Summary Report on SFY 2017 North Carolina Statewide Telepsychiatry Program (NC-STeP) Funds

General Statute 143B-139.4B

Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

by the

North Carolina Department of Health and Human Services

November 01, 2017

Executive Summary

In Session Law 2013-360, directed the Office of Rural Health (ORH) to partner with East Carolina University on a statewide telepsychiatry program. Since 2013, the North Carolina Statewide Telepsychiatry Program (NC-STeP) has allowed North Carolina health care organizations to participate as referring sites (hospital emergency departments) or consulting sites (psychiatric practices) in providing psychiatric assessments to patients experiencing an acute behavioral health crisis or those held under involuntary commitment (IVC). The East Carolina University Center for Telepsychiatry and e-Behavioral Health (C-TeB) implements these services into hospitals, and 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, 2017, 42 referring sites across the state have implemented telepsychiatry. Additionally, there were seven consulting sites enrolled in the program by the end of SFY 2017. 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). As required by contract with ORH, C-TeB submitted quarterly reports regarding specific performance measurements. Additionally, 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.

As outlined in the legislative plan, NC-STeP focused on implementation of referring and consulting sites during its initial years. The recurring funding 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. 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 program has generated 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 10,130 patients held under involuntary commitment and served by the program, 2,816 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 $15,066,000 in cumulative cost savings to state psychiatric facilities.

The North Carolina Department of Health and Human Services (DHHS) and ORH incorporated a sustainability measurement tool into the contract. Currently, the program, without including grant support from the State and other sources, is operating at a 0.25 ratio (revenue: cost). The sustainability ratio of 0.25 means that, for every dollar the program spends, it is able to recover $0.25.

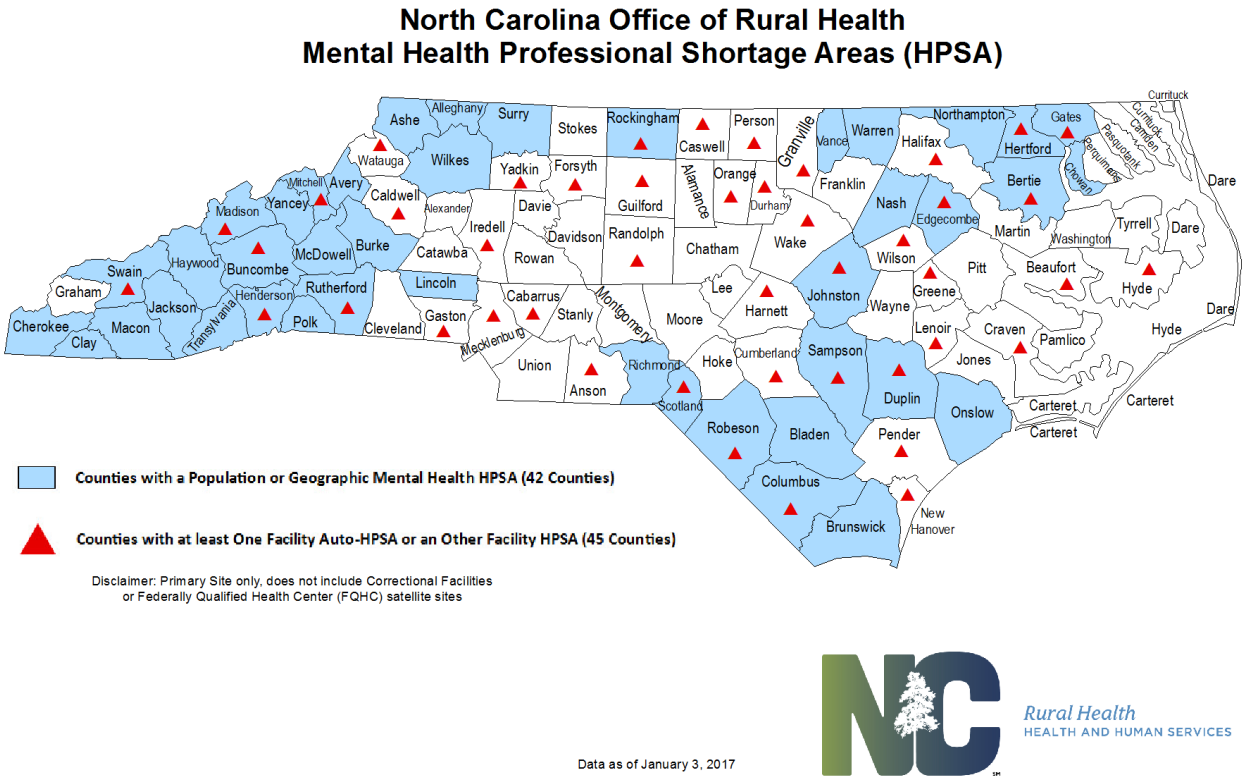
NC-STeP has accomplished much during its implementation and operation; however, there have been challenges that have delayed rollout to all sites. In December 2015, the largest telepsychiatry hub, Coastal Carolina Neuropsychiatric Center, decided to pull its participation from the program. Leaders of NC-STeP immediately began recruiting additional hubs to fill the capacity, but all hospitals affected by the lapse in service had to be reconnected with a new hub. This process is still ongoing and is the primary reason why NC-STeP has not met all of its performance targets.

