PRESENTATION OVERVIEW

- Review Statewide Healthcare/Transportation Technology Summit Vision

- Introduce Summit Partners

- Review 3/28 Webinar

- Bring Larger Audience into Technology Summit
  - **HEAR FROM YOU ALL ON HEALTHCARE & TRANSPORTATION CHALLENGES & OPPORTUNITIES**
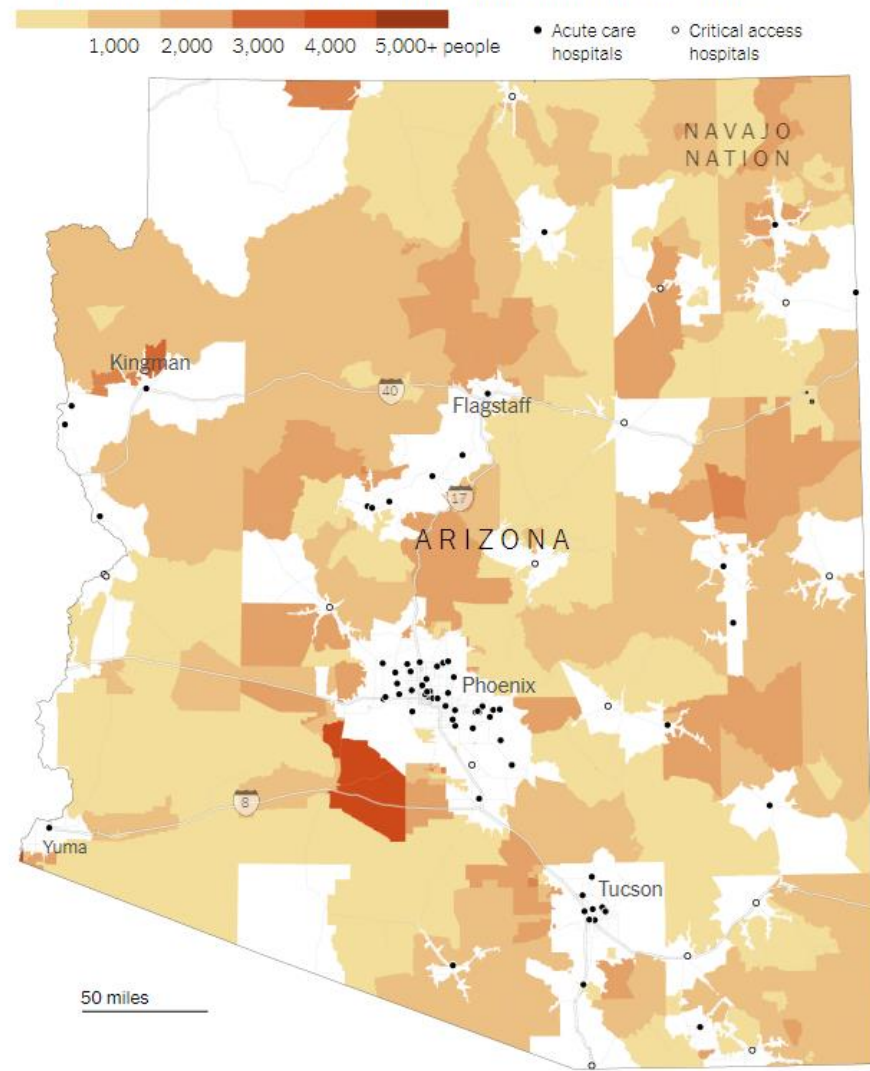
HEALTHCARE ACCESS………

You can provide the best care in the world, but it doesn't matter if patients can't get to it

© Mike Baldwin/Cornered

"Let's try a little role reversal – just until you get here."

RURAL HEALTHCARE ACCESS

People living outside a 30-minute drive from the nearest hospital

1,000 2,000 3,000 4,000 5,000+ people

● Acute care hospitals   ○ Critical access hospitals

NAVAJO NATION

Kingman

Flagstaff

ARIZONA

Phoenix

Yuma

Tucson

50 miles

People living outside a 30-minute drive from the nearest hospital

RANK	STATE	ALL AGES	RANK	STATE	65 AND OLDER
1	California	794,000	1	California	151,000
2	Florida	551,000	2	Washington	112,000
3	Arizona	541,000	3	Florida	111,000
4	Washington	537,000	4	Arizona	106,000
5	Missouri	347,000	5	Oregon	82,000
6	Texas	347,000	6	Missouri	75,000
7	Colorado	343,000	7	Texas	75,000
8	New York	331,000	8	Virginia	69,000
9	Oregon	326,000	9	New York	66,000
10	Virginia	325,000	10	North Carolina	63,000

By The New York Times ▪ Source: 2014-18 American Community Survey

Source: Where Americans Live Far From the Emergency Room-New York Times

It was like trying to bail out an ocean of water with a teaspoon.

N-CATT TECHNOLOGY SUMMIT

Example of Technology Innovations to Explore at Summit:

- Telemedicine Hubs in Rural Areas
- Mobile Clinics
- Coordinated Appointment Scheduling
- Transportation/Healthcare Communication
- Partnerships/Sponsorship
- Other Ideas? We hope to hear them today!

OVERVIEW

- Statewide network of communities, partners, and diverse stakeholders
- Focuses on connecting older adults with communities
- Philanthropic and federal funding

AGE FRIENDLY ARIZONA TIMELINE

MAG Municipal Aging Services Project

2010-2011

2012-2014

2015-2017

2018-ongoing

- 1,035 people aged 55+ surveyed
- 135 interviews
- 19 focus groups

- 4 pilot projects
- Technical assistance
- Place-based teams

- 9 partner communities
- Statewide network
- AgeFriendlyAZ.org

- 24 partner communities statewide
- Rural Transportation Incubator (RTI)
- Age of Connections 9/20/22

MAKING A DIFFERENCE

Highlights

- **$2.2 million** partner match
- **$810,000** private grant funding
- **60,000+** rides through RTI
- **2,000+** older adults through RTI
- **5,000+** home delivered meals through RTI
- **24** communities served statewide
- **16** multisector partners
- **Two** nationally recognized toolkits
- **One** interactive provider database

