NC Statewide Use of Telemedicine for Psychiatric Consults in the ED

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Tomorrow starts here.

acep Scientific Assembly BOSTON 15
October 25, 2016

Mental disorders are common

- An estimated 26.2% of Americans ages 18 and older (about 1 in 4) Americans have a mental disorder in any one year[1].
  - When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million[2].
- The main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 (13.2 million) — who suffer from a serious mental illness[1].

1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005 Jun;62(6):617-27.
2. U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005. http://www.census.gov/popest/national/asrh/

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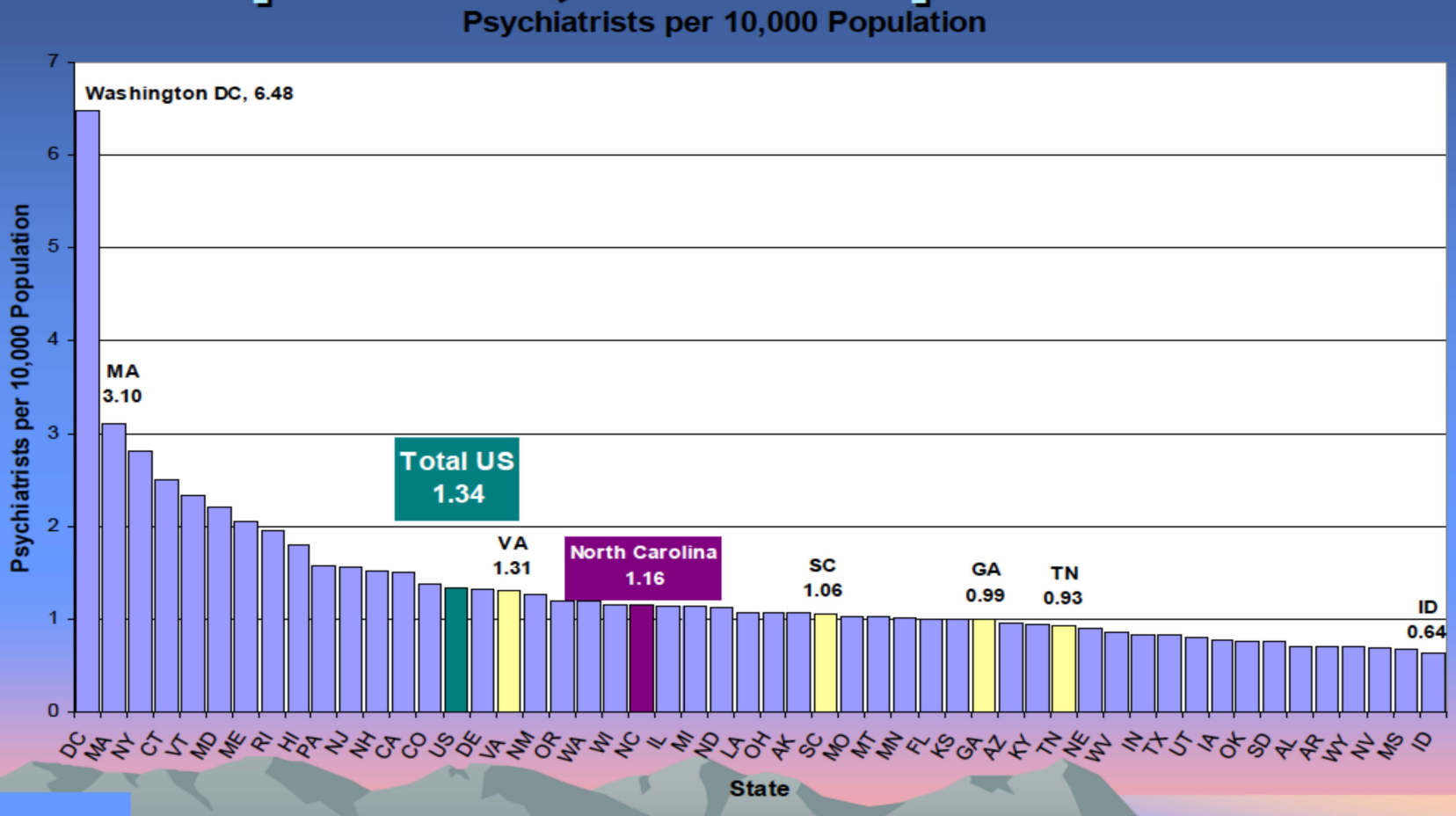
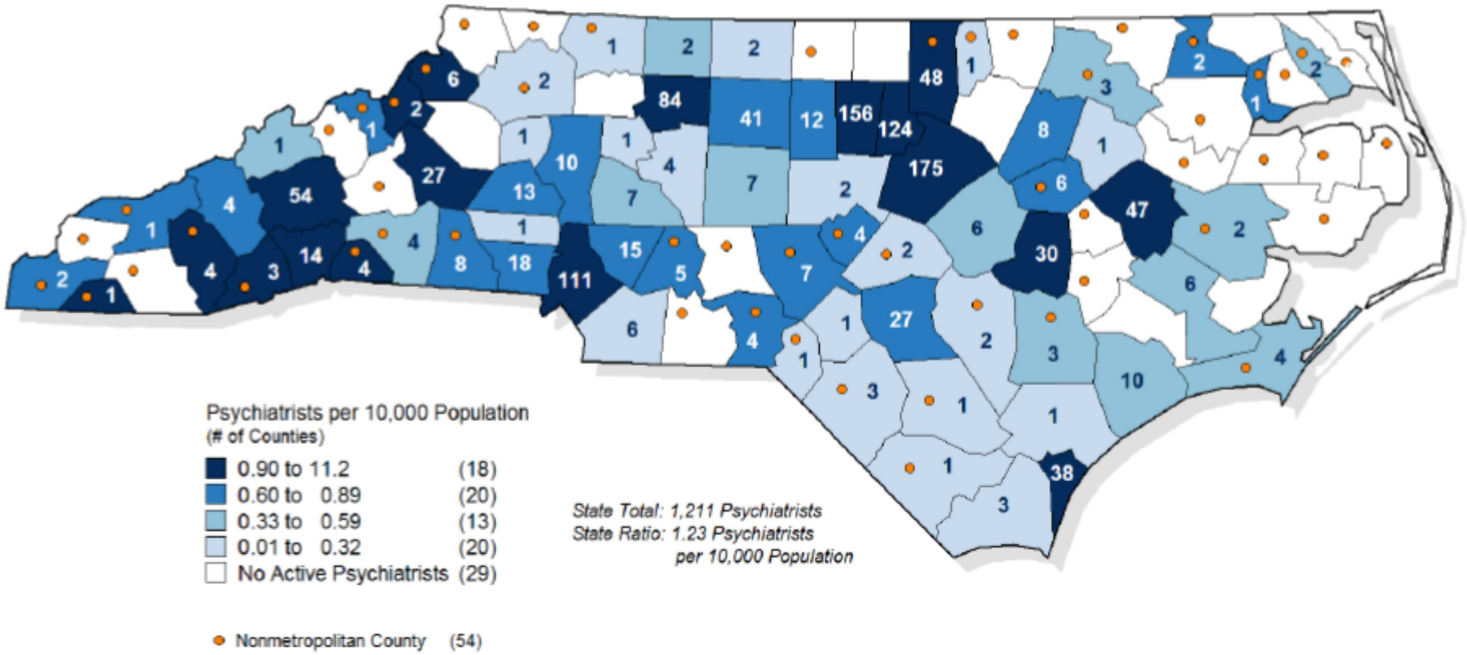
Psychiatrists per 10,000 Population