Table of Contents

Background

Many rural North Carolina communities have a shortage of behavioral 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 behavioral health professionals in North Carolina. Currently, 45 of 100 counties have at least one facility-based Mental Health HPSA. In addition, 42 counties have a Mental Health HPSA based on population or geographic data.

Figure 1: Map of Mental Health Professional Shortage Areas



These behavioral health professional shortages are acutely felt in emergency department (ED) settings. When a person in the community is petitioned for involuntary commitment, a magistrate may order that the person be taken for an evaluation. Many times, the individual is taken to an ED for this evaluation. However, many ED physicians do not have experience performing psychiatric evaluations. As a result, in 2009 the North Carolina General Assembly (NCGA) passed two key pieces of legislation. One was to make permanent a program allowing other mental health professionals to do the evaluations in the ED. The other was to allow these evaluations to be done by a physician or eligible psychologist via telemedicine. In addition to being in the ED for the initial evaluation, many times individuals remain in the ED awaiting transfer to an inpatient psychiatric hospital. The average length of stay (LOS) in an ED for an involuntary patient awaiting transfer to another hospital can be between 48 and 72 hours.[1] A very

[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/

long LOS can also have other negative consequences, including increased wait times for other patients, and diversion of ED staff resources.

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 behavioral health professional to provide a consultation to a patient from a remote location. In recent years, emerging technologies in video communication and high-speed internet connectivity have created an environment that has enabled telepsychiatry networks to expand.

In the summer of 2013, the North Carolina General Assembly (NCGA) 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 directed the Office of Rural Health (ORH) to create 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 behavioral 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 behavioral 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. In accordance with Session Law 2013-360, C-TeB's role was to implement the service into enrolled hospitals and administer the operations of NC-STeP. As of June 30, 2017, there are 42 live referring sites in the network. There are 15 additional sites that are enrolled in the program, but have yet to go-live due to various reasons, which include awaiting equipment, physician credentialing, and contract negotiation.

There were seven consulting sites enrolled in the program during SFY 2017. These consulting sites included Carolina Behavioral Care (CBC), Cape Fear Valley Health, Cone Health, Mission Health,