NACOG REGION
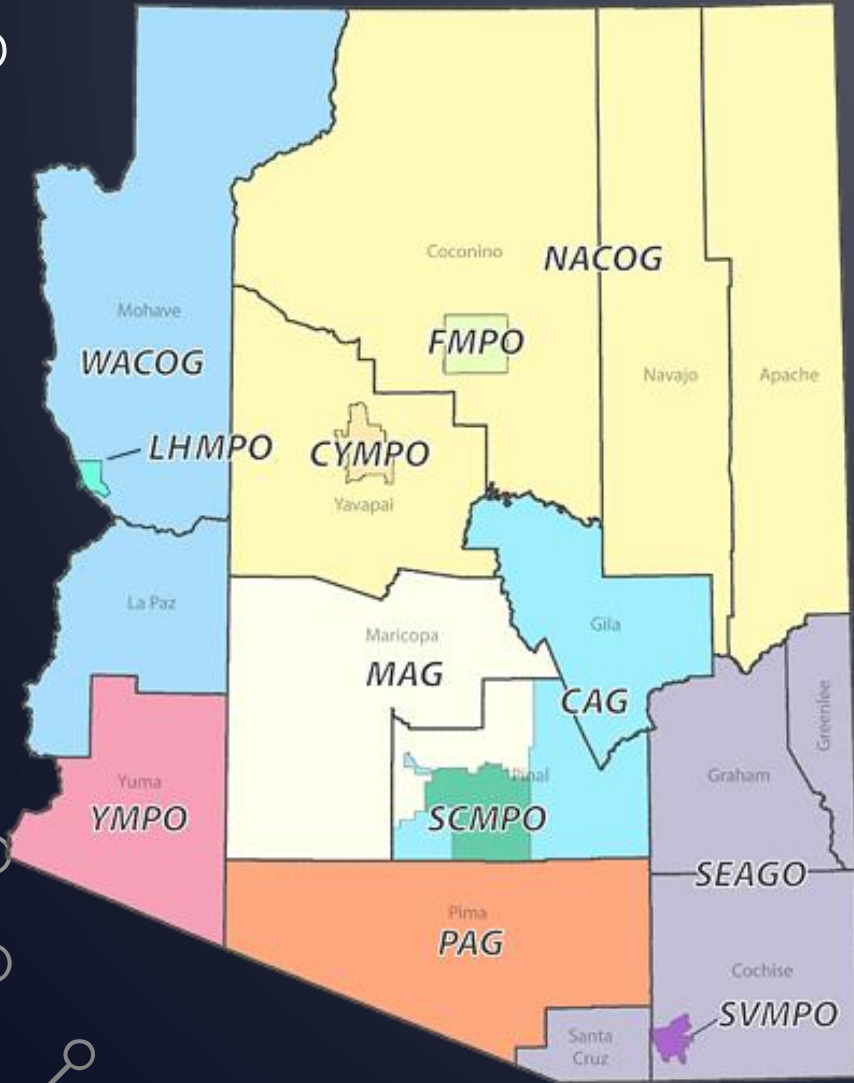
NACOG Region

- 47,967 square miles

- 9 tribes, 4 counties, 23 incorporated cities/towns

N-CATT TECHNOLOGY SUMMIT

➢ **March 28th- All day Webinar**

➢ **Arizona Transit Association Conference**
  ➢ Learn from innovations across county
  ➢ Discuss opportunities/challenges in AZ
  ➢ Make connections

➢ **May 9th- In person Workshop**
  ➢ In-depth technical assistance
  ➢ Tech integrations

➢ **June-** "Shark tank" style presentations to receive feedback from potential funders and partners

N-CATT TECHNOLOGY SUMMIT

- **NACOG & AFA Awarded Technology Summit Technical Assistance Grant:**
  - Bring new ideas to solve complex issues around:
    - Improving Rural Transportation for Seniors
    - Reducing Healthcare/Transportation costs

- **N-CATT will**
  - Provide technology & transportation experts to help develop solutions for improved transportation and health outcomes
  - Facilitate Summit

- **NACOG/AFA will**
  - Co-facilitate Summit
  - Solicit participation from providers & partners with existing ideas/concepts to bring to workshops

NATIONAL CENTER FOR APPLIED TRANSIT TECHNOLOGY

- Walking small agencies through the technology landscape

- Producing resources on adopting emerging technologies
  - Zero-emission vehicles, green infrastructure, data management, new software decision-making
  - Lessons learned, trends, strategies

- Providing in-depth technical assistance to adopting new technologies
  - Strike Teams and State Summits
  - Enabling technology transfer

- Developing hands-on workshops to understand how different technologies can be applied
  - Data Management, Digital Tools for Redesigns

