Summary Report on SFY 2016 North Carolina Statewide Telepsychiatry Program (NC-STeP) Funds

SL 2013-360, Section 12A.2B

Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

November 01, 2016

Acknowledgements

The North Carolina Department of Health and Human Services would like to thank Governor McCrory and the North Carolina General Assembly for their vision and support for the program.

Additionally, the North Carolina Department of Health and Human Services would like to thank The Duke Endowment for its generous award and support, which have enabled the Department to expand and further develop the program.

The program has had positive outcomes for the State of North Carolina and it has created an opportunity to integrate the Office of Rural Health, the NC Division of Medical Assistance, the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the NC Division of State Operated Healthcare Facilities, and external partners to improve the care continuum for behavioral health patients in North Carolina.

Executive Summary

In Session Law 2013-360, the Office of Rural Health (ORH) was directed to create a plan for a statewide telepsychiatry program. The North Carolina Statewide Telepsychiatry Program (NC-STeP) allows North Carolina hospitals to participate as referring sites (hospital emergency departments) or consulting sites (psychiatric practices) in providing psychiatric assessments to patients experiencing an acute mental health crisis or those held under involuntary commitment (IVC). Through a contractual agreement with the East Carolina University Center for Telepsychiatry and e-Behavioral Health (C-TeB) to implement these services into hospitals, ORH is responsible for overseeing the creation and operations of NC-STeP. ORH ensures the program's performance measures align with legislation as well as collects, analyzes, and maintains all documentation needed for payments, contract creation, and amendments. Also, ORH monitors the program's hospital enrollment and completes reports for various requesting organizations.

As of June 30, 2016, 30 referring sites across the state have implemented telepsychiatry. Additionally, there were seven consulting sites enrolled in the program by the end of SFY 2016. These consulting sites included Carolina Behavioral Care (CBC), Cape Fear Valley Health, Cone Health, Mission Health, Novant Health, Old Vineyard, and Johnston Health (part of the University of North Carolina Health System). Coastal Carolina Neuropsychiatric Center (CCNC), a consulting site since the beginning of the program, opted to leave NC-STeP in December 2015. As required by contract with ORH, C-TeB submitted quarterly reports regarding specific performance measurements. As of the most recent report, most legislative performance targets have been met or exceeded.

In accordance with the law, ORH conducted site visits to all referring sites supported by state funding, as well as to all consulting sites. During these visits, sites reported high staff satisfaction, but there remain issues requiring future attention, including physician credentialing policies, equipment challenges, and internet connectivity.

State funding was essential to the creation of the statewide program, and leaders of NC-STeP also pursued additional funding from The Duke Endowment to expand and further develop the program through an additional contract with ORH. Funds in the amount of $1.5 million from The Duke Endowment were awarded to ORH to be disbursed in SFY 2015 and 2016. This award will enable NC-STeP to expand to provide services to an estimated 18 additional referring sites. Funding will also be leveraged to share information regarding best practices of telepsychiatry through technical assistance, informational website, provider training modules, publications, conferences, and contract management and oversight. Although this funding was available for SFY 2015 and 2016, C-TeB did not expend all funds during the original contract period. The contract is now under a no-cost extension, with a current end date of June 30, 2017.

As laid out in the legislative plan, NC-STeP has focused on implementation of referring and consulting sites during its initial years. The recurring amount of $2,000,000 has been necessary to create the program infrastructure, and leaders of NC-STeP have calculated that the program will require an annual $1,700,000 for ongoing operations and maintenance.

The program has resulted in significant cost savings to the State, its partners, and external stakeholders. The primary method of cost savings C-TeB reports from this program is overturning unnecessary involuntary commitments. Of the 8,413 patients held under involuntary commitment and served by the

program, 2,063 have been discharged into their own communities to receive treatment using community resources. This has reduced burden and cost for state psychiatric facilities, law enforcement agencies, government payers, private payers, and patients and their families. Although total cost savings are difficult to quantify due to the number of stakeholders, NC-STeP estimates $11,140,200 in cumulative cost savings to state psychiatric facilities.

The North Carolina Department of Health and Human Services (DHHS) and ORH requested that sustainability be an additional factor incorporated into the contract. At the end of Year 2 (SFY 2015), the program's sustainability ratio was 0.61:1, up from a baseline of 0.32:1 in SFY 2014. Currently, the program, without including grant support from the State and other sources, is operating at a 1.04 ratio (revenue: cost), which is above the desired objective of >1:1 ratio. The sustainability ratio of 1.04 means that, for every dollar the program spends, it is able to recover $1.04. However, as noted in the Performance Measures section of this document, it should be noted that the current sustainability ratio is likely skewed by Coastal Carolina Neuropsychiatric Center's discontinuation and does not represent the program under normal operations. After more sites are connected to the network and the program incurs greater cost, this short-term number will likely fall closer to the value of last year, 0.61:1.