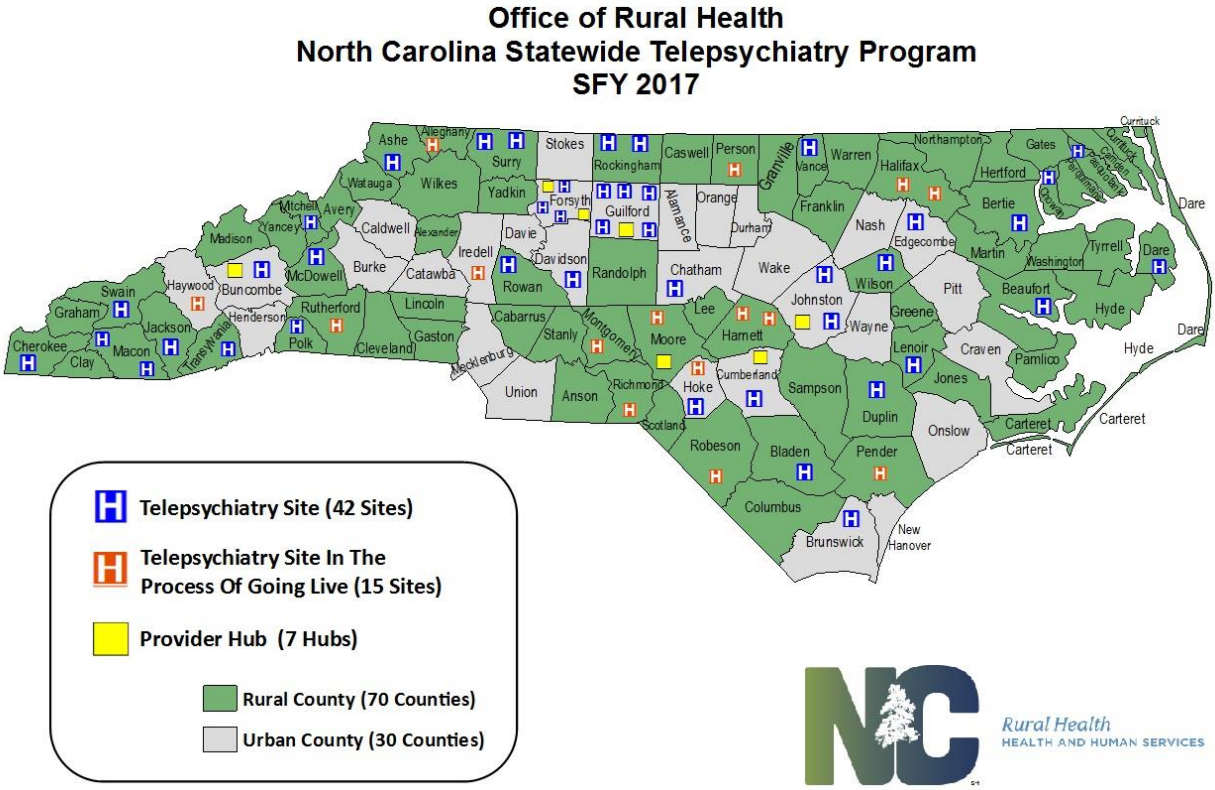
[2] Davies, S. (2012, August 23). Vidant Health / Duke Endowment Telepsychiatry Project. *North Carolina Institute of Medicine*. Retrieved August 11, 2014, from http://www.nciom.org/wp-content/uploads/2012/06/Bed-Boarding-Davies.pdf

[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

Novant Health, Old Vineyard, and Johnston Health (part of the University of North Carolina Health System). A complete list of the live and enrolled hospitals can be 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



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 from SFY 2015 to 2018. Through use of this award, NC-STeP expanded to provide services to additional referring sites. Funding was also used for ORH overhead to meet the unfunded requirements of S.L. 2013-360 and to share information regarding best practices of telepsychiatry through technical assistance, an informational website, provider training modules, publications, and conference presentations. The contract is under a no-cost extension, with a current end date of June 30, 2018.

ORH has secured funding from the Health Resources & Services Administration ($709,290) to support the state's critical access hospitals. A portion of these funds are used for a staff position to oversee NC-STeP, however funding from The Duke Endowment is still utilized for travel and supplies to meet the unfunded requirements of S.L. 2013-360.

Performance Measures

As required by contract with ORH, C-TeB submitted quarterly reports regarding specific performance measurements. Most performance measurements were defined in S.L. 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 2017.

NC-STeP has accomplished much during its implementation and operation; however, there have been challenges that have delayed rollout to all sites. In December 2015, the largest telepsychiatry hub, Coastal Carolina Neuropsychiatric Center, decided to pull its participation from the program. Leaders of NC-STeP immediately began recruiting additional hubs to fill the capacity, but all hospitals affected by the lapse in service had to be reconnected with a new hub. This process is still ongoing and is the primary reason why NC-STeP has not met all its performance targets.

Some of the 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. To help clarify the impact of the outliers, median LOS time was also calculated and provided.

Finally, the survey regarding hospital administrator satisfaction suffered from a response rate that was too low to provide an adequate sample size. C-Teb is committed to improving the response rate and plans to engage hospital administrators to complete the survey during regular site visits.