Find us at: n-catt.org

n-catt
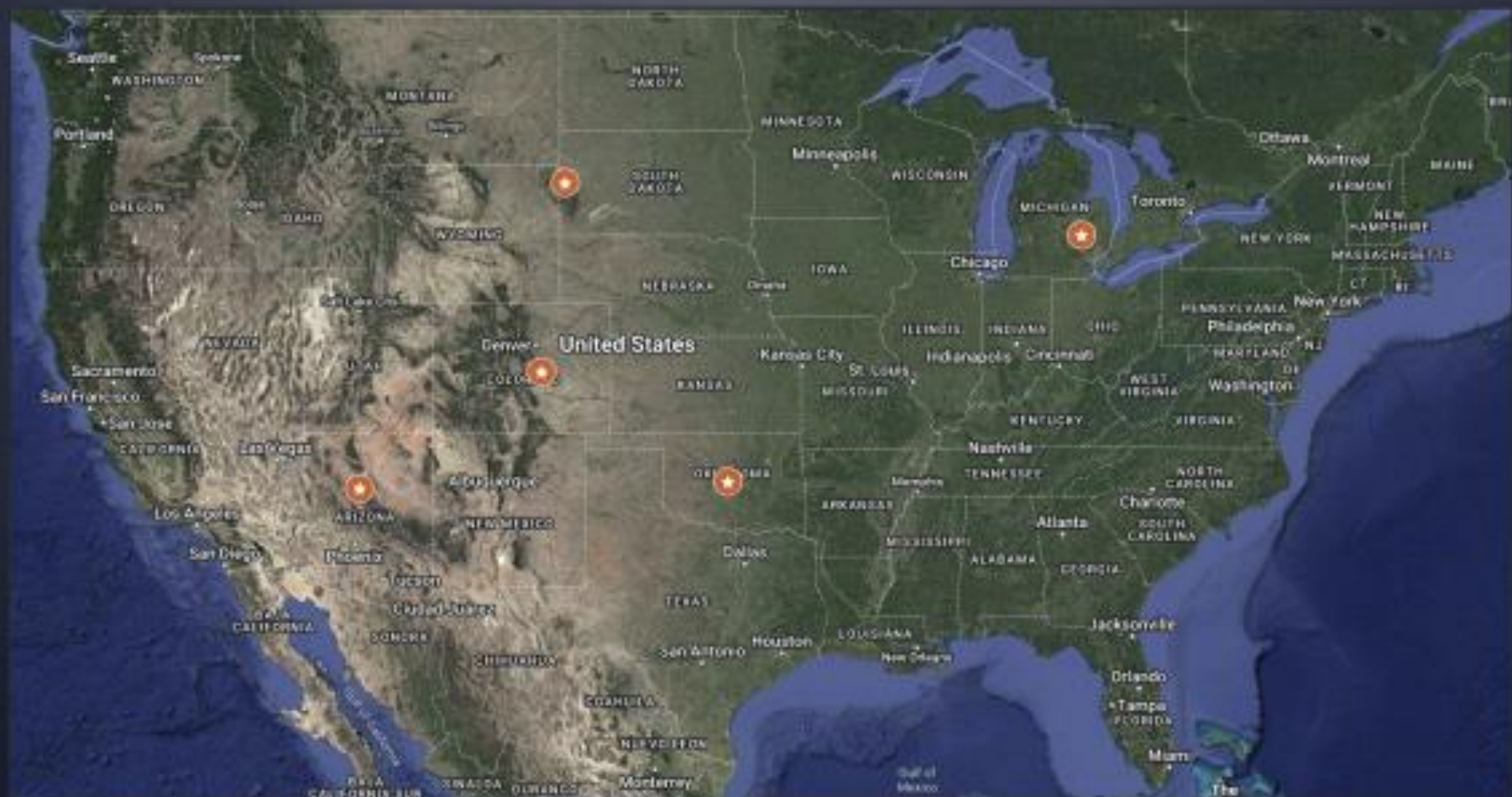
National Center for Applied Transit Technology
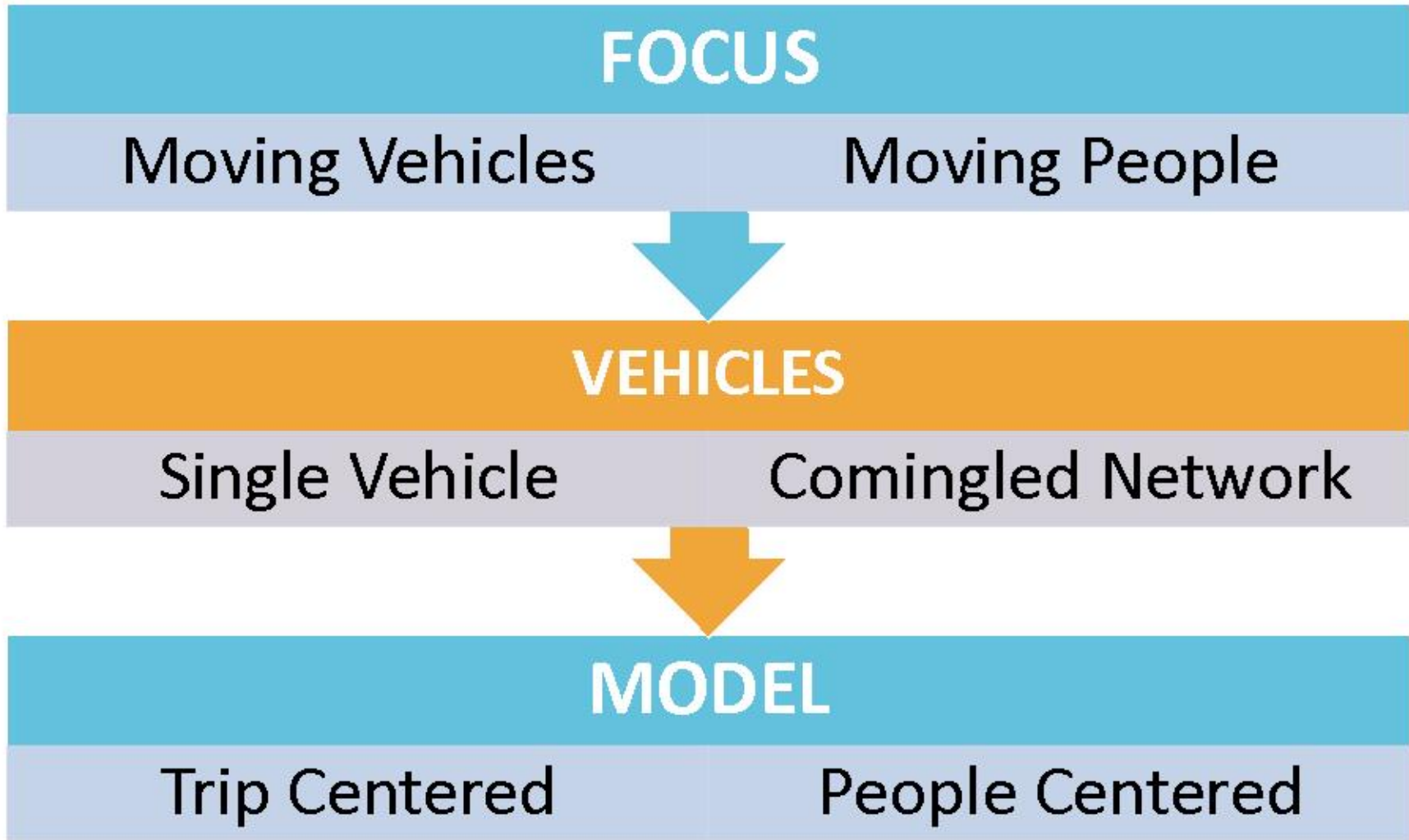
National Presenters

EMBARK

The Intersection of Mobility and Technology

Dr. Marilyn Dillon, Mobility Management Administrator

Stephanie Davis, Mobility Program Coordinator

What is Mobility Management?

FOCUS

| Moving Vehicles | Moving People |

VEHICLES

| Single Vehicle | Comingled Network |

MODEL

| Trip Centered | People Centered |

Before and After Comparison

BEFORE CLIMB

- 35-37% Reunification Rate

- 18-24 Months Average Case Length

AFTER CLIMB

- 63% Reunification Rate

- 16.5 Months Average Case Length

Cl:mb
RIDE PROGRAM

What did we learn we needed?