The aforementioned costs are recovered in three ways: 1) charging a fee for using the service, which is currently set at $34.25 for each telepsychiatry assessment conducted, 2) charging an average $1,000 monthly subscription fee paid by hospitals, and 3) billing public and private payers for each assessment. To improve the ratio of revenues to costs, some possible options include NC-STeP increasing its fees to hospitals that utilize the service, or decreasing operating costs, such as overhead, once the program completes its implementation phase.

While the overturned IVC numbers are definitive, the cost savings for overturned IVCs are an estimate. In SFY 2017, ORH will contractually require NC-STeP to develop an annual business plan and provide the data necessary to continue to further refine the State's return on investment. In order for the program to achieve sustainability, NC-STeP may be required to increase revenue and fees, which could disproportionately affect rural hospitals and their ability to participate in NC-STeP.

Overall, NC-STeP has had a successful first three years, but there is still much to be completed. There are an additional 29 referring sites that have to be onboarded before implementation is complete. The Telepsychiatry Web Portal's development has been completed and will be implemented at each site as they go live with NC-STeP. In addition, The Duke Endowment award has been extended through SFY 2017. C-TeB is using the funds over the coming months to develop a website to post its research findings and advice for other states to replicate the program effectively. C-TeB is also planning to host a professional symposium to disseminate best practices and lessons learned from the program.

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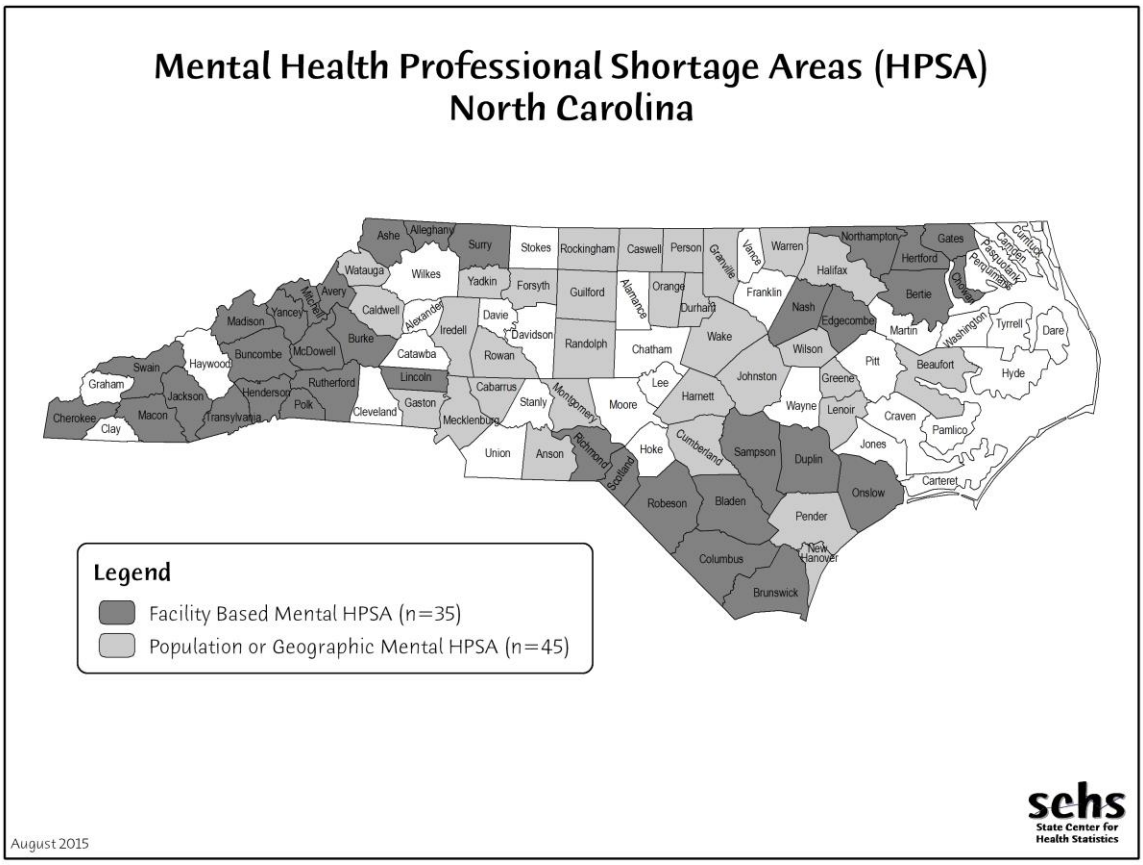
Background

