

## PLATFORM

# East Carolina University

## NC Statewide Telepsychiatry Program



The North Carolina Statewide TelePsychiatry Program (NC-STeP) was founded by Dr. Sy Saeed of East Carolina University over a decade ago and has refined the operational model to achieve the following demonstrated outcomes:

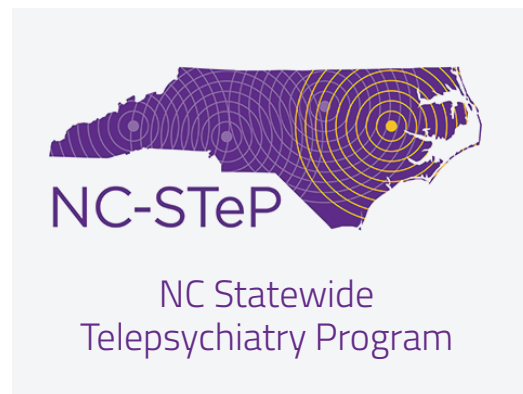
**\$57,105,000 in savings** from avoiding unnecessary hospitalizations

**17% reduction** in transfers to Psychiatric Hospitals

**Over 60,500 psychiatry** assessment completed in hospital emergency departments across North Carolina.

**Improved access to care and patient satisfaction**

**Reduced ED overcrowding**



## Key Challenges Solved by this STeP Model

- + **Equal Access to Care** - supports rural and under-served hospital or clinic with Internet connectivity
- + **EHR agnostic** - integrates with any certified EHR, regardless of vendor
- + **Provider agnostic** - your APPs and Psychiatrists, 3rd party providers or any combination thereof. We have partners that can augment your staff or clinically staff your STeP entirely.
- + **Turnkey Program** - proven and refined with 10 years of hard-earned experience packaged and offered by ViTel Net for streamlined contracting and support.



## Key Components of the STeP Program

The STeP was designed to be replicable beyond North Carolina and administered by regional entities within each state. The following are the key components of the program that are available through ViTel Net and its partners.

- + **STeP Operational Model** - the proven model for building and operating the program at scale and includes program administration and delivery staffing models, partner site engagement models, training and support model, governance structure, processes and procedures.
- + **Work and Data Flow Technology** - field proven web based platform that facilitates end to end workflow of service request from a partner site through patient discharge and billing support. The platform integrates with community partner site EHRs using CDA via DIRECT for simplified and secure transmission of patient data to the STeP providers and automated results back to the referring site's EHR. For those opting not to integrate, support for auto association of inbound faxes to patient encounters via system generated QR code on a fax cover sheet and automatic eFax of results. Platform maintains a request queue to manage requests efficiently with different tabs for different states in the consult lifecycle. Timers are kept for each state in the encounter lifecycle to report and manage against program response time goals. Documentation is handled in the platform. Embedded web based videoconferencing capability enables clinicians to start video sessions to registered iOS or Windows based endpoints at the partner sites. Auto-login Endpoint application makes it super simple for partner site staff to open the app and set the device in front of the patient for it to auto-answer when the remote STeP provider calls. Integrated on-demand language interpretation at the clinician's finger tips. Analytics and reporting to track and report on the STeP's impact and outcomes.
- + **Clinical Staffing** - the STeP is provider group agnostic. You can use your own providers, third party provider groups of your choosing, or ViTel Net's preferred provider partner network to provide the coverage model that matches your STeP objectives.
- + **Endpoint Hardware** - leverage existing devices at both the STeP provider and referring partner site sides, or acquire professionally integrated and supported clinical endpoints from ViTel Net's hardware solutions partner.



## How it Works

The following is a high level description of the consult lifecycle for the STeP.

- 1 Based on ED Physician request, ED Nurse/ staff submits request for a telepsychiatry consult to STeP provider queue by sending a CDA from their own EHR or entering the data directly into the secure web portal.
- 2 An intake specialist reviews patient data and connects with the patient for initial triage, documents finding and promotes the consult for an APP or Psychiatrist to perform the exam.
- 3 APP or Psychiatrist reviews patient data and intake specialist documentation and starts the video session to begin the examination of the patient, documents in the portal and signs and sends back to the referring site when complete.
  - If the exam was performed by APP, the report sent to the site is marked as DRAFT Pending Psychiatrist review and a final version is transmitted after a Psychiatrist has reviewed and signed the consult.
- 4 ED Physician reviews the telepsychiatry consult results and determines the best course of action for the patient.
- 5 If a follow up consult is required, the ED Nurse/ staff requests a follow up for the patient via the web portal, otherwise the ED Nurse/ staff discharges the patient from the STeP platform to close the Episode of care.

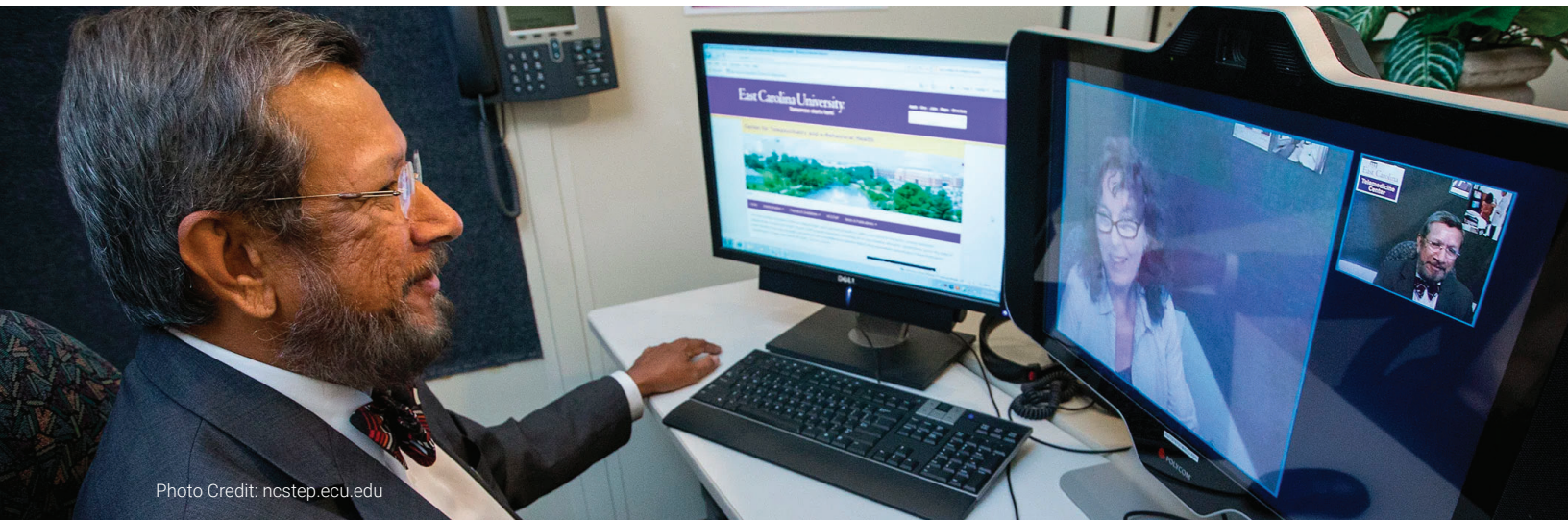


Photo Credit: ncstep.ecu.edu

### TO LEARN MORE

ViTel Net works in partnership with care providing organizations to implement successful programs at scale that provide greater access to care for medically underserved communities.

To connect with one of our virtual care experts,

**Contact [sales@vitelnet.com](mailto:sales@vitelnet.com)**

