Access to Healthcare in the Region
February 17, 2021
Guest Speakers:

• Ann Kennedy, Paratransit Services, inc.
• Susan Carter & Cassidy Giampetro, Hopelink
• Ben Kramer & Mona Steele, Homage
• Marlee Fischer, King County Emergency Medical Services
• Introduction
• Trends in medical trips
• Eligibility review process
• Technology
• Impacts of COVID-19
Transportation Innovations for Reducing Readmissions

Care Mobility Rewards Program
Presenters

Cassidy Giampetro
Program Supervisor,
King County Mobility Coalition

Susan Carter
Director, Non-Emergency Medical Transportation
Agenda

1. NEMT
2. Mobility Management
3. Care Mobility Rewards Program
Hopelink and Transportation

- Direct Operations
- Mobility Management
- Non-Emergency Medical Transportation
## Hopelink Non-Emergency Medical Transportation

| Funding Sources:       | Health Care Authority  
|                       | School Districts       
|                       | Hospitals              |
| Our Clientele:         | 55% Door-to-Door, 37% Public Transit, 8% Gas Reimbursement |
| Clients Served 2019:   | 43K, Over 1.5 Million Trips |
| Area:                  | King and Snohomish County in Washington State |
| Service Partners:      | 20+, 300+ Vehicles     |
| Internal Employees:    | 75 in NEMT             |
Hopelink NEMT Pending Contracts

• Contracts with hospitals, kidney centers, clinics.
• Three On-site Desks
  • Harborview
  • University of Washington
  • Seattle Children’s Hospital
• Screen for Medicaid NEMT
• Invoice hospital for non-Medicaid NEMT
  • Non-Medicaid clients or trips not covered by Medicaid
• Fills in gaps for non-Medicaid NEMT needs
• 2021 Shift to Cloud based platforms
• PureCloud, Office 365, SafeRide
• Allows for greater internal mobility
• SafeRide Greater Visibility for Clients
  • Driver application including text alerts
  • Client scheduling portal
• SafeRide UX improvements
• SafeRide NEMT focused
Hopelink Mobility Management

• Hopelink’s Mobility Management team empowers people to change their lives by facilitating access to the community. We do this by:
  • Providing travel **education** and resources to build awareness of existing transportation options;
  • Supporting the **coordination** of special needs transportation through cross-sector collaborations; and
  • Gathering data and elevating needs to **advocate** for improved services.
In 2015, our challenge...

Design an innovative solution to improve access to post-hospitalization medical care to help low-income, older adult (65+) patients in South King County avoid rehospitalization.

Why?

- High-risk patients were overwhelmed at discharge without support and options
- Readmission was costing hospitals $11,500> per patient
- Transportation barriers meant inadequate care
Our Partners

- Mobility Coalitions
- Aging and Disability Services
- Senior housing
- Medical facilities
- Community advocates
The Solution: Care Mobility Rewards Program (CMRP)

An incentivized healthcare transportation program that improves healthcare access for low-income, older adult discharged Medicare patients in South King County while helping hospitals reduce 30-day hospital readmissions.
Operations of CMRP

Fit in to Existing NEMT Infrastructure
  • Software
  • Call Center
  • Scheduling
  • Service Provider Network

Focused on Program Nuances
  • Rewards
  • Non-Medical Appointments
  • Timelines
Patient Consult at Discharge
COVID-19 Impacts

COVID-19 impacted the pilot greatly in the following ways:
• Valley Medical Center closed in March and April
  - Extended pilot and enrollment, so did not test 30/60/90-day periods as stringently
• Due to closure of many non-essential or community locations, we were unable to test the value in offering wellness-related trips and therefore the rewards model
• Changes in operations of other transportation programs due to COVID or, anecdotally, support systems available to patients changed the mobility landscape during this time
  - Changes instigated the discovery of the program’s use within the Oncology department for both short and long-term utilization
Pilot Metrics

Pilot timeline: mid-February 2020 – November 2020 (Valley Medical closed in March/April)

<table>
<thead>
<tr>
<th>Metric</th>
<th>#</th>
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<tbody>
<tr>
<td>Enrollments</td>
<td>23 people</td>
</tr>
<tr>
<td>Completed Trips – Total</td>
<td>355 trips</td>
</tr>
<tr>
<td>Rides per Enrollee</td>
<td>~19</td>
</tr>
<tr>
<td>30-Day Readmission Reduction</td>
<td>~10%</td>
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<tr>
<td>Average Trip Mileage</td>
<td>14.65 miles</td>
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<tr>
<td>Cost per Trip</td>
<td>$72.15</td>
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Findings and Takeaways

When serving particularly vulnerable clientele, there are many other important factors beyond ridership that must be considered for success.