Source: AMA Masterfile; US Census Bureau (http://www.census.gov/popest/states/tables/NST-EST2005-01.xls, .

Psychiatrists per 10,000 Population North Carolina, 2013



Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2013; US Census Bureau and Office of Management and Budget, March 2013.

Note: Data are based on primary practice location and include active, instate, nonfederal, non-resident-in-training MDs and DOs licensed in NC as of October 31, 2013 who indicate that their primary area of practice is psychiatry, child psychiatry, psychoanalysis, psychosomatic medicine, addiction/chemical dependency, forensic psychiatry or geriatric psychiatry."Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

Produced by: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Map labels reflect the number of psychiatrists within the county.

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

- In recent years North Carolina has seen high emergency department admissions related to behavioral health issues and extended lengths of stays (LOS), ranging from long hours to multiple days[1].
- According to the North Carolina Hospital Association, in 2013, NC hospitals had 162,000 behavioral health emergency department visits.
- In 2010, patients with mental illness made up about 10 percent of all emergency room visits in North Carolina**,** according to a study by the Centers for Disease Control, and people with mental health disorders were admitted to the hospital at twice the rate of those without.

1. Akland, G. & Akland, A. (2010). State psychiatric hospital admission delays in North Carolina. (http://naminc.org/nn/publications/namiwakerpt.pdf.)

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The majority of NC Emergency Departments do not have access to a full-time psychiatrist

- Currently, there are 108 hospitals with either single ED's, or in some cases, multiple site ED's across the state with varying degrees of psychiatric coverage.
- The majority of ED's do not have access to a full-time psychiatrist.