Table 1: NC-STeP Performance Measurements

Evaluation Criteria	Baseline Values on 03/31/2016	DHHS Target to be reached by 06/30/2017	Actual Result by 06/30/2017
The number of full-time equivalent (FTE) positions supported by these contracts	1.90 FTEs	3.24 FTEs	3.24 FTEs
The number of overturned involuntary commitments	2,009	3,160	2,816
The number of participating consultant providers	37	40	36
The number of telepsychiatry assessments conducted	20,783	33,950	26,699

Evaluation Criteria	Baseline Values on 03/31/2016	DHHS Target to be reached by 06/30/2017	Actual Result by 06/30/2017
The number of telepsychiatry referring sites	30 referring sites	62 referring sites	42 referring sites†
The reports of involuntary commitments to enrolled hospitals	8,264	12,264	10,130
The average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions††	45 hours	43 hours	56.6 hours (Median – 33.7 hours)
The rate of "satisfied" or "strongly satisfied" among emergency department staff participating in NCSTeP	63%	85%	55.4% satisfied
The rate of "satisfied" or "strongly satisfied" among hospital CEOs/COOs participating in the statewide telepsychiatry program	0%	85%	Response too low to report
To rate of "satisfied" or "strongly satisfied" among consulting (hub) providers participating in the statewide telepsychiatry program	70%	85%	72% satisfied
The rate of "satisfied" or "strongly satisfied" among emergency department physicians participating in the statewide telepsychiatry program	89%	85%	80% satisfied
The ratio of overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs)	0.97:1.00	>1.00:1.00	0.25:1.00

† An additional 15 sites are enrolled in the program, but are in the process to become live.

†† 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 S.L. 2013-360, Section 12A.2B, 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 2017. Most ED staff 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 to that site. The physician credentialing process usually lasts between 3-6 months for each facility, which delays program implementation. This administrative burden is especially present in rural hospitals, which often do not have the resources to dedicate staff for credentialing.

Length of Stay - There are many factors which affect patient 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 be sent home; however, patients who remain under the involuntary commitment process 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, consulting sites offer telepsychiatry services only during business hours. Depending on the site, this could include weekend 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. The primary emphasis is to bring additional sites online over the next year, with the Web Portal implemented at each site.

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. ORH has secured funding from the Health Resources & Services Administration ($709,290) to support the state's critical access hospitals. A portion of these funds are used for a staff position to oversee NC-STeP,.

NC-STeP estimates that the program will require an annual $1,700,000 for ongoing maintenance.

Budget Carryover - Of the $1.5 million awarded in funding from The Duke Endowment, $440,920 was not expended by June 30, 2017. In response to this, a carryover request was submitted and approved so that the remaining funds can be used during SFY 2018. 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 5 of the program reflects this change. Table 2 summarizes the budget detail of state-appropriated funds for SFY 2017 (Year 4) compared to SFY 2018 (Year 5).

Table 2: NC-STeP SFY 2017 and 2018 State Budget Detail

Category	Narrative	Budgeted Year 4	Accrued Year 4	Budgeted Year 5
Capital Equipment	Telepsychiatry Equipment	$189,850	$38,395.21	$229,550
Operating Expenses	Provider Support, Indirect Cost, Travel, etc.	$1,199,932	$713,097.82	$1,015,475
Staffing	Employee Salaries/Wages	$158,718	$167,129.06	$289,975

Telepsychiatry Web Portal	NC-STeP Web Portal / Health Information Exchange	$451,500	$420,278.31	$465,000
Total		**$2,000,000**	**$1,338,900.40**	**$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 10,130 patients held under involuntary commitment and served by the program, 2,816 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 $15,066,000 in cumulative cost savings to state psychiatric facilities.

Next Steps

Overall, NC-STeP has had a successful first four years, but there is still much to be completed. S.L. 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 2018

NC-STeP is currently in a phase of implementation as more referring sites go-live. During this phase, 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.

Program Developments for SFY 2019

In SFY 2019, 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

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%. Currently, the program, without including grant support from the State and other sources, is operating at a 0.25 ratio (revenue: cost), which is far below the desired objective of >1:1 ratio.

The sustainability ratio of 0.25 means that, for every dollar the program spends, it is able to recover $0.25. 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, ORH proposes that NC-STeP increase its fees to hospitals, which utilize the service, or decrease operating costs, such as overhead, once the program completes its implementation phase.

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, 2017. Sorted by county, then by hospital.

