

DRCHSD Summit



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Delta Region Community Health
Systems Development Program

2023



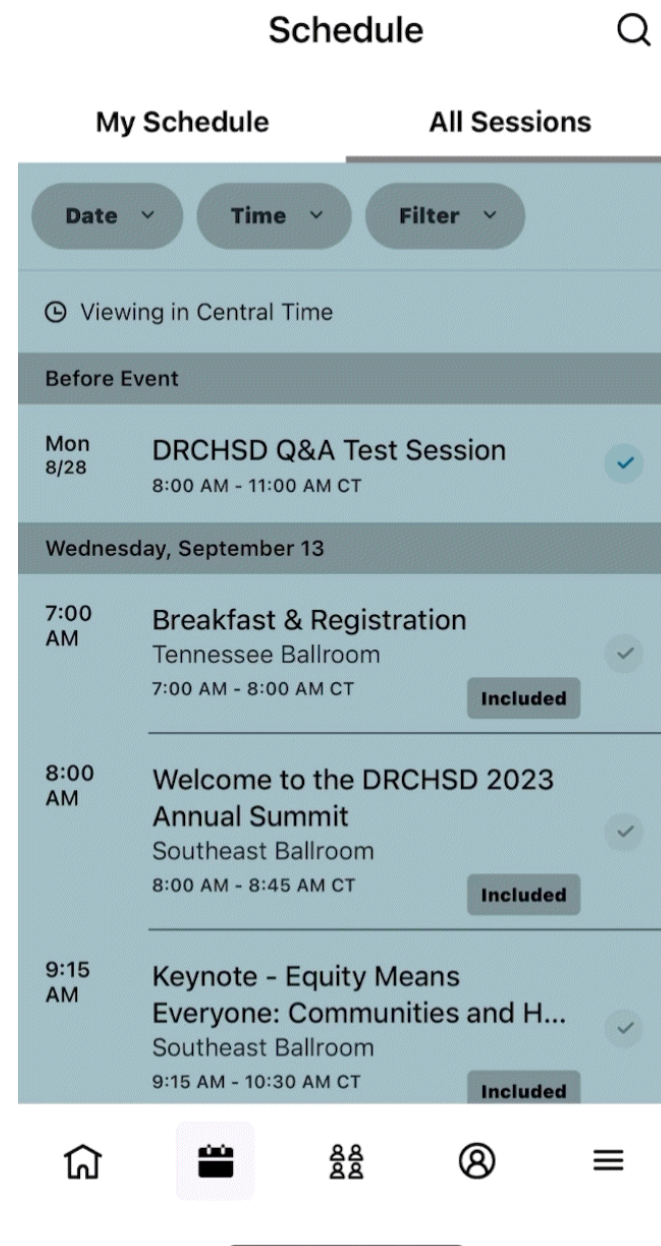
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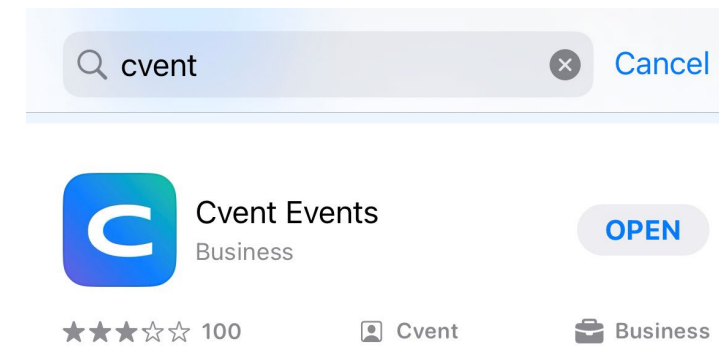
A Route to Transportation Management for Rural Communities



Log-in to the CVENT app to participate in this sessions live Q&A.