Many rural North Carolina communities have a shortage of mental health providers. Areas can become designated Health Professional Shortage Areas (HPSAs) due to very low ratios between the number of providers and an area's population. Figure 1 is a map displaying the areas that are currently designated HPSAs specifically for mental health professionals in North Carolina. Currently, 35 of 100 counties have at least one facility-based HPSA for mental health. Forty-five counties have a mental health HPSA based on population or geographic data. The state application process to the federal government for designating HPSAs is changing, which could result in even more areas being identified as lacking mental health providers in the future.

Figure 1: Map of Mental Health Professional Shortage Areas



These mental health professional shortages are acutely felt in emergency department (ED) settings. When a person in the community presents the potential to harm themselves or others, a magistrate may order that the person be taken to an ED for an assessment by a trained individual. However, many ED physicians have not received the training necessary to comfortably conduct such an assessment; thus, many of these patients are transferred to mental health institutions. Under this model of care, the average

length of stay (LOS) in an ED for this kind of patient can be between 48 and 72 hours.[1] A very long LOS can also have other negative consequences, including increased wait times for other patients, diversion of ED staff resources, and increased use of law enforcement resources, as law enforcement agents must remain with the patient onsite during the waiting period.

In an attempt to help address this issue, many EDs in the United States have begun to utilize telepsychiatry, which is a technology that enables a mental health professional to provide a consultation to a patient from a remote location. In recent years, emerging technologies in video communication and high-speed connectivity have created an environment that has enabled telepsychiatry networks to expand.

In the summer of 2013, the North Carolina General Assembly decided to replicate the success of previous telepsychiatry initiatives in the state and elsewhere. In Session Law 2013-360, Section 12A.2B, the North Carolina General Assembly tasked the Office of Rural Health (ORH) with creating a plan for a statewide telepsychiatry program. The North Carolina Statewide Telepsychiatry Program (NC-STeP) would allow North Carolina hospitals to participate as referring sites or consulting sites in providing psychiatric assessments to patients experiencing an acute mental health or substance abuse crisis. Through a contractual agreement with the East Carolina University Center for Telepsychiatry and e-Behavioral Health (C-TeB) to implement these services into hospitals, ORH oversees the operations of NC-STeP while monitoring the program's expenditures, hospital enrollment, and performance measures.

The plan for NC-STeP was modeled after the Albemarle Hospital Foundation Telepsychiatry Project, which was made possible with a grant from The Duke Endowment in 2010. The grant was awarded for the implementation of telepsychiatry services into the EDs of Vidant Health hospitals, which experienced a decreased average LOS, a greater than 80% patient satisfaction rating, and a 33.6% rate in overturned involuntary commitments.[2]

Telepsychiatry has proven to be a successful policy initiative for states with rural populations lacking mental health resources. Other successful telepsychiatry programs include the South Carolina Department of Mental Health Telepsychiatry Program[3] and the University of Virginia Telepsychiatry Program[4], which both continue to provide telepsychiatry services throughout their respective states.

Program Implementation

The program began October 1, 2013 with the execution of a contract between ORH and C-TeB. As of June 30, 2016, there are 30 live referring sites in the network. There are 29 additional sites that are enrolled in the program, but have yet to go-live due to various reasons. Some sites await equipment, physician credentialing, and contract negotiation. A complete list of the live and enrolled hospitals can be

[1] The DMH Telepsychiatry Program. (2013, July 31). *South Carolina Department of Mental Health*. Retrieved August 11, 2014, from http://www.state.sc.us/dmh/telepsychiatry/