- Geo and Time Fenced
- Trip Scheduling & Comingling
- Accessible via Web or Phone
- Medicaid/HIPAA Compliant

- Dashboard Interface
- Tracks Performance Metrics
- Cost Allocations
- Reporting to Facilitate Program Management

- Wallet and Subsidy Options
- Integrate with On Demand Providers
- Integrate with Mobile Fare Payments
- COLLABORATION

DUAL BENEFIT FOR TRANSPORTATION AND HEALTH CARE

Barb Cline, Executive Director

Prairie Hills Transit, Spearfish, SD

HOSPITAL DISCHARGE TRANSPORTATION

➤A patient not having the "right" type of transportation home at release - result

➤When the hospital is at capacity the cost of diverting patients is expensive and inconvenient for family members - result

➤A patient may be offered a hotel until transportation can be arranged - outcome

➤The concern of healthcare companies is patient care
  ➤Excellent transportation options at discharge
  ➤Incentivized to produce long term outcomes
  ➤Leads to better patient care
  ➤Far fewer trips to Emergency Department

COST OF LATE HOSPITAL DISCHARGE

➢Hospital payment methods differ
  ➢Each additional night/day stay adds $700-$800 expense
  ➢Typically not reimbursed
  ➢200 patient stays increase hospital expense by $140,000 to $160,000

➢Health systems are incentivized to produce long-term outcome results

➢A recent analysis of a single clinical setting showed
  ➢445 scheduled behavioral health visits were missed due to
    ➢Lack of patient resources (funds)
    ➢Availability of timely transportation

DEVELOPING THE PARTNERSHIP

➤ Develop talking points
  ➤ 435 missed appointments for follow-up mental health care
    ➤ 3.6 million Americans miss or delay medical care due to lack of appropriate transportation
  ➤ Stringent time tables cause dialysis riders to cancel
  ➤ Nursing Homes can't admit residents without dialysis time fitting transit timetables
  ➤ Lack of sufficient Medicaid transportation availability

"Health systems and transportation providers are uniquely positioned to help each others interests. The specialized non-emergency transportation contracted between Prairie Hills Transit and Monument Health is a shining example. The partnership has grown into something much larger than expediting hospital discharges"

Bradley Haupt
Vice President Supply Chain and Contract Management

INTENDED BENEFITS

➢Increased follow-up appointments for mental health care
- ➢3.6 million Americans miss or delay medical care due to lack of appropriate transportation

➢Ability to return persons home from the Emergency Department

➢Ability to provide Medicaid transportation for individuals living independently
- ➢Financial hardship improved with Medicaid eligibility

➢Improved access for elderly and disabled requiring specialized equipment

➢No application period to qualify

Health Care Access Design Challenge

Innovative Transportation Solutions for Accessing Behavioral Health
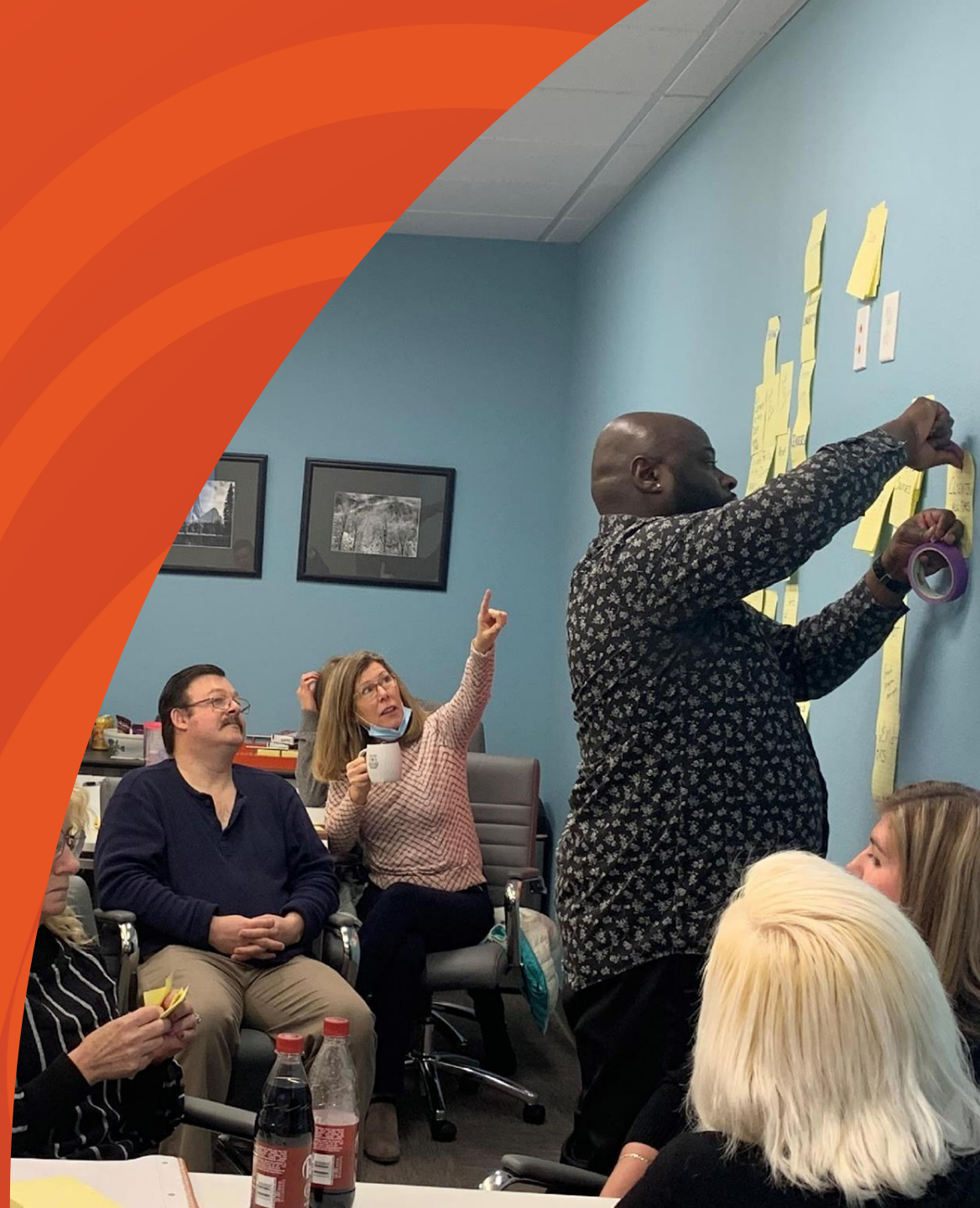
Intention