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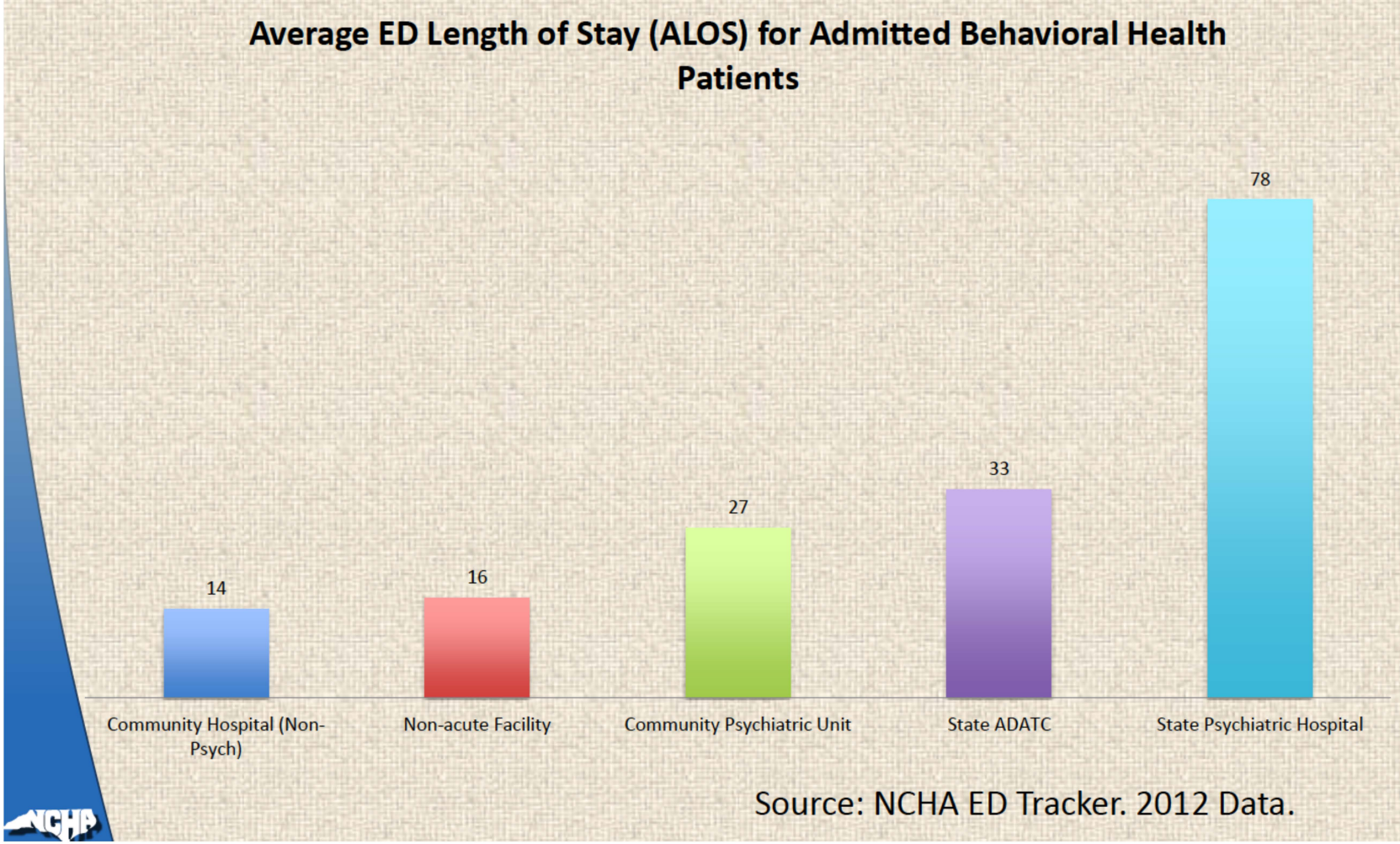
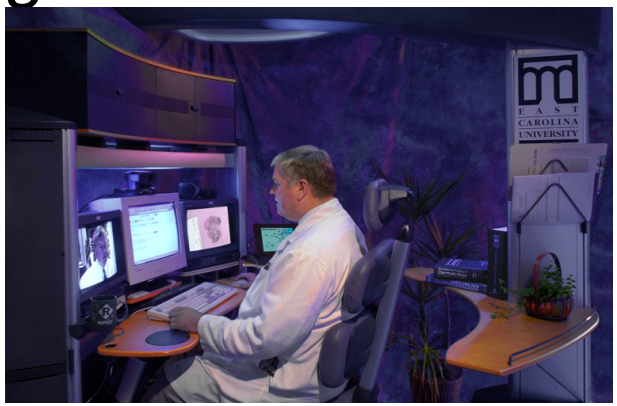
How Long Does It Take to Place BH Patients From NC Hospital EDs?



Source: NCHA ED Tracker. 2012 Data.

Telepsychiatry can offer help!

Telepsychiatry is defined in the statute 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.*



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NORTH CAROLINA
STATEWIDE TELEPSYCHIATRY PROGRAM

This statewide program was developed in response to Session Law 2013-360 directing the N.C. Department of Health and Human Services' Office of Rural Health and Community Care to "oversee and monitor establishment and administration of a statewide telepsychiatry program." (G.S. 143B-139, 4B).

General Assembly of North Carolina Session 2013
Session Law 2013-360
Senate Bill 402

NC- STeP Vision

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

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NC-STeP Status as of June 2015

- 71 hospitals in network
  - 56 hospital currently live
  - 2 hospitals ready to go live, waiting on credentialing
  - 13 additional hospitals in process (i.e. contract negotiations, equipment being ordered, etc)
- Over 12,000 total Telepsychiatry Assessments have been conducted under the program since its inception in October 2013.