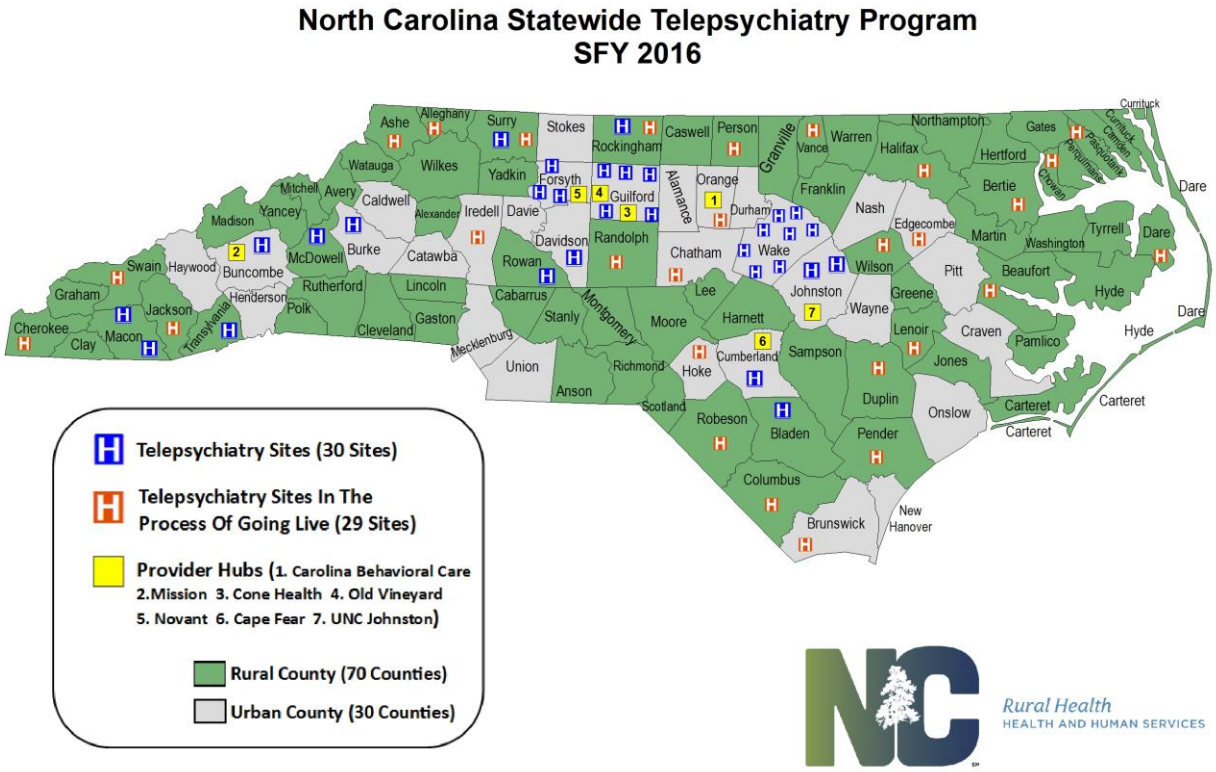
[2] Davies, S. (2012, August 23). Vidant Health / Duke Endowment Telepsychiatry Project. *North Carolina Institute of Medicine*. Retrieved August 11, 2014, from http://www.nciom.org/wp-content/uploads/2012/06/Bed-Boarding-Davies.pdf

[3] The DMH Telepsychiatry Program. (2013, July 31). *South Carolina Department of Mental Health*. Retrieved August 11, 2014, from http://www.state.sc.us/dmh/telepsychiatry/

[4] Telepsychiatry. (n.d.). *School of Medicine at the University of Virginia*. Retrieved August 11, 2014, from http://www.medicine.virginia.edu/clinical/departments/psychiatry/sections/clinical/telepsychiatry/telepsychiatry

found in Appendix A of this document. Figure 2 displays a map of site locations for telepsychiatry referring sites (EDs) and consulting sites (provider hubs).

Figure 2: Map of NC-STeP Enrolled Sites



Additionally, there were seven consulting sites enrolled in the program by the end of SFY 2016. These consulting sites included Carolina Behavioral Care (CBC), Cape Fear Valley Health, Cone Health, Mission Health, Novant Health, Old Vineyard, and Johnston Health (part of the University of North Carolina Health System). Coastal Carolina Neuropsychiatric Center, a consulting site since the beginning of the program, chose to leave NC-STeP in December 2015.

The departure of Coastal Carolina Neuropsychiatric Center had a significant impact on NC-STeP, as the majority of enrolled hospitals were connected to that particular consulting site. Overnight, the number of live sites declined from 57 to 18. NC-STeP recruited additional consulting sites and hospitals have begun the process of reconnecting to the program. However, this process may take up to a year to complete due to the credentialing standards of hospitals. More details on this process are contained in the Site Visit Results section of this document.

State funding was essential to the creation of the statewide program, and leaders of NC-STeP pursued additional funding from The Duke Endowment to expand and further develop the program through an additional contract with ORH. Funds in the amount of $1.5 million from The Duke Endowment were awarded to ORH to be disbursed in SFY 2015 and 2016. Through use of this award, NC-STeP will expand to provide services to an estimated 18 additional referring sites. Funding will also be leveraged to share information regarding best practices of telepsychiatry through technical assistance, informational

website, provider training modules, publications, conferences, and contract management and oversight. Although this funding was available for SFY 2015 and 2016, C-TeB did not expend all funds during the original contract period. The contract is now under a no-cost extension, with a current end date of June 30, 2017.