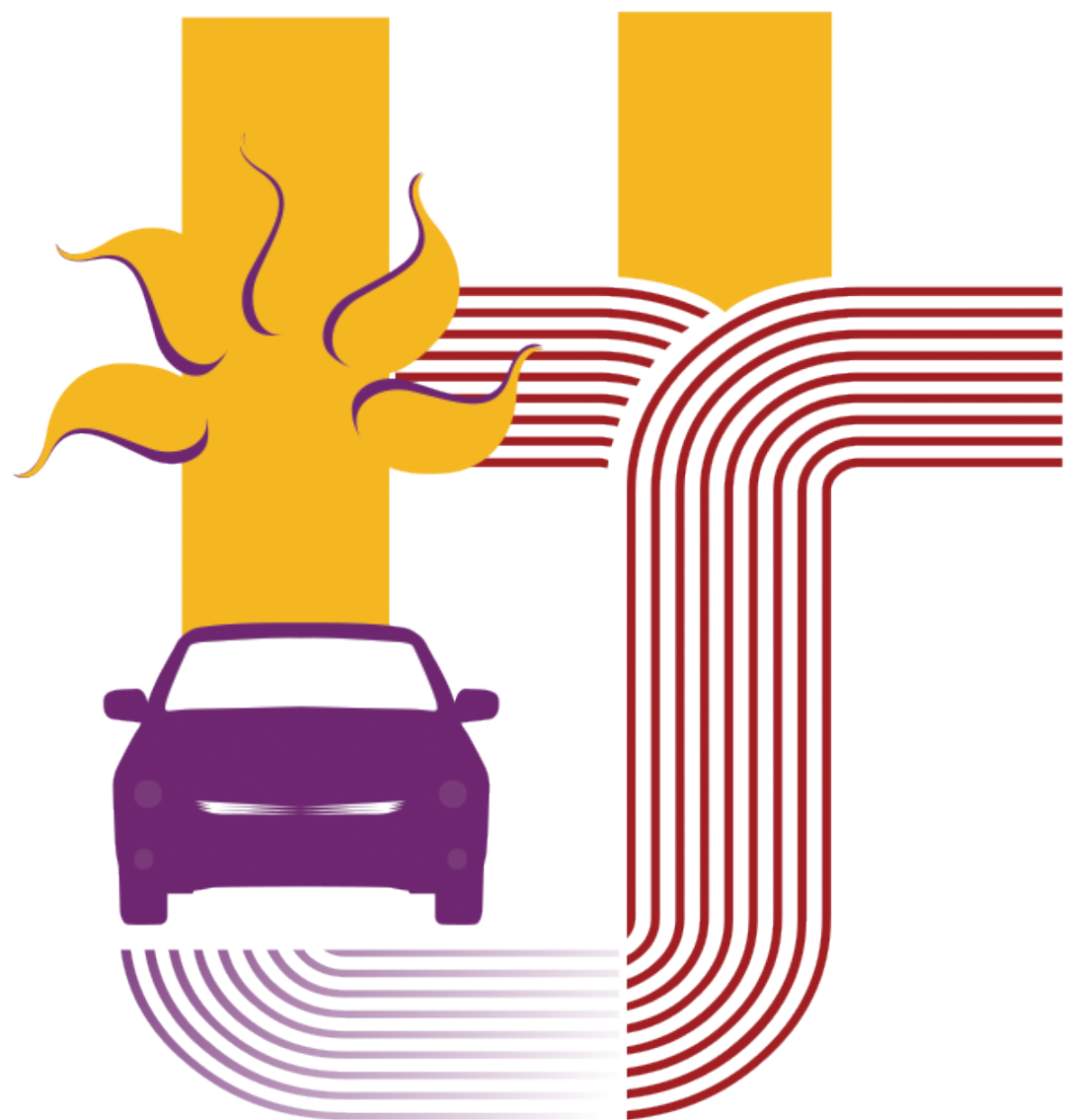


CVENT App



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Mary Gordon

Health *TRAN*



Health & Transportation



Agenda

How it Started:

Three Prong Approach

- Community Champions
- Mobility Management
- Volunteer Driver Program

Why access to care is a win!