- Develop a health transportation portal which would:
    - Increase access to care
    - Improve health outcomes
    - Reduce healthcare costs
- Provide transportation services for behavioral health and substance use disorder appointments
- Partner with 4 health care providers that specialize in treatment for behavioral health and substance use disorders
- Provide training to partner health care providers
- Involve a Mobility Healthcare Manager to coordinate efforts across providers, facilitate the exchange of information, and help individuals achieve their health goals

Reality

- Of the 4 intended partner health care providers, only 2 engaged in the project

    - One provider could not participate due to internal personnel changes and reorganization; the other did not respond to repeated invitations to start facility portal training

- Bridged the gap between patient, health care provider, and transportation providers

- Trained staff to use the health transportation portal, so they were able to schedule transportation service on behalf of the patient for their next appointment

    - Of the 113 clients who were enrolled:

        - 80 clients completed more than one ride

Lessons Learned

- Building relationships and trust with local clients is key to a successful service launch in a tight-knit rural community
- Employing drivers who are familiar with the local community where individuals are used to knowing the people they work with and those who provide them services
- Branded vehicles are an important factor in building familiarity and trust in a service expansion area
- Support of a Healthcare Mobility Manager or similar staff position was key to both developing relationships and improving outcomes for clients with behavioral health and substance abuse conditions
- Alternatives to direct provision of services, such as Medicaid's non-emergency medical transportation (NEMT) reimbursement program for "friends and family" allowed us to support a less-populated community without the expense of a driver and vehicle which might provide rides to just 1-2 clients per day
- Being flexible in your approach and response to needs

Where Does the Project Stand Now?

Since the rollout of the initial project, the program has folded into day-to-day operations.

- We have experienced internal changes and some turnover

- Partner agencies have also experienced internal organizational changes and turnover

  - New staff have not been trained to use the health transportation portal

We intend to bring this program back as we were able to achieve our goals of: increasing access to care, improving health outcomes, and reducing healthcare costs.

MTA Flint
Rides to Wellness

An innovative, personalized approach to assisting Flint residents in accessing critical services

Traci Davis

Director of Rides to Wellness

Mass Transportation Authority Flint

tdavis@mtaflint.org

Transportation and Public Health

Approximately 3.6 million Americans miss or delay medical care due to transportation issues.

Reliable transportation to medical appointments is critical to improved health outcomes and reduced health disparities.

10,000 people turning 65 every day for the next decade or more

Adult children are becoming "taxi service" for their baby boomer parents and relatives causing missed work, caregiver stress

But, really. What does that actually mean?

MTA's Rides to Wellness program includes:

- Same Day Service (30 minutes for ride pick-up)
- Door-through-door service for customers needing special care
- Connected Trips (We'll stop at the pharmacy on the way home from doctor's office)
- Dedicated, trained staff and drivers to provide excellent quality transportation
- A variety of passenger vehicles, wheelchair capable, and otherwise
- Car Seats provided by MTA for families with children

Key principles of the program:

- Adaptable
- Flexible
- Meeting the needs of the community at large

Innovative Technology

TransTuitive
Automated scheduling with many intelligent features and filters

Live Map

Real time fleet tracking

Tablets (MDC)
App based Manifest

GPS Navigation

Mobile Payment processing

Partner Portals
Self service tool for agencies to book & manage client trips

Passenger Portal
Self service for passengers to book their own trips online or via app
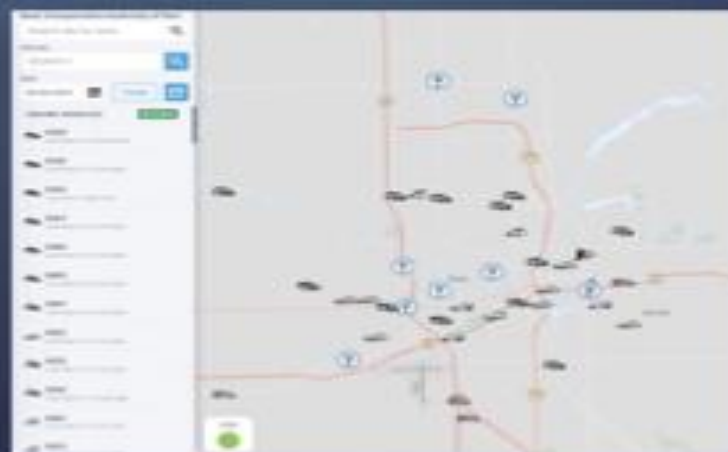
Where are we now?

2016

- One Mobility Manager
- Five drivers
- Three vehicles
- One community partner (MDHHS)
- 169 Trips for the month

2021

- Four Mobility Managers
- Eight Coordinators
- 130 drivers
- 72 vehicles
- 16 community partners
- 60,583 trips in 2021

2022

- Six Mobility Managers
- Sixteen Coordinators
- 125 drivers
- 111 vehicles
- 24 community partners
- 87,128 trips in 2022

Project Background

- Older adults in rural communities overcome long distances, limited infrastructure and strained resources to access healthcare.

- One way non-emergency medical transportation providers support these communities is by facilitating transportation to Healthcare Providers.

- Transportation Agency resources get strained when they are not notified immediately about rescheduled medical appointments.

- Currently, 17% of Transportation Agency rides are canceled on arrival to Healthcare Providers. This allows unnecessary trips to be taken and time and resources to be wasted, both on the side of the patient and the transportation provider.

The Solution Approach

- The POTLUCK Prototype improves communication between Healthcare provides, transportation providers, and patients.

