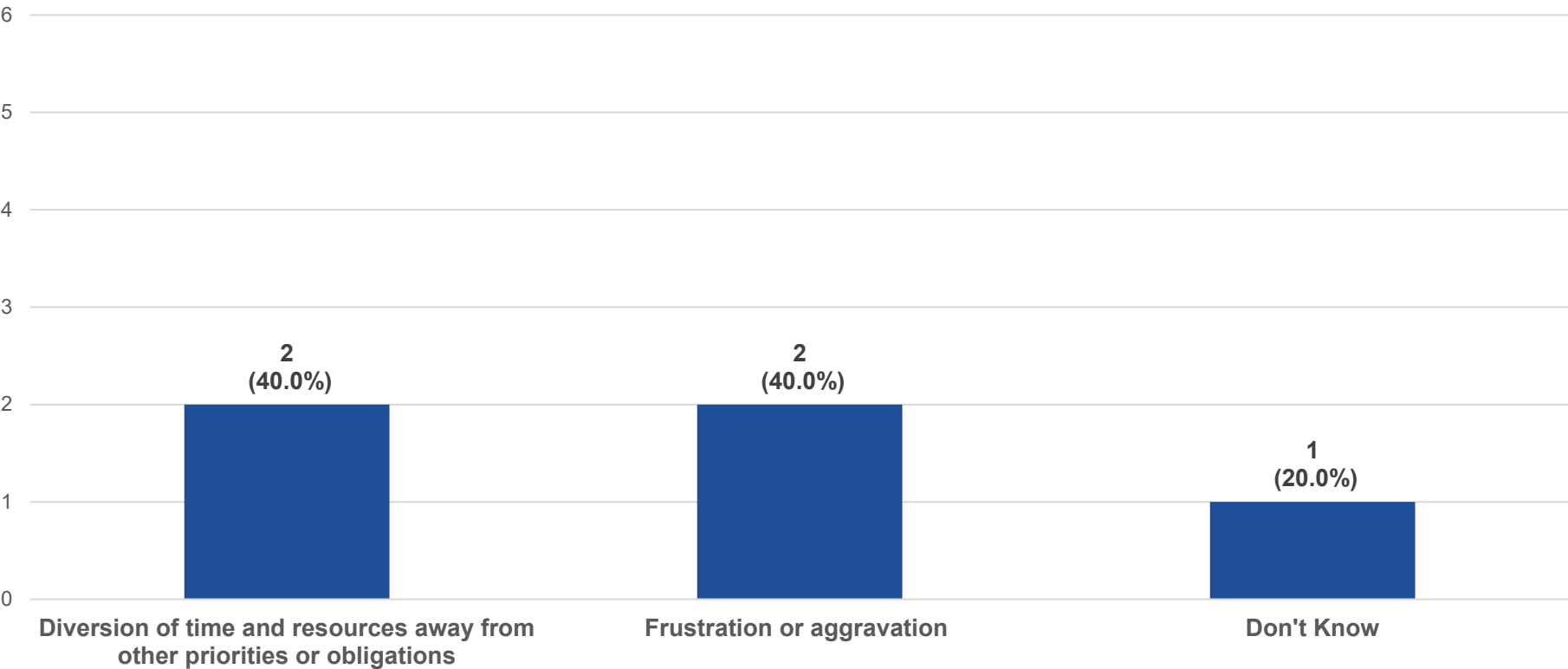
*Excludes options with no response

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Q15: Biggest drawback experienced as a result of participation