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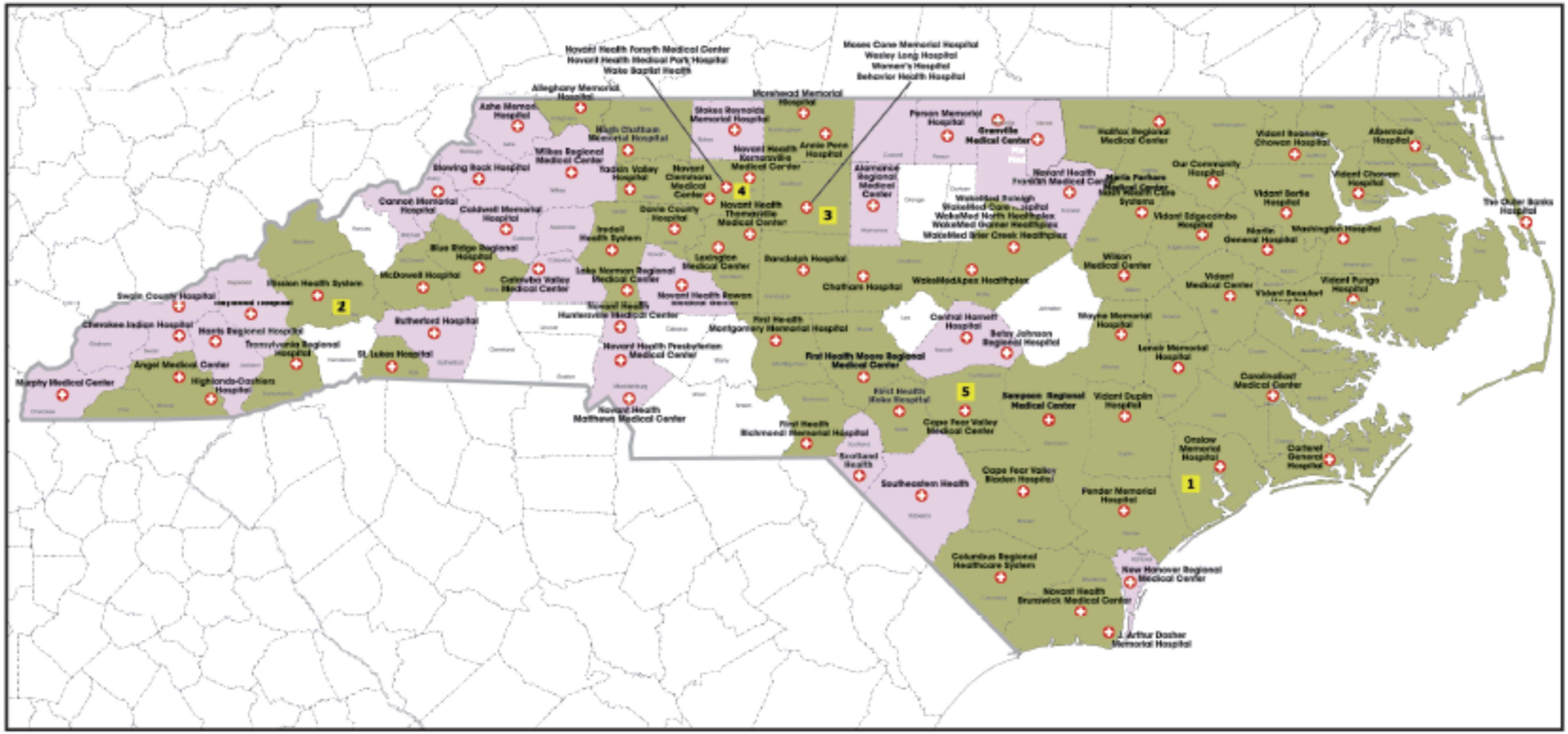
NC-STeP Status - June 2015