- On appointment cancellation or reschedule, notifications are seamlessly sent to transportation providers and patients so that no erroneous trips are made.
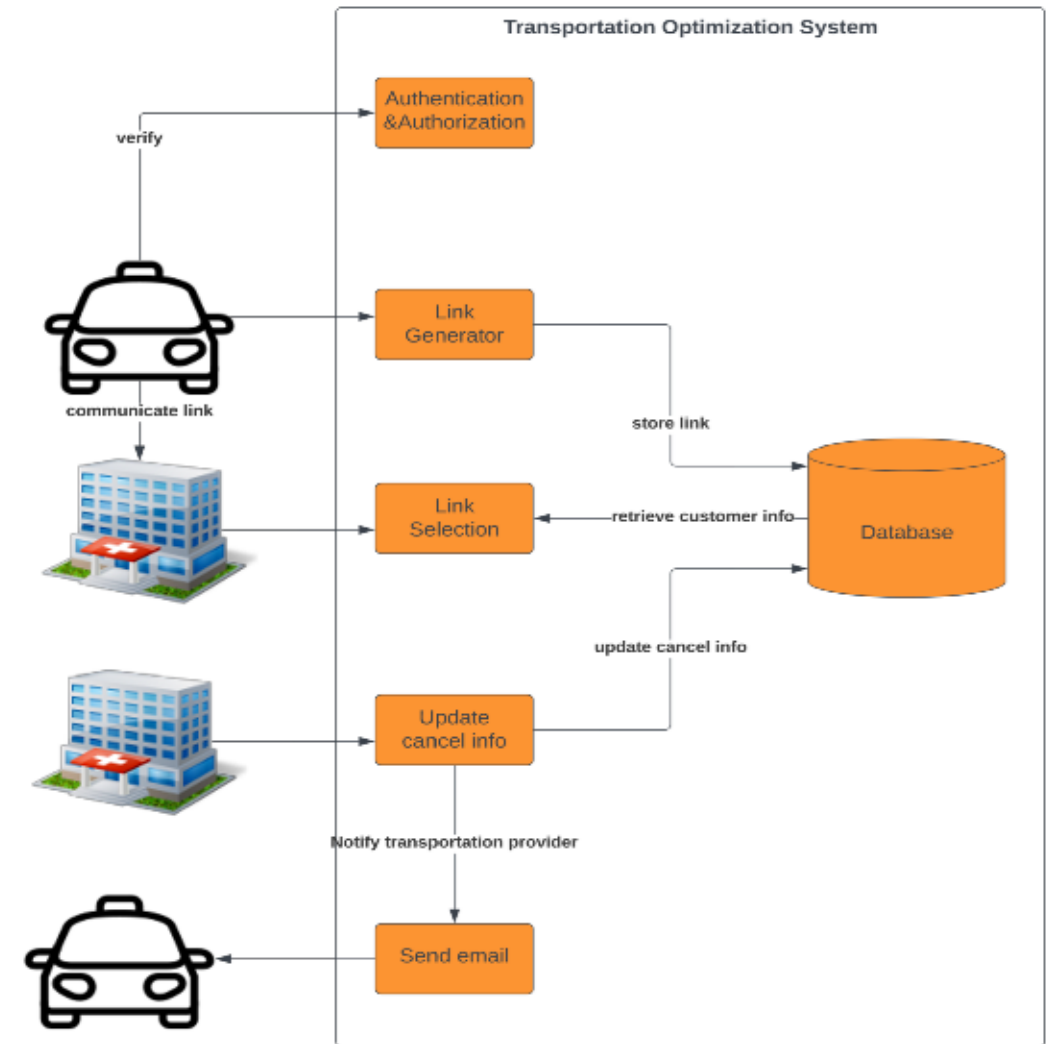
Prototype Status

- Prototype Development is Completed.

- Cloud Innovation Center will support MAG, Verde Valley Caregivers Coalition and Northern Arizona Healthcare to test prototype utilization.

- MAG is exploring partners that can scale prototype into production implementation.

How to engage with the CIC?

Submit a challenge: www.smartchallenges.asu.edu

Contact us:

Ryan Hendrix
ASU CIC General Manager
rhendrix@asu.edu

Jubleen Vilku
AWS Sr. Program Manager
jubleenv@amazon.com

NATIONAL FUNDING OPPORTUNITIES

National Aging & Disability Transportation Center (NADTC)
https://www.nadtc.org/grants-funding/nadtc-grant-opportunities/

National Center for Mobility Management (NCMM):
https://nationalcenterformobilitymanagement.org/ncmm-grants/

Transportation Planning 4 All (TP4A):
https://transitplanning4all.org/transportation-accessibility-institute/

FTA Enhanced Mobility Programs (5310):
https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310