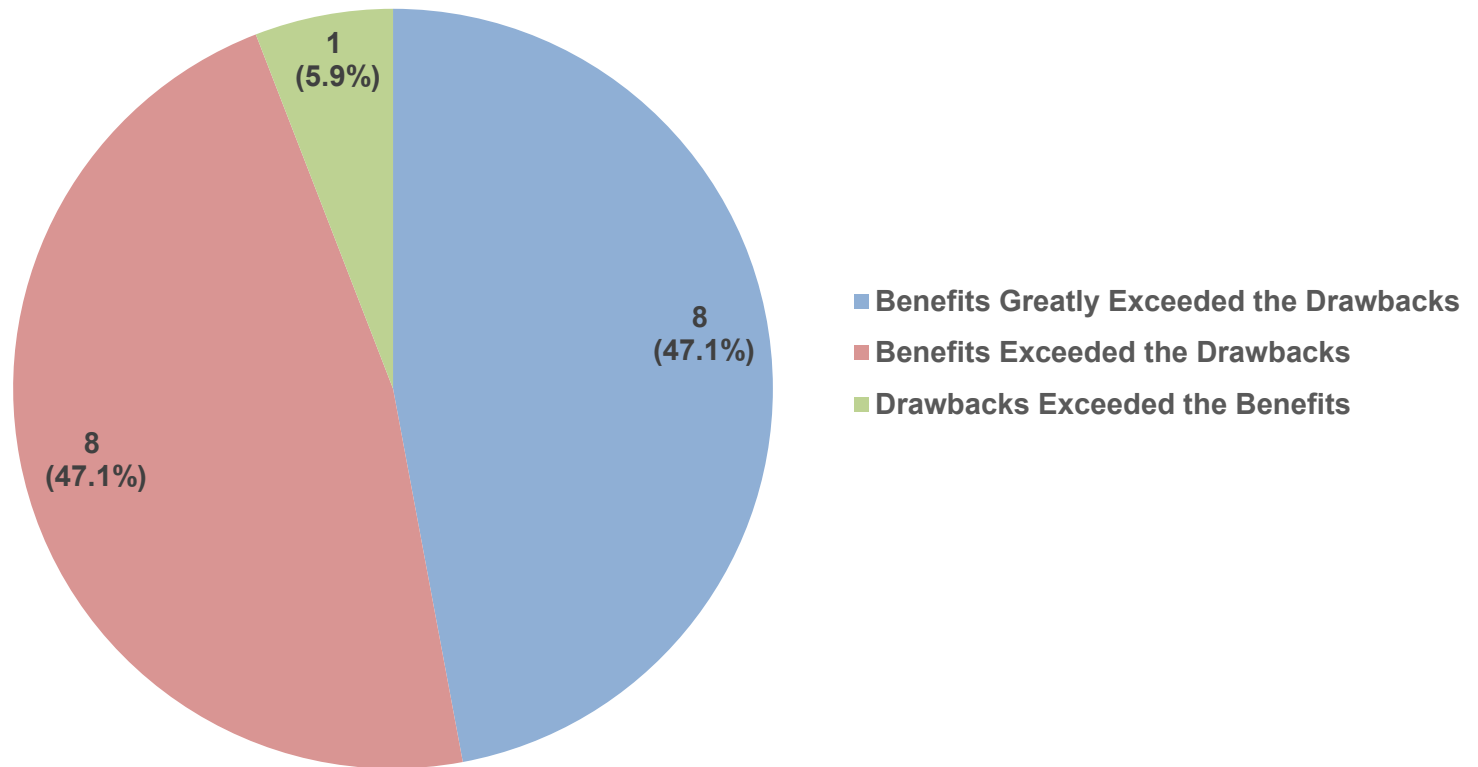


Q16: Biggest drawback received as a result of participation

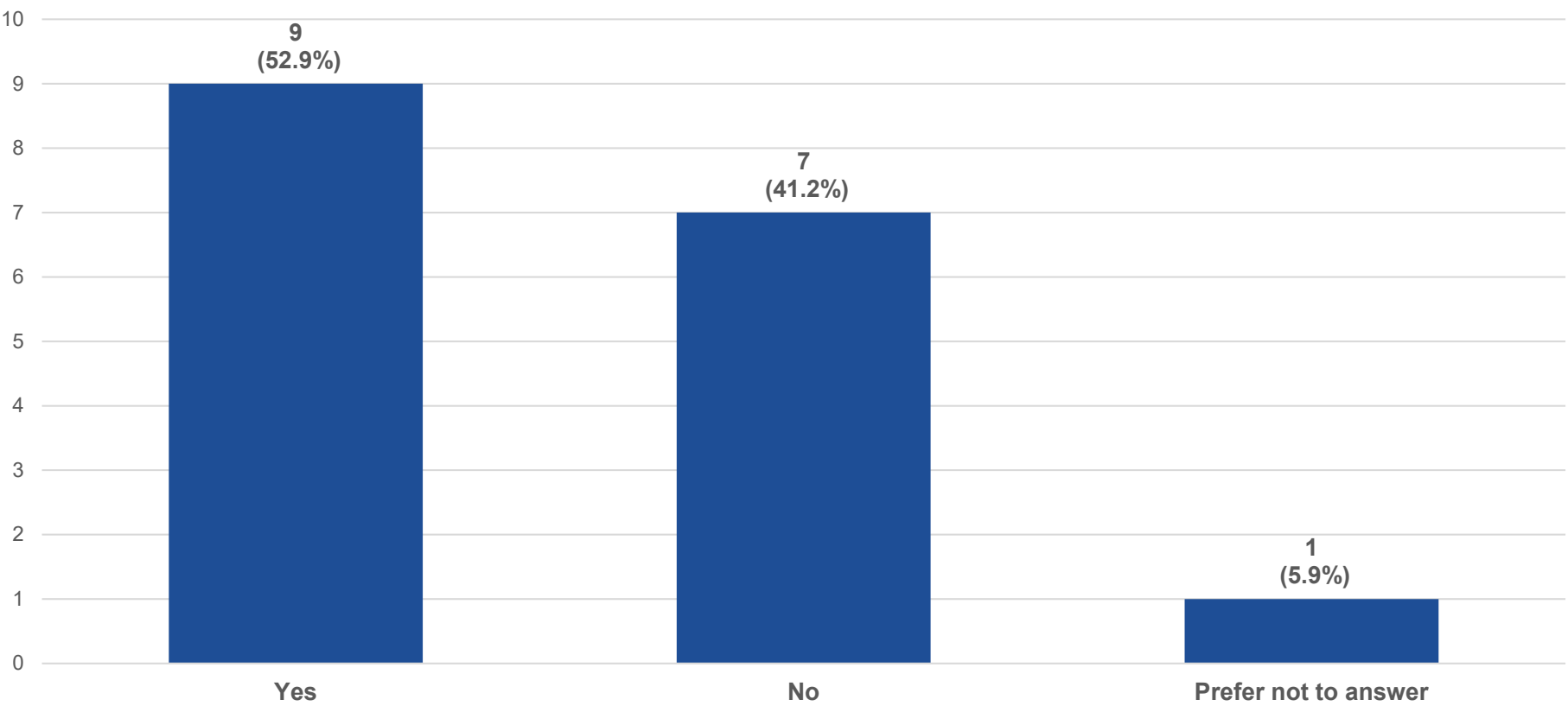


*Excludes options with no response

Q17: How have benefits of participation compared to drawbacks?



Q19: Do you have lived experience seeking support for mental health needs / services?



Recommendations for future Advisory Board meetings/function

- Meeting logistics
 - Consider different day or cadence (e.g., quarterly meetings with email updates)
 - Announce who will be handling technical issues (e.g., spotlighting interpreter)
 - Ensure speakers stick to allotted time frames
 - Designate 15-minute time-slots for related mental health efforts/topics
 - Add time to discuss whether/how to incorporate group feedback into model (or why it is not possible/feasible)



Recommendations for future Advisory Board meetings/function (2)

- Advisory Board's structure
 - Provide clarity in scope, roles, scalability and function
 - Create/share info about subcommittees so members can become more familiar with each other and share expertise
- Communication/Engagement
 - Encourage participation
 - Increase communication between meetings



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Recommendations for future Advisory Board meetings/function (3)



- None!
- *“Continue as currently scheduled; meetings are adjusted as needed related to content or emerging issues. So far, the schedule has been ‘just right’.”*