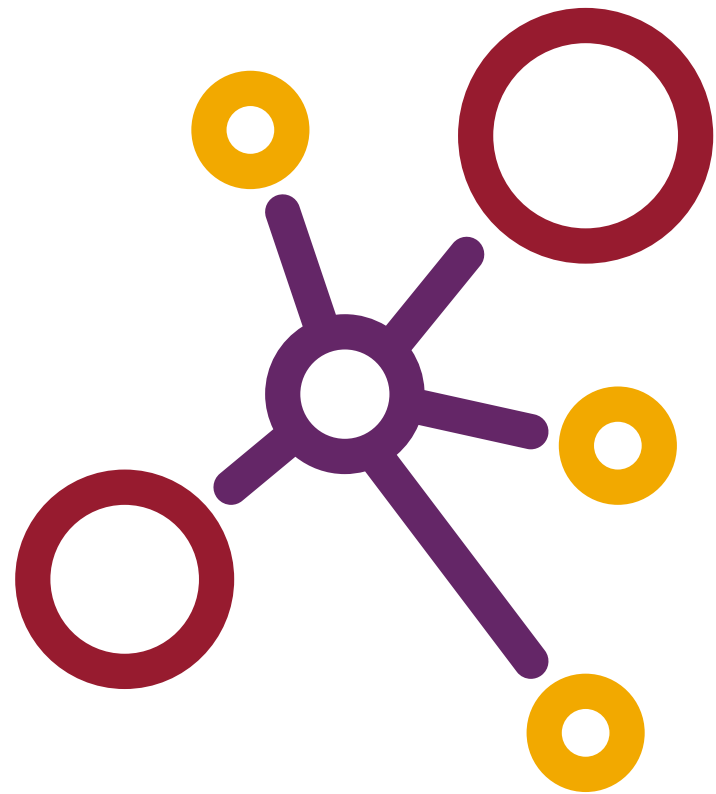


Humble Beginnings

- At meetings across the state, from health providers to communities, TRANSPORTATION has been cited as one of the top two barriers to improving health outcomes. The need for a rural solutions was a priority, but not addressed.
- In 2013, Missouri Public Transit Association (MPTA) members Bill Osborn of SMTS and Dorothy Yeager of OATS approached the current MPTA Executive Director, Doris Boeckman, about applying for Missouri Foundation For Health's Special Projects funding to address the barrier of transportation as it related specifically to access to health.
- The MFH **Special** Projects grant was submitted and awarded Dec. 2013 through 2016:

HEALTHTRAN WAS BORN

HealthTran Goals



- Improve long-term health outcomes by reducing barriers to care
- Gather data to support the theory that transportation does in fact improve health outcomes
- Create a replicable and sustainable program that can be expanded across Missouri

CREATE A KNOWLEDGE BASED SOLUTION

Pilot Service Area & Partnerships

- 11 counties in South Central Missouri: Christian, Douglas, Howell, Oregon, Ozark, Shannon, Stone, Taney, Texas, Webster, and Wright
 - 8 Public Transit Systems
 - 6 Medical Organizations with 40 locations
 - 4,792 Referrals for Rides
 - 733 Unduplicated Riders



Statistics

HealthTran used public transit and ambulance districts to provide transportation to medical appointments.

This led to a reduction in emergency room and 911 usage and improved health through access to preventative and maintenance care.

HealthTran does not own or manage vehicles, it as a MM coordination service.



First Ride September 2015

- 4,729 rides completed in 12 months
- 733 patients
- 100% rider satisfactions

- 83% insured vs 17% uninsured
- 72-75% have NOT been readmitted to ER or hospital
- 70% age 50+
- 88% disabled or have mobility concerns
- 56% Medicare or dual M/M
- 40% of riders received one ride

Hospital Provider Ride Data

Income Generated based on avg. insurance reimbursement

Hospital

7 Rural Clinic Sites
698 Wound Care at \$400
121 Diagnostics at \$500
10 ED Discharges/CM at \$0
90 Outpat. Surg. at \$1,750
34 NPU Discharges at \$0
18 Imaging at \$500

Specialty Clinics

487 Behavior Hlth at \$200
304 Oncology at \$1,443
106 Heart Care at \$154
65 Cardiac Rehab at \$200
38 Sleep Diag. at \$2,000
421 Respiratory at \$175
67 Neurosciences at \$240
285 Rehab at \$200