MARCH 28TH WEBINAR PARTICIPATION
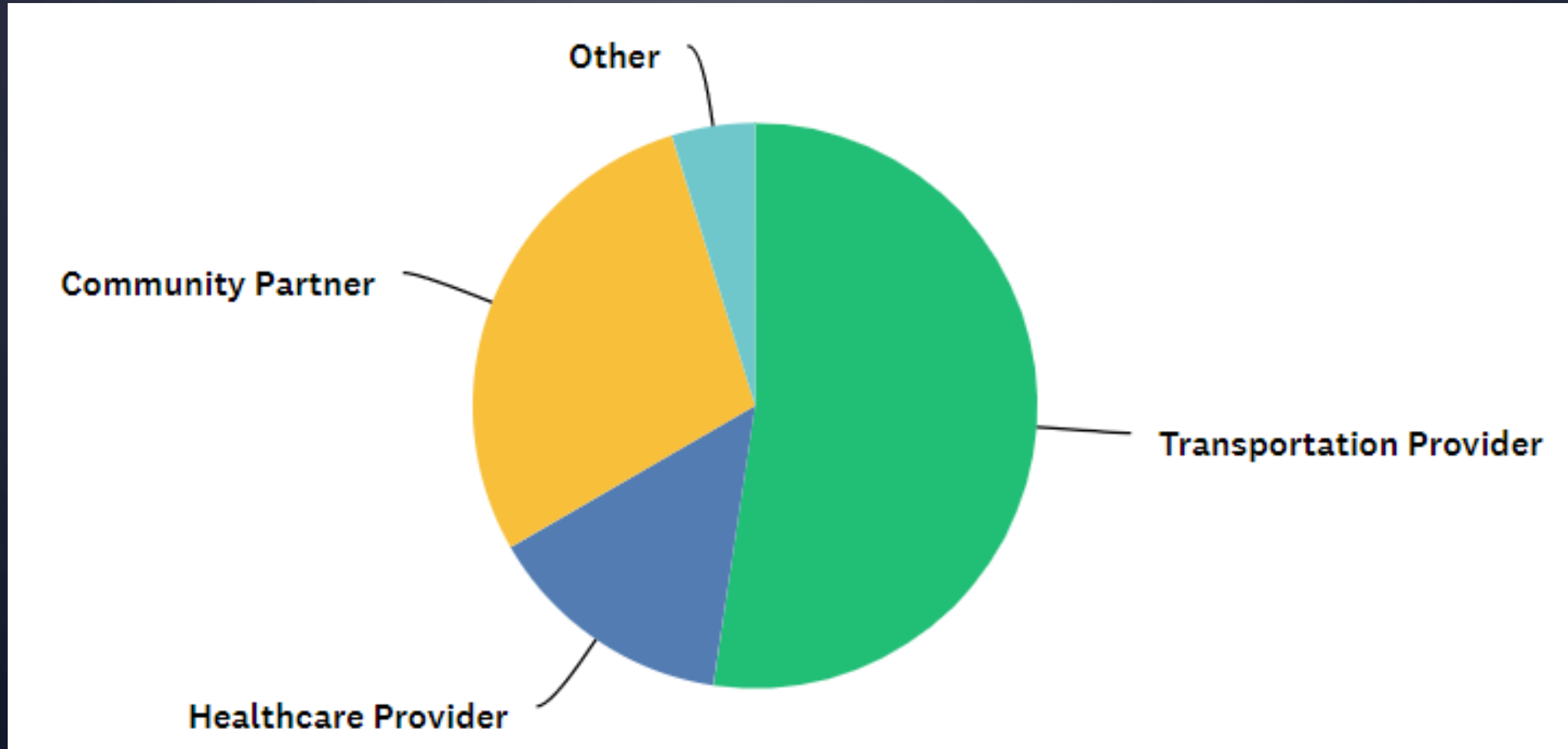
MARCH 28TH WEBINAR PARTICIPATION

WHAT ARE THE BIGGEST CHALLENGES FACING YOUR AGENCY AS IT RELATES TO RURAL HEALTHCARE ACCESS?
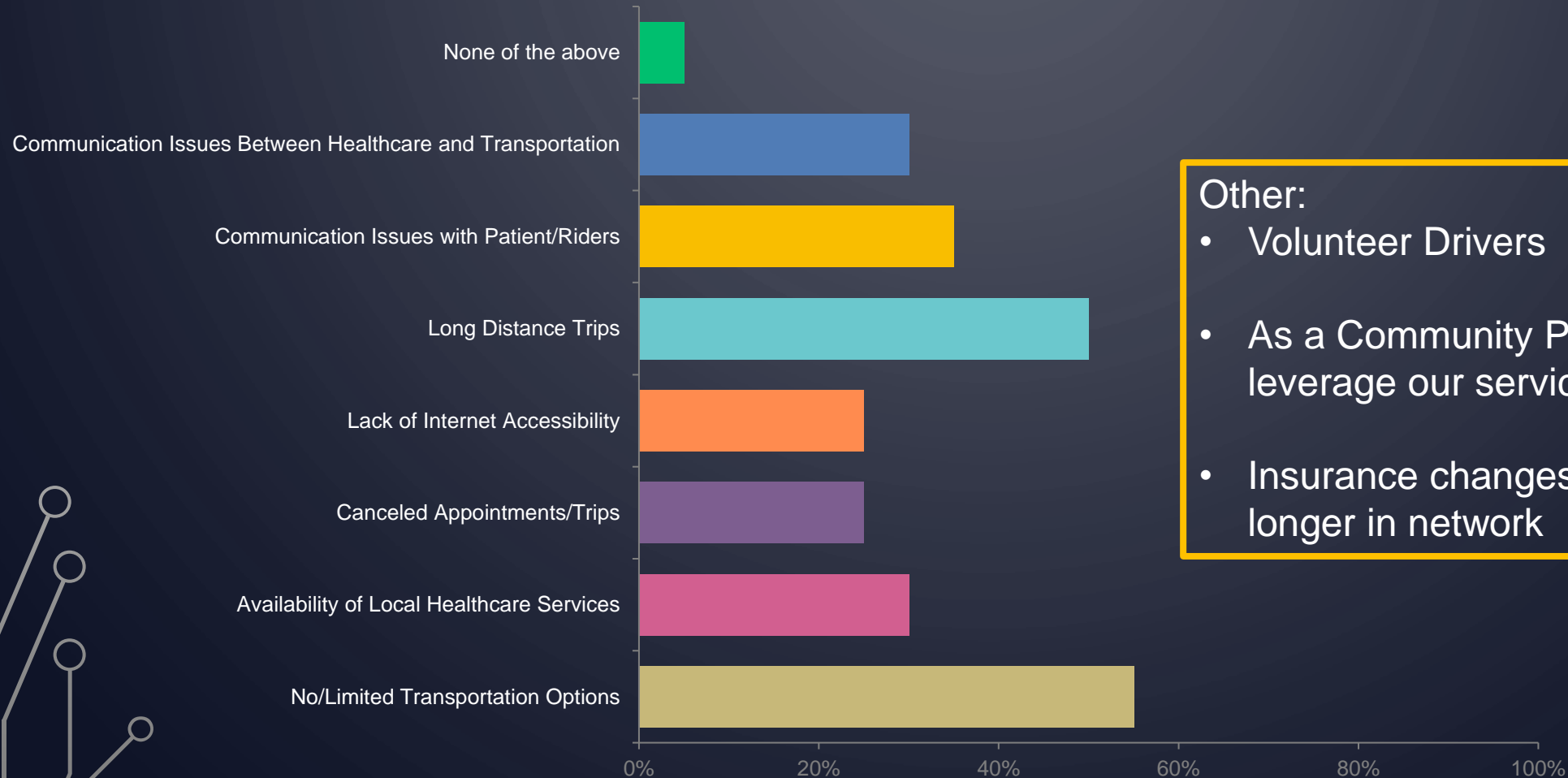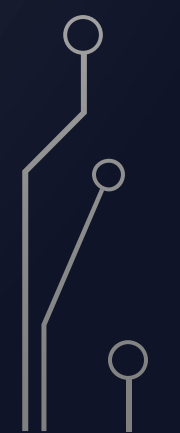
Other:
- Volunteer Drivers

- As a Community Partner, findings ways to leverage our services to support

- Insurance changes- local hospitals, no longer in network

MARCH 3/28 DISCUSSION

- What did we hear from case studies that we'd like to explore in AZ?

- Dive into challenges

- What resources or tools do we need?