Provider Hubs

1. Coastal Carolina Neuropsychiatric Center
2. Mission
3. Cone Health
4. Novant
5. Cape Fear

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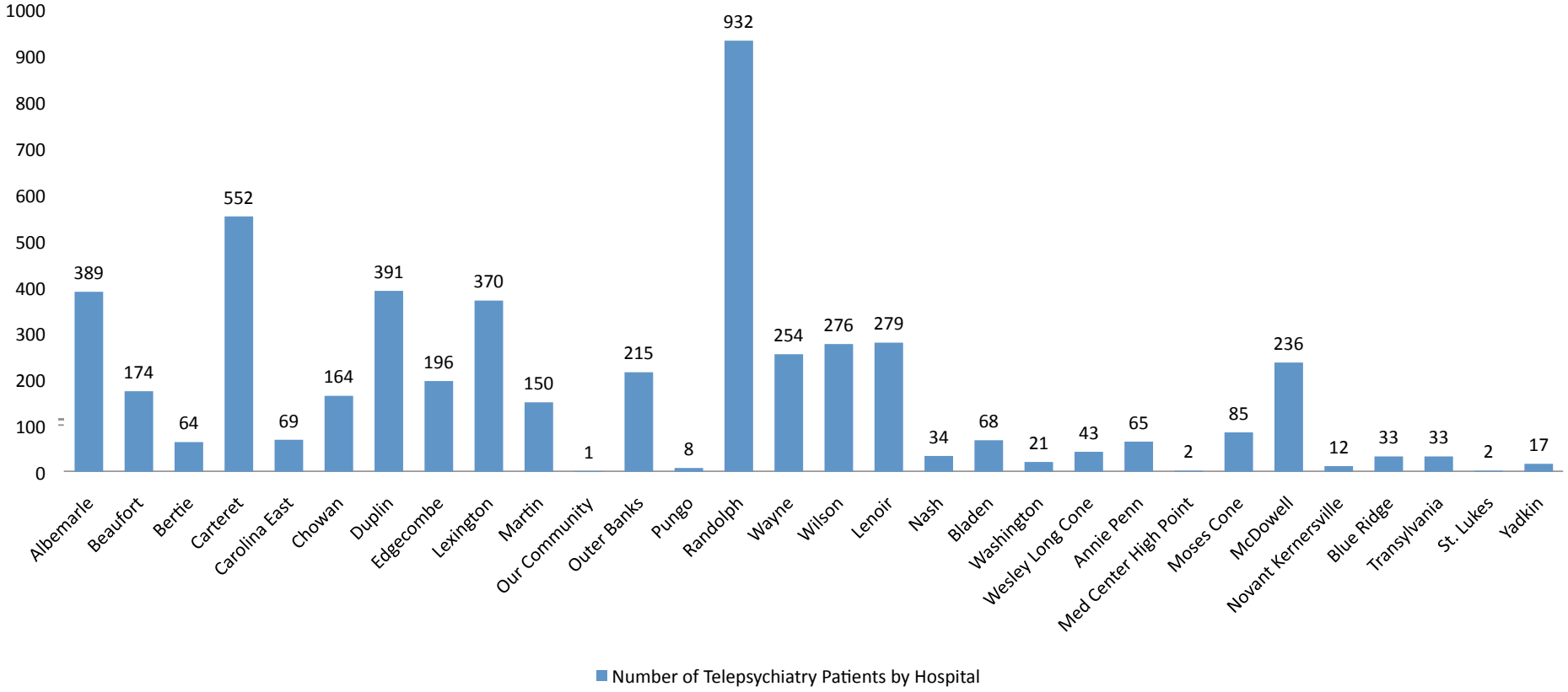
Total Number of ED Telepsychiatry Patients by hospital - for January - December 2014



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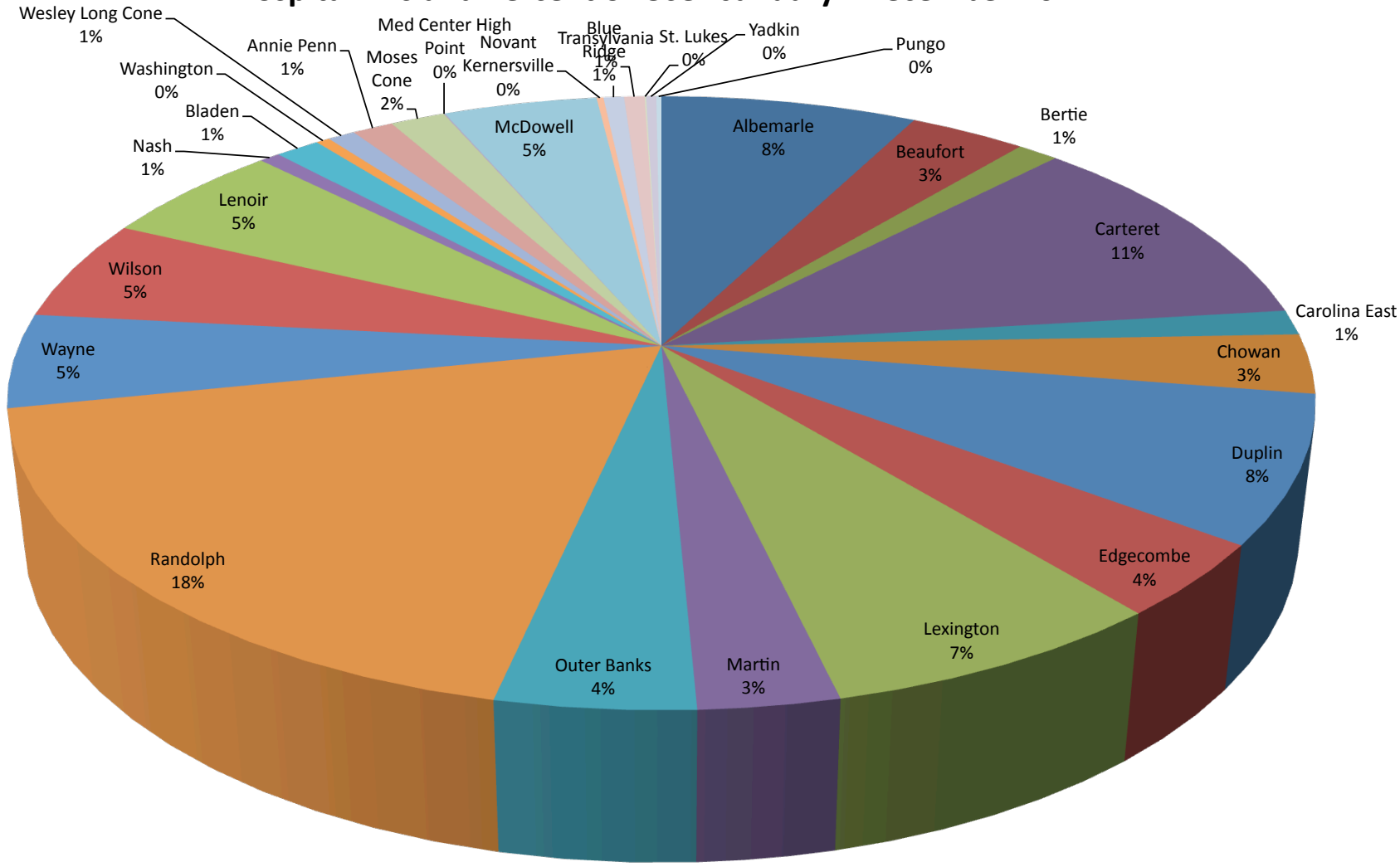
Hospital EDs and Percent of Use - January - December 2014