Performance Measures

As required by contract with ORH, C-TeB submitted quarterly reports regarding specific performance measurements. These performance measurements were defined in Session Law 2013-360, Section 12A.2B and are displayed in Table 1 with their respective targets and outcomes. DHHS also incorporated additional measures pertaining to user satisfaction and sustainability. The program has met or exceeded several of the performance targets specified at the execution of the contract for SFY 2016.

Due to the service discontinuation by Coastal Carolina Neuropsychiatric Center (as mentioned in the Program Implementation section above), the values of some measures were skewed and do not represent the program under normal operations. For example, the ratio of revenues to expenses is inflated as Coastal Carolina Neuropsychiatric Center did not incur expenses for six months of the year. Leaders of NC-STeP do not state that the program has reached true sustainability, and it is expected that this number will be lower as referring sites are connected to the new consulting sites.

Additionally, some performance measures are present to measure program impact, but are not in the direct control of program administrators. One of these performance measures pertains to LOS times. Average LOS times are often skewed due to outlying patients with complex medical and behavioral needs. Since LOS for these patients is dependent upon available community and state resources, it is unlikely that the program will achieve greater improvement on this measure, as explained in the Site Visit Results section of this document.

Table 1: NC-STeP Performance Measurements

(Outcomes marked with an asterisk (*) have met the corresponding DHHS target)

Evaluation Criteria	Baseline at 03/31/2015	DHHS Target by 06/30/2016	Actual Result by 06/30/2016
To maintain the number of full-time equivalent (FTE) positions supported by state appropriations at 0.70 FTEs	0.70 FTEs	0.70 FTEs	0.70 FTEs*
To increase the number of telepsychiatry referring sites by 14	59	73	30

Evaluation Criteria	Baseline at 03/31/2015	DHHS Target by 06/30/2016	Actual Result by 06/30/2016
To increase the reports of involuntary commitments to an enrolled hospital by 436	4,364	4,800	8,413*
To increase the number of participating consultant providers by 1	32	33	39*
To increase the number of telepsychiatry assessments provided by 1,067	10,665	11,732	20,891*
To increase the number of overturned involuntary commitments by 106	1,059	1,165	2,063*
To reduce the average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions by approximately 19 hours	42 hours	23 hours†	62.9 hours

Evaluation Criteria	Baseline at 03/31/2015	DHHS Target by 06/30/2016	Actual Result by 06/30/2016
To increase by 43 percentage points the minimum score of "satisfied" or "strongly satisfied" satisfaction rate among ED staff participating in the program	42%	85%	63%
To increase by 10 percentage points the minimum score of "satisfied" or "strongly satisfied" satisfaction rate among hospital CEOs/COOs participating in the program	75%	85%	No survey responses received
To increase by 3 percentage points the minimum score of "satisfied" or "strongly satisfied" satisfaction rate among ED physicians participating in the program	82%	85%	89%*

Evaluation Criteria	Baseline at 03/31/2015	DHHS Target by 06/30/2016	Actual Result by 06/30/2016
To establish a minimum score of 85% "satisfied" or "strongly satisfied" satisfaction rate among consulting (hub) providers participating in the statewide telepsychiatry program	No baseline data available	85%	70%
To increase the ratio of the overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs)	0.93:1.00	>1.00:1.00	1.04:1.00*

† Length of stay begins when the patient is admitted to the ED and ends when the patient is discharged from the ED.

Site Visit Results

In accordance with the law, ORH conducted site visits to all state-supported referring sites in which telepsychiatry has been implemented, as well as to all consulting sites serving the program during SFY 2016. Most ED providers interviewed during the hospital visits were satisfied with the service and the support they had received from the program. Structured questions revealed the majority felt they had received adequate training, were comfortable with the technology, and felt they could perform their jobs better through having telepsychiatry available.

However, the results of these site visits have also identified issues that require future attention. The primary issues discussed during the site visits are summarized below:

Physician Credentialing - Each physician at a consulting site must be credentialed by the referring site in order to provide services at that site. The physician credentialing process usually lasts between 3-6 months for each facility, which delays program implementation.