- *“I think it is proceeding ideally.”*
- *“Advisory Board meetings are well facilitated and useful information is presented.”*

Demonstration Project Evaluation: Provider and Staff Interviews



Hospital Staff/Provider Interviews

- 11 individuals contacted across both RPMC and NVRH
- 30-minute interviews about experiences with planning for and implementing VETN
- 7 interviews completed
- Rapid Turn-around analysis (RTA)

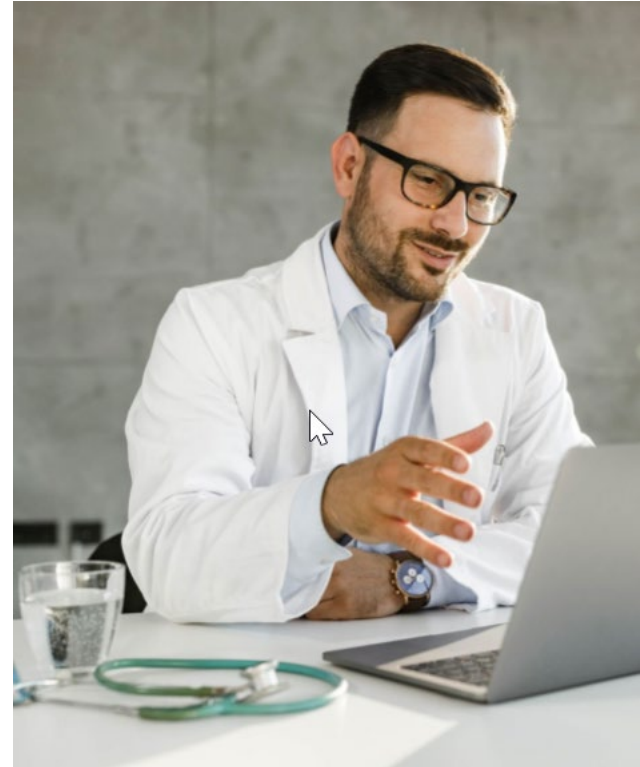


Photo source: Getty Images

Preliminary Results of Hospital Staff/Provider Interviews

- Telepsychiatry consultations perceived as beneficial
- Interest in scaling up
 - More patients who are eligible
 - More providers
- More communication would be helpful
 - Timelines
 - Patient eligibility criteria
 - Back-up staff for those who are OOO
- Build in follow-up between telepsychiatry providers and external providers



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Wrap-Up

Upcoming Events

NETRC

- Northeast Regional Telehealth Conference
- September 18 & 19
- DoubleTree by Hilton
- Nashua, NH



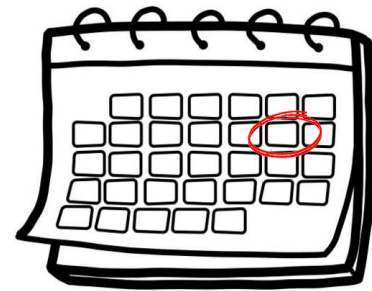
NERHA

- 2023 Fall Conference
- November 8 & 9
- Killington Grand Resort Hotel
- Killington, VT



Next Meeting

- Friday, Nov. 10
- 12:00 p.m.
(tentative)



Acknowledgement

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