Other specialties not listed

Findings

- 3,366 completed rides
 - 120 from hospital
 - savings in open beds
- Follow-up appts. made to reduce readmission
- \$1,337,343 generated in income
 - Transport cost est. at \$70,000 (paid by grant)

Findings

- Transportation coordination is fragmented, administratively burdensome, and underfunded.
- Patients face difficulties navigating transportation alone.
- Funding streams hinder transportation coordination.
- Patient referral by healthcare providers for transport coordination is more effective than patient self-referral.
- Personal contact makes a difference in reducing no shows, improving trip completion, and reducing fear.
- Staff need quick, simple, and effective scheduling processes at 5 minutes or less
- Admin need reports.
- Public transport and health providers can be silos, understanding of staff workloads is limited.
- Over-worked staff, both in health and transportation, limit mobility coordination efforts.

Findings Hold True

Finding a People Oriented Solution

Working Towards Sustainability

- Long-Term Commitment
- Ability to Adapt
- Understanding Health & Transport Needs
- Knowledge: Facts vs. Assumptions
- Thinking Outside the Box
- Understanding Funding
- Exploring Membership Model/Stark/AKB
- Exploring Lower Cost Transport

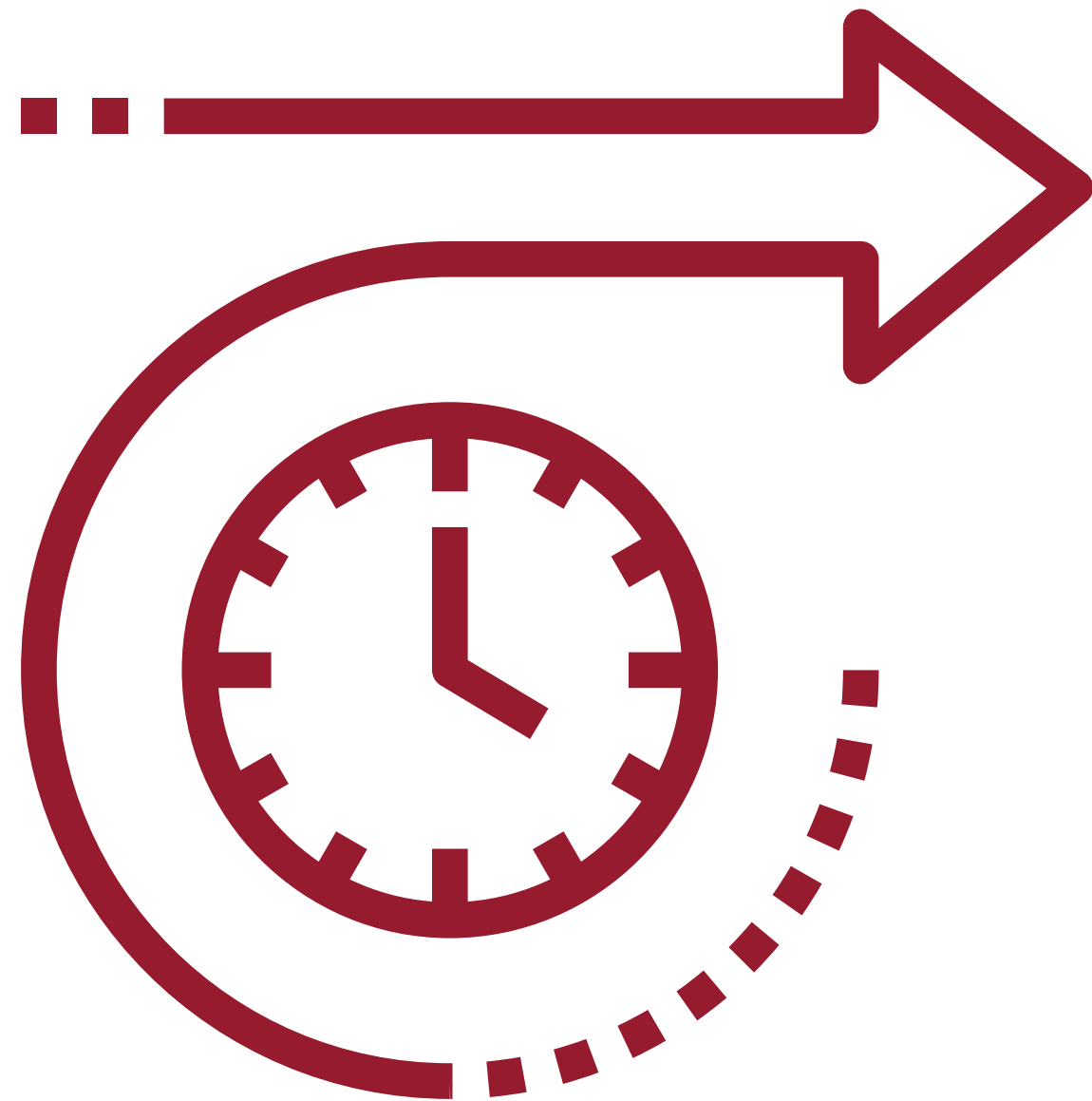
We took what we learned and began to develop a sustainable model.