Length of Stay - There are many factors which affect LOS, some of which are beyond the ED and NC-STeP's control. Despite use of telepsychiatry, a patient's LOS can vary and still remain above average depending upon discharge disposition. Patients with complex medical needs, in addition to behavioral needs, can expect to remain in the ED longer. A patient placed under involuntary commitment may have

the order overturned and can be sent home; however, patients whose involuntary commitment orders are upheld must await placement in an appropriate facility. This process often takes up to 48 hours and can be even longer if the patient is an adolescent.

Availability of Service - Several sites informed ORH that they wished these services were provided 24 hours a day. Currently, most consulting sites offer telepsychiatry services only during business hours. There are insufficient resources to provide 24-hour support, thus patients who arrive in the ED during the evening will be required to spend the night, thereby increasing average LOS.

Telepsychiatry Carts - The telepsychiatry carts are designed to be mobile, but the carts are reportedly cumbersome for many staff to maneuver. Some sites requested that tablet or laptop computers be adopted in the future so that equipment may be more easily brought to the patient's location.

Connectivity - Several sites are currently using the telepsychiatry cart's wireless capability to connect to the internet. However, due to the thickness of building materials used in hospital construction and the lack of high-powered wireless technology in some areas, staff members are experiencing difficulty in connecting to the local wireless network. Other sites connect the telepsychiatry cart to the internet via a cable and wall jack, but this is only possible if wall jacks are available in the patient's room. In addition, some sites have reported difficulty connecting to the consulting provider's machine. These connectivity issues have decreased user satisfaction.

All of these issues have been present since the start of the program and have affected the speed of program implementation and user satisfaction. ORH has been in discussion with NC-STeP and its Advisory Workgroup to resolve these issues, but many of them are outside of the scope and control of the program.

Financial Report

The North Carolina General Assembly has appropriated a recurring annual sum of $2,000,000 for this initiative. The initial use of these funds included: 1) entering into a contract with C-TeB, and 2) purchasing the necessary equipment for hospitals participating in the program. Now that the service has gone-live in most referring sites, the emphasis has shifted to construction of a Web Portal and provider support services (please see the Next Steps section for additional details regarding the Web Portal).

In addition to the state funds, The Duke Endowment also awarded a sum of $1,500,000 to ORH. This award was disbursed and budgeted in order to bring additional sites to the program and disseminate information regarding best practices.

The recurring amount of $2,000,000 has been necessary to create the program infrastructure, and NC-STeP leaders calculate that the program will require an annual $1,700,000 for ongoing maintenance.

ORH has also utilized $12,836.79 in funds awarded through the Federal Medicare Rural Hospital Flexibility Grant to provide Mental Health First Aid (MHFA) training to ED staff of Critical Access Hospitals (CAHs), small rural hospitals in the state. These training sessions instruct staff to recognize the signs and symptoms of mental illness, which decreases stigma and increases overall quality of care for behavioral health patients in EDs. Post-training surveys demonstrate that these MHFA trainings have

been successful in increasing staff satisfaction and effectiveness when working with behavioral health patients. To dovetail with the effort of these trainings, ORH began providing technical assistance to CAHs in the form of a Learning and Action Network (LAN) surrounding mental health. This LAN gives CAHs the opportunity to share best practices and collaborate with one another to create new mental health programs.

Budget Carryover - Of the $1.5 million awarded in funding from The Duke Endowment, $692,886 was not expended by June 30, 2016. In response to this, a carryover request was submitted and approved so that the remaining funds can be used during SFY 2017. This amount includes funds for C-TeB as well as overhead costs to ORH. ORH has executed a no-cost extension to its contract with C-TeB to reflect these changes.

Budget Detail - While NC-STeP is still in a phase of implementation, the transition to the next phase has begun in order to provide on-going management and evaluation of the program. The budget for Year 4 of the program reflects this change. Table 2 summarizes the budget detail of state-appropriated funds for SFY 2016 (Year 3) compared to SFY 2017 (Year 4). Year 3 had an increase of budgeted funds due to the amount carried forward from Year 2 ($769,840). Year 4's budget reflects the standard appropriations of $2 million.

Table 2: NC-STeP SFY 2016 and 2017 State Budget Detail

Category	Narrative	Budgeted Year 3	Accrued Year 3	Budgeted Year 4
Capital Equipment	Telepsychiatry Equipment	$441,300	$363,731.56	$189,850
Operating Expenses	Provider Support, Indirect Cost, Travel, etc.	$1,336,007	$736,989.51	$1,199,932
Staffing	Employee Salaries/Wages	$165,238	$166,974.40	$158,718
Telepsychiatry Web Portal	NC-STeP Web Portal / Health Information Exchange	$827,295	$457,701	$451,500
Total		**$2,769,840**	**$1,725,396.47**	**$2,000,000**

The program has resulted in significant cost savings to the State, its partners, and external stakeholders. The primary method of cost savings C-TeB reports from this program is overturning unnecessary involuntary commitments. Of the 8,413 patients held under involuntary commitment and served by the program, 2,063 have been discharged into their own communities to receive treatment using community resources. This has reduced burden and cost for state psychiatric facilities, law enforcement agencies, government payers, private payers, and patients and their families. Although total cost savings are difficult to quantify due to the number of stakeholders, NC-STeP estimates $11,140,200 in cumulative cost savings to state psychiatric facilities.