County	Hospital	Provider	Status
Alleghany	Alleghany Memorial Hospital	Old Vineyard	Enrolled
Ashe	Novant Ashe Memorial Hospital	Old Vineyard	Live
Beaufort	Vidant Beaufort Hospital	Carolina Behavioral Care	Live
Bertie	Vidant Bertie Hospital	Carolina Behavioral Care	Live
Bladen	Cape Fear Valley- Bladen County Hospital	Cape Fear	Live
Brunswick	Dosher Memorial Hospital	Old Vineyard	Live
Buncombe	Mission Hospital	Mission	Live
Chatham	Chatham Hospital	Old Vineyard	Live
Cherokee	Murphy Medical Center	Old Vineyard	Live
Chowan	Vidant Chowan Hospital	Carolina Behavioral Care	Live
Cumberland	Cape Fear Valley Medical Center	Cape Fear	Live
Dare	Outer Banks Hospital	Carolina Behavioral Care	Live
Davidson	Novant Thomasville Hospital	Novant	Live
Duplin	Vidant Duplin Hospital	Carolina Behavioral Care	Live
Edgecombe	Vidant Edgecombe Hospital	Carolina Behavioral Care	Live
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	Carolina Behavioral Care	Enrolled
Halifax	Our Community Hospital	Old Vineyard	Enrolled
Harnett	Betsy Johnson Regional	TBA	Enrolled
Harnett	Harnett Hospital	TBA	Enrolled
Haywood	Duke Life Point Haywood	TBA	Enrolled
Hoke	Cape Fear Valley Health Pavilion Hoke	Cape Fear	Live
Hoke	First Health Hoke	TBA	Enrolled
Iredell	Lake Norman Regional Medical Center	Carolina Behavioral Care	Enrolled
Jackson	Harris Regional Medical Center	Carolina Behavioral Care	Live
Johnston	UNC Johnston Clayton	UNC Johnston Health	Live
Johnston	UNC Johnston Smithfield	UNC Johnston Health	Live
Lenoir	Lenoir Memorial Hospital	Carolina Behavioral Care	Live
Macon	Angel Medical Center	Mission	Live
Macon	Highlands-Cashiers Hospital	Mission	Live
McDowell	McDowell Hospital	Mission	Live
Mitchell	Blue Ridge Regional Hospital	Mission	Live
Montgomery	First Health Montgomery	TBA	Enrolled

County	Hospital	Provider	Status
Moore	First Health Moore	TBA	Enrolled
Orange	UNC Hillsborough	Old Vineyard	Enrolled
Pasquotank	Sentara Albemarle Medical Center	Old Vineyard	Live
Pender	Pender Memorial Hospital	Old Vineyard	Enrolled
Person	Person Memorial Hospital	Carolina Behavioral Care	Enrolled
Polk	St Luke's Hospital	Old Vineyard	Live
Richmond	First Health Richmond	TBA	Enrolled
Robeson	Southeastern Hospital	Old Vineyard	Enrolled
Rockingham	Cone Health - Annie Penn Hospital	Cone Health	Live
Rockingham	Morehead Memorial Hospital	Old Vineyard	Live
Rowan	Novant Rowan Hospital	Novant	Live
Rutherford	Rutherford	TBA	Enrolled
Surry	Hugh Chatham Memorial Hospital, Inc.	Novant	Live
Surry	Northern Hospital of Surry County	Old Vineyard	Live
Swain	Swain County Hospital	Carolina Behavioral Care	Live
Transylvania	Transylvania Regional Hospital	Mission	Live
Vance	Maria Parham Medical Center	Carolina Behavioral Care	Live
Wilson	Wilson Medical Center	Carolina Behavioral Care	Live

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

As of June 30, 2017. Sorted by county and site.

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

Appendix C: NC-STeP Advisory Workgroup Member Organizations

ORH thanks the following organizations for their commitment and participation in quarterly NC-STeP Advisory Workgroup meetings:

Blue Cross Blue Shield of NC
Carolinas HealthCare System
Cone Health System
Duke University
East Carolina University
MedAccess Partners
Mission Health System
Murphy Medical Center
NC DHHS Division of Medical Assistance
NC DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
NC DHHS Office of Rural Health
North Carolina Hospital Association
Novant Ashe Memorial Hospital
St. Luke's Hospital
Trillium Health Resources
UNC-Chapel Hill
Vidant Health
Wake Forest Baptist Health