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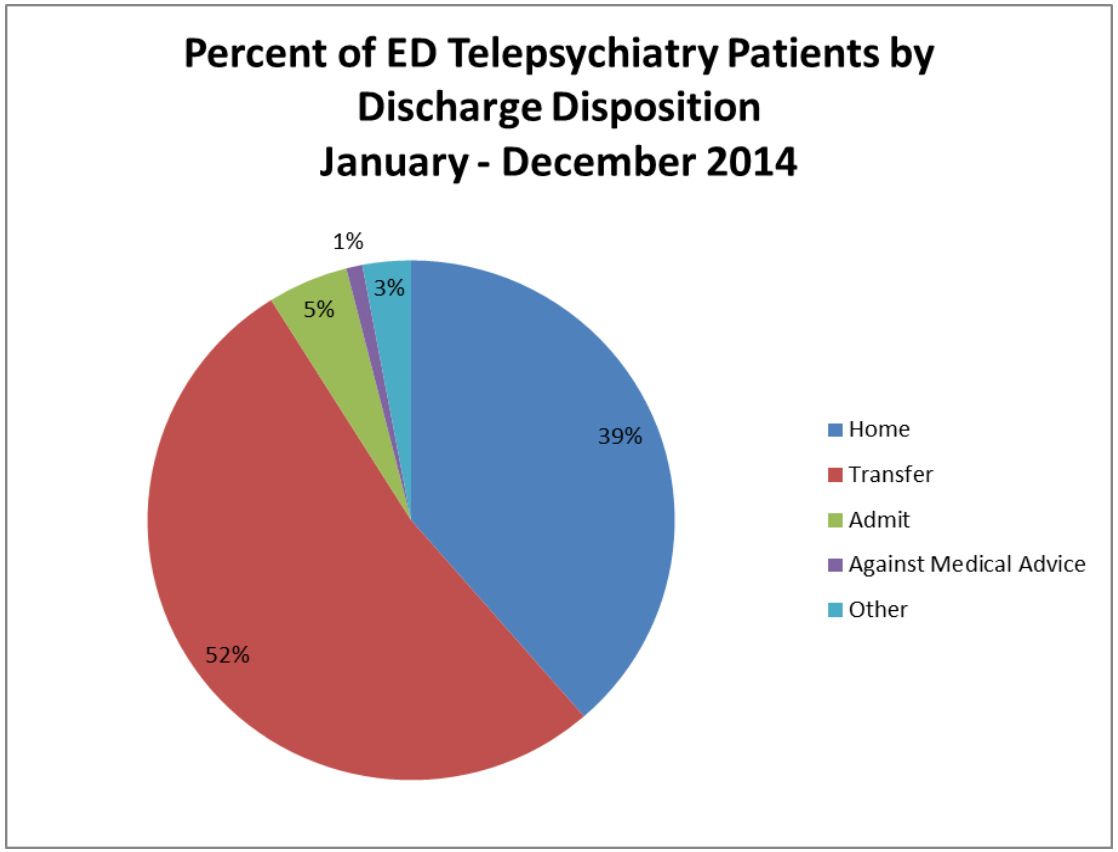

