**Grant Facts**

- **$4.3M**
  - Secured state and federal loan repayments for providers
- **$1.6M**
  - Grant funding appropriated from General Assembly
- **$110K**
  - Funding from Kate B. Reynolds Charitable Trust
- **65 FTEs**
  - Health care professionals supported through State Loan Repayment Incentives
- **791**
  - Healthcare professionals and sites provided with technical assistance related to National Health Service Corps Loan Repayment Program
- **$54M**
  - Economic impact generated from the placed providers
- **94%**
  - Of placements were in either a geographic, population, or facility Health Professional Shortage Area (HPSA)
- **7.9**
  - Average number of years providers placed in rural or underserved areas anticipate staying at their current practice site (based on ‘Practice Sights’ End of Year and End of Contract questionnaire data reporting period 1/1/2010 to 6/30/2017)

**Overview:**

The Office of Rural Health (ORH) recruits primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, psychiatrists, and other mental health providers to practices that serve rural and underserved populations across the state. ORH seeks to make compatible matches based on the needs of the community as well as the provider. ORH works with state and federal governments as well as local communities to identify shortage areas of primary medical care, dental, or mental health providers. These areas are designated as Health Professional Shortage Areas (HPSAs), making them eligible to qualify for federal funding and services.

**Return On Investment and Economic Impact**

<table>
<thead>
<tr>
<th>MPS Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,305,015</td>
<td>+ $1,903,724</td>
<td>= $4,208,739</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generates</th>
<th>$143,130</th>
<th>$1,964,867</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 additional jobs from the economic impact</td>
<td>Generated in state and local taxes which goes back into the local and state economy</td>
<td>In employee compensation impacted from the grant</td>
</tr>
</tbody>
</table>

*Economic return is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.*

**Importance:**

In many North Carolina communities, there are barriers to primary health care due to a lack of health professionals and the necessary resources to support health care delivery. ORH received State Loan Repayment Program (SLRP) funding from the National Health Service Corps (NHSC) and from the Kate B. Reynolds Foundation to extend loan repayment to mental health therapists recruited to work in integrated care settings within HPSAs.

**Primary Care Health Professional Shortage Areas (HPSA)**

Counties with at least one Facility Auto-HPSA or an Other Facility PRIMARY CARE HPSA (49 Counties)

Counties with a population or geographic PRIMARY CARE HPSA (79 Counties)
North Carolina Telepsychiatry/Rural Health Information Technology Program
2016 Profile

Program Facts

- Number of counties in NC classified as Mental Health Professional Shortage Areas: 35
- Awarded to NC-STEPI in State Appropriations: $6 million
- Program support in philanthropic funding through the Duke Endowment: $1.5 million
- Number of assessments conducted by NC-STEPI as of June 2015: 14,065
- Number of involuntary commitments overturned: 54
- Number of operational NC-STEPI Hospitals: 38
- Number of counties served by NC-STEPI: 38

Overview

The N.C. Statewide Telepsychiatry Program (NC-STEPI) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology.

The practice of telepsychiatry, through NC-STEPI, allows for the psychiatric evaluation of patients, through videoconferencing technology, in emergency departments lacking psychiatric staff.

Telepsychiatry is defined 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."

Importance

As of August 2015, there are 35 counties in NC that are classified as Mental Health Professional Shortage Areas. Though not designated, there are additional counties that have a very low supply of mental health professionals in proportion to the population.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

### Telepsychiatry Funding Sources for SFY 2014-2015

- **Duke Endowment, $800,000 (19%)**
- **State, $3,409,664 (79%)**
- **Federal, $71,163 (2%)**

### Costs and Savings

NC-STEPI has been awarded $6 million in State appropriations ($2 million each for SFY14, SFY15 and SFY16). The program is also supported by an additional $1.5 million in philanthropic funding from The Duke Endowment. Overall, the program has generated cost savings from overturned involuntary commitments, which benefit the State, Medicare, Medicaid, and other insurance carriers.

### Program Reach

- **124 Placements** have been made each year over the last 5 years on average
- **109 New health professionals** were recruited
- **67 New providers** were placed with state incentive payments

### Technical Assistance

- **539 Activities in 61 Counties** Provided by ORH Staff
  - Training Sessions: 6 Activities
  - HPSA Submissions: 113 Activities
  - HPSA Reviews: 154 Activities
  - Support Recruitment and Retention: 261 Activities
  - Other Activities: 5 Activities

### Support Recruitment and Retention

- **113 Activities**
  - HPSA Submissions
  - HPSA Reviews

### Total Program Funding*

- **Federal** $1,066,090 (21%)
- **State** $1,620,658 (34%)
- **Other** $2,174,871 (45%)

*Estimate based on budget reorganization. Funding also reflects carry forward from SFY 2016

If you have further questions, please contact: Parcheul Harris, Rural Health Operations & Placement Services Manager
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Parcheul.Harris@dhhs.nc.gov

2017 Profile (Data from State Fiscal Year 2017 and current as of 6/30/2017)

North Carolina Medical, Dental, and Psychiatric Placement and Shortage Designation

[Map showing program reach with counties colored by placement levels]