Next Steps

Overall, NC-STeP has had a successful first three years, but there is still much to be completed. Session Law 2013-360 and The Duke Endowment have created tasks listed below for NC-STeP, and there are additional opportunities for expansion of telehealth initiatives in North Carolina.

Program Developments for SFY 2017

NC-STeP is currently in a phase of implementation as more referring sites go-live. During this time there will be operational spending related to increasing videoconferencing capabilities, credentialing providers with State-approved Local Management Entities/Managed Care Organizations (LME/MCOs), and exchanging data.

The Telepsychiatry Web Portal has been developed and C-TeB is implementing it to all sites as part of the go-live process. The Web Portal enables provider scheduling, billing, and exchange of health information, allowing hospitals to transmit clinical outcomes to C-TeB. The contract between ORH and C-TeB will continue to allow expenses for annual hosting and maintenance costs.

The Duke Endowment award has been extended through SFY 2017. C-TeB is using the funds over the coming months to develop a website to post its research findings and advice for other states to replicate the program effectively. C-TeB is also planning to host a professional symposium to disseminate best practices and lessons learned from the program.

Program Developments for SFY 2018

In SFY 2018, NC-STeP is scheduled to be finished with implementation and will enter a maintenance phase for ongoing program management and evaluation. There will be ongoing maintenance for the Telepsychiatry Web Portal and for the existing telepsychiatry equipment. Physician credentialing will continue as staff turnover demands.

Long-Term Sustainability

DHHS and ORH requested that sustainability be an additional factor incorporated into the contract. C-TeB reports difficulty in part as the number of individuals served that have no insurance coverage has ranged from 40.5% to 28.95%. At the end of Year 2 (SFY 2015), the program's sustainability ratio was 0.61:1, up from a baseline of 0.32:1 in SFY 2014. Currently, the program, without including grant support from the State and other sources, is operating at a 1.04 ratio (revenue: cost), which is above the desired objective of >1:1 ratio. However, as noted in the Performance Measures section above, it is important to mention that the current sustainability ratio is likely quite skewed by Coastal Carolina Neuropsychiatric Center's discontinuation and does not represent the program under normal operations. After more sites are connected to the network and the program incurs greater cost, this short-term number will likely return to the value of last year, 0.61:1.

The sustainability ratio of 1.04 means that, for every dollar the program spends, it is able to recover $1.04. These costs are recovered in three ways: 1) charging a fee for using the service, which is currently set at $34.25 for each telepsychiatry assessment conducted, 2) charging an average $1,000 monthly subscription fee paid by hospitals, and 3) billing public and private payers for each assessment. To improve the ratio of revenues to costs, some possible options include NC-STeP increasing its fees to hospitals that utilize the service, or decreasing operating costs, such as overhead, once the program completes its implementation phase.

Although NC-STeP has saved the State of North Carolina, hospitals, private payers, and law enforcement agencies money resulting from overturning involuntary commitment orders and reducing patient readmissions to the ED, there is no formal arrangement with the State to offset program costs with those savings.

This program remains in the implementation stage and is working with pricing models that require adjustments to get to a fair and equitable cost established.

Appendix A: List of Enrolled Hospitals and Go-Live Status

As of June 30, 2016. Sorted by county, then by hospital.

County	Hospital	Provider	Status
Alleghany	Alleghany Memorial Hospital	Old Vineyard	Enrolled
Ashe	Novant Ashe Memorial Hospital	Old Vineyard	Enrolled
Beaufort	Vidant Beaufort Hospital	CBC	Enrolled
Bertie	Vidant Bertie Hospital	CBC	Enrolled
Bladen	Cape Fear Valley- Bladen County Hospital	Cape Fear	Live
Brunswick	Dosher Hospital	Old Vineyard	Enrolled
Buncombe	Mission Memorial Hospital	Mission	Live
Chatham	Chatham Hospital	Old Vineyard	Enrolled
Cherokee	Murphy Medical Center	Old Vineyard	Enrolled
Chowan	Vidant Chowan Hospital	CBC	Enrolled
Cumberland	Cape Fear Valley Medical Center	Cape Fear	Live
Dare	Outer Banks Hospital	CBC	Enrolled
Davidson	Novant Thomasville Hospital	Novant	Live
Duplin	Vidant Duplin Hospital	CBC	Enrolled
Edgecombe	Vidant Edgecombe Hospital	CBC	Enrolled
Forsyth	Novant Clemmons Hospital	Novant	Live
Forsyth	Novant Forsyth Medical Center	Novant	Live
Forsyth	Novant Kernersville Hospital	Novant	Live
Guilford	Cone Health - Behavioral Health	Cone Health	Live