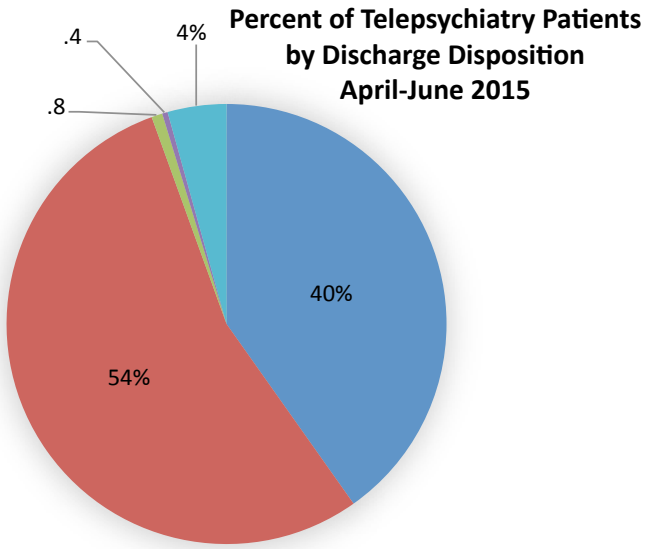

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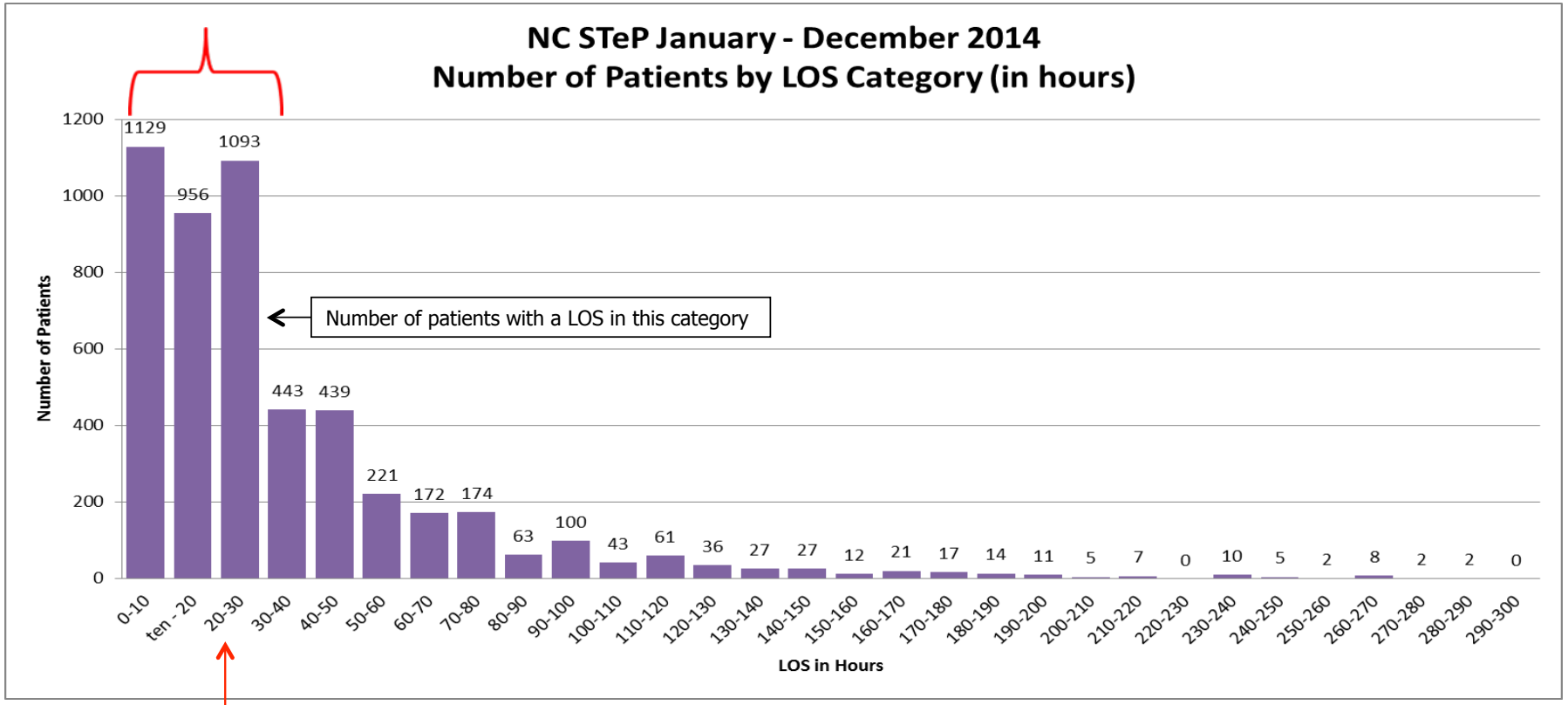
62% percent of patients
Had a LOS of 30 hours or less