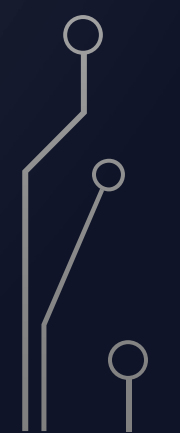- Who are some potential partners?
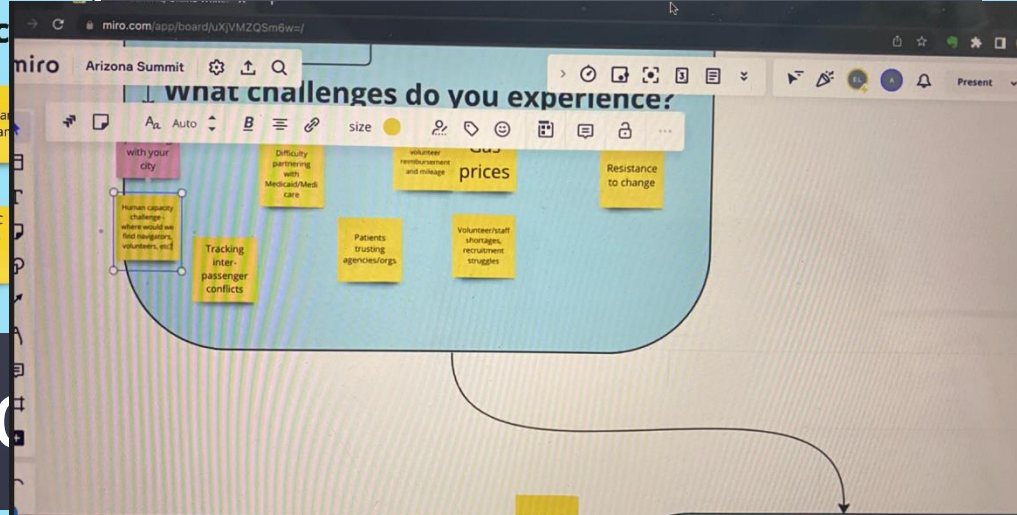
MARCH 3/28 DISCUSSION: WHAT DID WE HEAR

- A lot going on, little coordination

- Transportation providers taking it upon themselves

- Community partners, wanting to help…. Not sure how

- Major changes coming

- Rural/long distance challenges are only going to increase

- Don't know how to communicate with local healthcare providers

- Transportation providers can't afford inefficiencies (i.e. prescriptions not ready/ appt canceled).
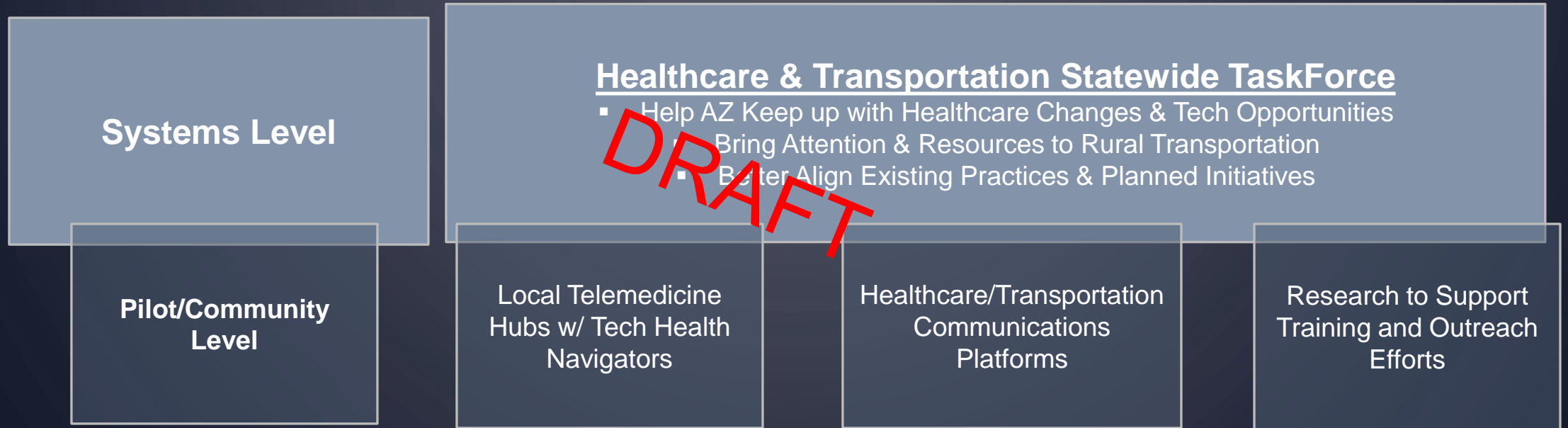
MARCH 3/28 DISCUSSION: THEMES

1) Lots of big picture items:

- Need advanced collaboration at highest levels of healthcare
- Opportunities to combine/align many large scale efforts around patient referrals and communications
- Need for meaningful partnerships between healthcare and transportation

2) Lots of opportunity to get started:

- Make the right connections- link initiatives to support transportation providers
- Opportunities to pilot at local/regional level, but interest in statewide enhancements
- Appears to be area of interest amongst funders as well as in best interest of healthcare providers
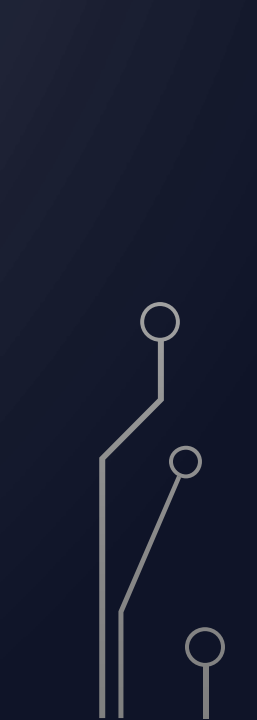- Leadership

MARCH 3/28 DISCUSSION: SUMMARY

Systems Level

Pilot/Community Level

Healthcare & Transportation Statewide TaskForce
- Help AZ Keep up with Healthcare Changes & Tech Opportunities
- Bring Attention & Resources to Rural Transportation
- Better Align Existing Practices & Planned Initiatives

DRAFT

Local Telemedicine Hubs w/ Tech Health Navigators

Healthcare/Transportation Communications Platforms

Research to Support Training and Outreach Efforts

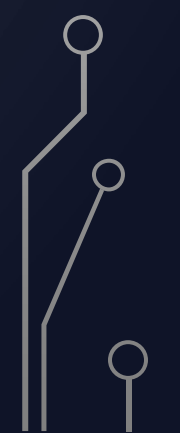## OTHER OPTIONS?
WHAT DO YOU THINK?

DISCUSSION

- Are we on the right track?
  - What are we missing?

- Would you like to help explore these & <u>NEW items</u> at the May 9th Workshop?

DISCUSSION

- Would your agency benefit from the proposed approach/on-going initiatives?

- What are some other pilot projects you'd like to see/be involved with?

- Who would you like to see as a part of the Statewide Taskforce?

CONTACT INFO

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- Tod Morris NACOG- tmorris@nacog.org