County	Hospital	Provider	Status
Guilford	Cone Health - MedCenter High Point	Cone Health	Live
Guilford	Cone Health - Moses Cone	Cone Health	Live
Guilford	Cone Health - Wesley Long	Cone Health	Live
Guilford	Cone Health - Women's Hospital	Cone Health	Live
Halifax	Halifax Regional Medical Center	CBC	Enrolled
Halifax	Our Community Hospital	Old Vineyard	Enrolled
Hoke	Cape Fear Valley Health Pavilion Hoke	Cape Fear	Enrolled
Iredell	Lake Norman Regional Medical Center	CBC	Enrolled
Jackson	Harris Regional Medical Center	CBC	Enrolled
Johnston	UNC Johnston Clayton	UNC Johnston Health	Live
Johnston	UNC Johnston Smithfield	UNC Johnston Health	Live
Lenoir	Lenoir Memorial Hospital	CBC	Enrolled
Macon	Angel Medical Center	Mission	Live
Macon	Highlands-Cashiers Hospital	Mission	Live
McDowell	McDowell Hospital	Mission	Live
Mitchell	Blue Ridge Regional Hospital	Mission	Live
Orange	UNC Hillsborough	Old Vineyard	Enrolled
Pasquotank	Sentara Albemarle Medical Center	Old Vineyard	Enrolled
Pender	Pender Memorial Hospital	Old Vineyard	Enrolled

County	Hospital	Provider	Status
Person	Person Memorial Hospital	CBC	Enrolled
Polk	St Luke's Hospital	Old Vineyard	Enrolled
Randolph	Randolph Hospital	Old Vineyard	Enrolled
Robeson	Southeastern Hospital	Old Vineyard	Enrolled
Rockingham	Cone Health - Annie Penn Hospital	Cone Health	Live
Rockingham	Morehead Memorial Hospital	Old Vineyard	Enrolled
Rowan	Novant Rowan Hospital	Novant	Live
Surry	Hugh Chatham Memorial Hospital, Inc.	Novant	Live
Surry	Northern Hospital of Surry County	Old Vineyard	Enrolled
Swain	Swain County Hospital	CBC	Enrolled
Transylvania	Transylvania Regional Hospital	Mission	Live
Vance	Maria Parham Medical Center	CBC	Enrolled
Wake	WakeMed Apex Healthplex	Unknown	Live
Wake	WakeMed Brier Creek Healthplex	Wakemed	Live
Wake	WakeMed Cary Hospital	Wakemed	Live
Wake	WakeMed Garner Healthplex	Wakemed	Live
Wake	WakeMed Psychiatric Observation Unit	Wakemed	Live
Wake	WakeMed North Healthplex	Wakemed	Live
Wake	WakeMed Raleigh Hospital	Wakemed	Live
Wake	WakeMed Raleigh Children's ED	Wakemed	Live

County	Hospital	Provider	Status
Wilson	Wilson Medical Center	CBC	Enrolled

Appendix B: List of Enrolled Consulting Sites and Go-Live Status

As of June 30, 2015. Sorted by county and site.

County	Consulting Site	Status
Buncombe	Mission Health System	Live
Cumberland	Cape Fear Valley Health System	Live
Forsyth	Novant Health System	Live
Guilford	Cone Health System	Live
Guilford	Old Vineyard Behavioral Health Services	Live
Orange	Carolina Behavioral Care	Live
Johnston	UNC Johnston Health	Live

Appendix C: NC-STeP Advisory Workgroup Member Organizations

Blue Cross Blue Shield of NC
Carolinas HealthCare System
Cone Health System
Duke University
East Carolina University
MedAccess Partners
Mission Health Systems
NC DHHS Division of Medical Assistance
NC DHHS Division of Mental Health
NC DHHS Office of Rural Health
NC Health Information Exchange Authority
North Carolina Hospital Association
Trillium Health Resources
UNC-Chapel Hill
Vidant Health
Wake Forest Baptist Health