Understanding and planning with partners is key to success.

Flexibility and adaptability is necessary during pilot innovation.

Partnerships with hospitals are unique and complex.
Contact Information

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TAP
Transportation Assistance Program
Transportation Assistance Program

- TAP Outreach
- TAP
- Ethnic Meal Transportation
- Contracts with Payers
- PYP Pay Your Pal
## Eligibility

<table>
<thead>
<tr>
<th>TAP</th>
<th>PYP</th>
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<td>• Any age with a disability</td>
<td>• Any age with a disability</td>
</tr>
<tr>
<td>• Older Adults</td>
<td>• Older Adults</td>
</tr>
<tr>
<td>• Persons with low income</td>
<td>• Persons with low income</td>
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<tr>
<td></td>
<td>• Medical appointments, work, or school</td>
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Efficiencies in Service

Added Modules to Ecolane
Upgraded Tablets
Variety of Vehicles
Eligibility Criteria Updates
Service Levels

2019- 3,204 Medical Related Trips
2020 1,994 Medical Related Trips

COVID-19 Effects
Ethnic Meal Site Transportation changed to meal delivery
Majority of trips medically related
Trips provided to Covid testing and vaccine sites
Reduction in total trips provided by 46.5%
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Taxi Transport Voucher Program
Emergency Medical Services (EMS) Division
Public Health – Seattle & King County

Marlee Fischer, MPH
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Feb 17, 2021
Transport Needs from an EMS Perspective

- All fire departments across King County experience 9-1-1 calls from individuals who require care, but may not necessarily need or benefit from the traditional EMS response (acute medical treatment)
- Many of these patients do not require ambulance transport, a costly resource
- Some patients may benefit from alternative services outside of a hospital Emergency Department
- Some patients call EMS when they are facing transportation barriers
## Taxi Transport Voucher Program Objectives

<table>
<thead>
<tr>
<th>Alternative transport</th>
<th>ED diversion</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Avoid unnecessary ambulance transport for EMS patients who can benefit from alternative transport</td>
<td>Divert patients with low-acuity medical needs from the Emergency Department to alternative destinations that meet their needs</td>
<td>Cost avoidance (taxi fare &lt; ambulance cost)</td>
</tr>
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Voucher process

1. Confirm eligibility for taxi transport
2. Consider alternative destinations
3. Rule out other transport options
4. Offer a taxi transport
5. Call facility (if non-ED destination)
6. Request taxi
Program Outcomes

- Participating fire departments: 19
- Total taxi vouchers, 2012-2020: 3935
- 2020 at a glance:
  - Total vouchers issued: 355 (12% roundtrip)
  - 29% homeless, 13% frequent EMS users
  - Taxi fares: $10,398
- Cost avoidance, 2020: Between $291,702 and $317,142
  - Average taxi fare: $29
  - Average ambulance cost: $950+

Taxi destinations, 2020

- ED, 65%
- Home/residence, 10%
- Urgent care, 8%
- Shelter, 7%
- Medical office/clinic, 5%
2020 Impacts

Need for alternative, on-demand transport options outside of the 9-1-1 call for EMS patients enrolled in Mobile Integrated Healthcare (MIH) with complex needs

Many community transportation services on pause or at limited capacity

Pilot project (launched Jan 2021):
Taxi vouchers are available to clients enrolled in MIH, and may be used outside of the 9-1-1 call for clients who face transportation barriers to accessing needed services that further their MIH care
Roundtable Discussion—Transportation Needs

Are there any priority areas related to medical transportation that you think should be addressed as a region?
Roundtable Discussion—NEMT Services

What services are available to people who are not eligible for either ADA paratransit services or NEMT to medical-related appointments? How can we, as a region, address that issue?
What services are available to people who are not eligible for either ADA paratransit services or NEMT to medical-related appointments? How can we, as a region, address that issue?
Roundtable Discussion—Impacts of COVID-19

• What lessons can we learn from the COVID-19 experience, in serving access to medical care for people with special transportation needs?

• What do you think is “low-hanging fruit” for improving access to healthcare in the region?
Thank you.

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