Median Length of Stay for Jan 2014 – Dec 2014 = 23.6 Hours

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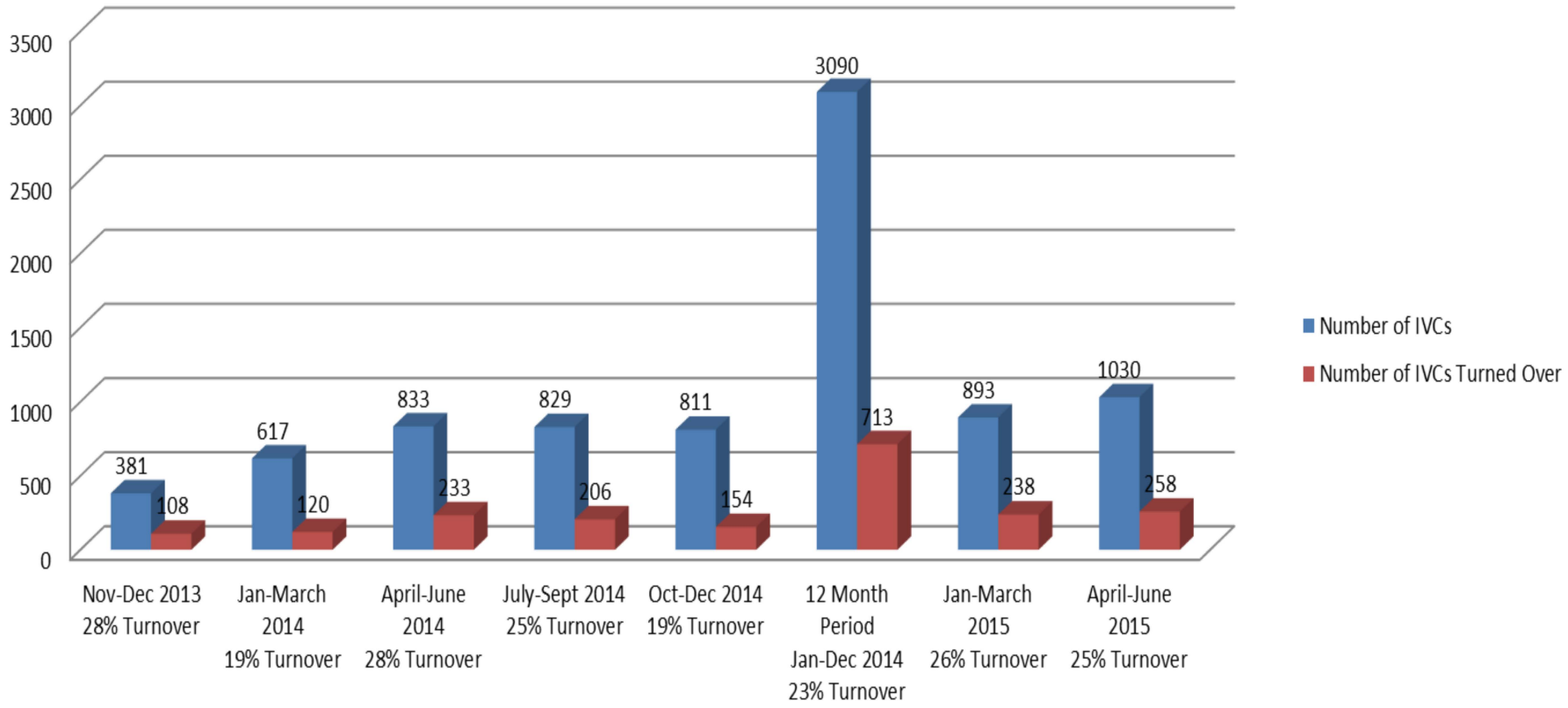
NC STeP: Number of IVCs for Particpating Hospitals by Quarter and for Year 2014



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Who are the beneficiaries?
(Who should pay for it?)

Entity	Cost Savings
Patients and Families	How to quantify reduced distress/disability, functional improvement, quality of life, gainful employment, etc.
Communities	How to quantify better "citizenship", reduced homelessness, crime reduction, more self reliance, etc.
NC-Medicaid + "Indigent Care" (? MCOs)	NC State projected cost savings from over turned IVC's for self-pay and Medicaid =$4,441,239 Cost savings from reduced recidivism = ?
Third Party Payors	Projected cost savings from overturned IVC's = $1,133,261 Cost savings from reduced recidivism + ?
Sheriff Department	Projected cost savings to Sheriff Department from overturned IVCs= $535,404
Hospitals	Costs savings from increased throughput in the ED.

Conclusions

- Telepsychiatry is a viable and reasonable option for providing psychiatric care to those who are currently underserved or who lack access to services.
- The current technology is adequate for most uses and continues to advance.
- Overcoming the barriers to implementation will require a combination of consumer, provider, and governmental advocacy.
- It's about relationships, not technology

Contact

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