Help from Dale Marsico, CTAA, Carolyn Jeskey, CTAA, and Judy Shanley, NCMM developed the Membership Model.

HealthTran received \$25,000 in 2016 from the NCMM-Easterseals Design Challenge. NCMM strongly supports HealthTran and Mobility Management.

MOBILITY MANAGEMENT MODEL WAS IMPLEMENTED

Health Tran
Today



Three Prong Approach

Designed to address rural transportation limitations and barriers, with a primary focus on health and social determinants of health that directly affect health outcomes. HealthTran works with members, individuals, and communities through:

- Community Outreach, providing technical assistance, Trans/Scape Assessments;
- Mobility Management & Coordination, Education & Training, Technical Assistance & Resources; and
- Volunteer Driver Program and Scheduling Platform, getting people from point A to point B.

Why HealthTran Works

Unique Abilities Coming Together

- HealthTran, MRHA and Community Asset Builders, LLC connection and understanding of health provider needs
- Funding Vision
- Dedicated Staff
- Ability to Adapt
- Partnerships and Collaboration
- People-based solutions



Looking Through the Eyes of the People we Serve

Community Outreach

It takes a leader vested in improving health outcomes, equity, and improving quality of life. Solutions work with long-term commitment and alignment with an organization mission.

A **COMMUNITY CHAMPION** is typically a:

- Hospital
- FQHC-Clinic
- SB40 Board Program
- Local Government
- Government Program
- Philanthropic Association
- Nonprofit

A Mobility Manager on staff can increase success and reduce start up time

Who's invited
to the table?

Will this be a single entity or a
community approach?

What is the service area?

Who needs a ride?

Connect the Dots

Partnerships | Collaborations | Mutual Goals



- Health Providers
- Nonprofits
- For Profits
- Employers
- Veterans
- Programs
- Government
- Ambulance & Transits
- Disability
- Mental Health

Don't Rule Anyone

Out!

Every partner has something to contribute and something to gain

Getting the Facts

Create a Knowledge Based Solution

Include those who will use the service in planning

Understand restrictions and limitations of both riders and transit providers

Understand restrictions and limitations of those serving customers

Explore funding for now and future sustainability

1. Community Needs Assessments

2. Human Services Transportation Coordination Plan

3. Statistics, Data, and Trends

4. Rider data: who needs access? Times, days, numbers, and more

5. Tran-Scape: Destinations, distance, numbers, and more

6. Where is the funding coming from?

Understanding Transportation

- Know what you have: Start a Transportation Inventory
- Trans-Scape showing the gaps in service: Calendar
- Get involved with the RPC/COG and redefine the Human Services Transportation Plan
- Explore NEMT options: Medicaid/Medicare Advantage, disabled and veteran benefits
- Gather data and/or create surveys to establish need
- Break out of the silo mentality
- Explore funding resources at all levels: Federal Funding Braid
- Write transportation into every grant



Identify/Hire a Mobility Manager or Leader to maintain momentum!

Develop for Sustainability



Set realistic goals

Know what you need

Understand the customer

Work outside the box

Start from the beginning

You got this!



Mobility Management

Education &
Training
Leadership
Strategic Planning

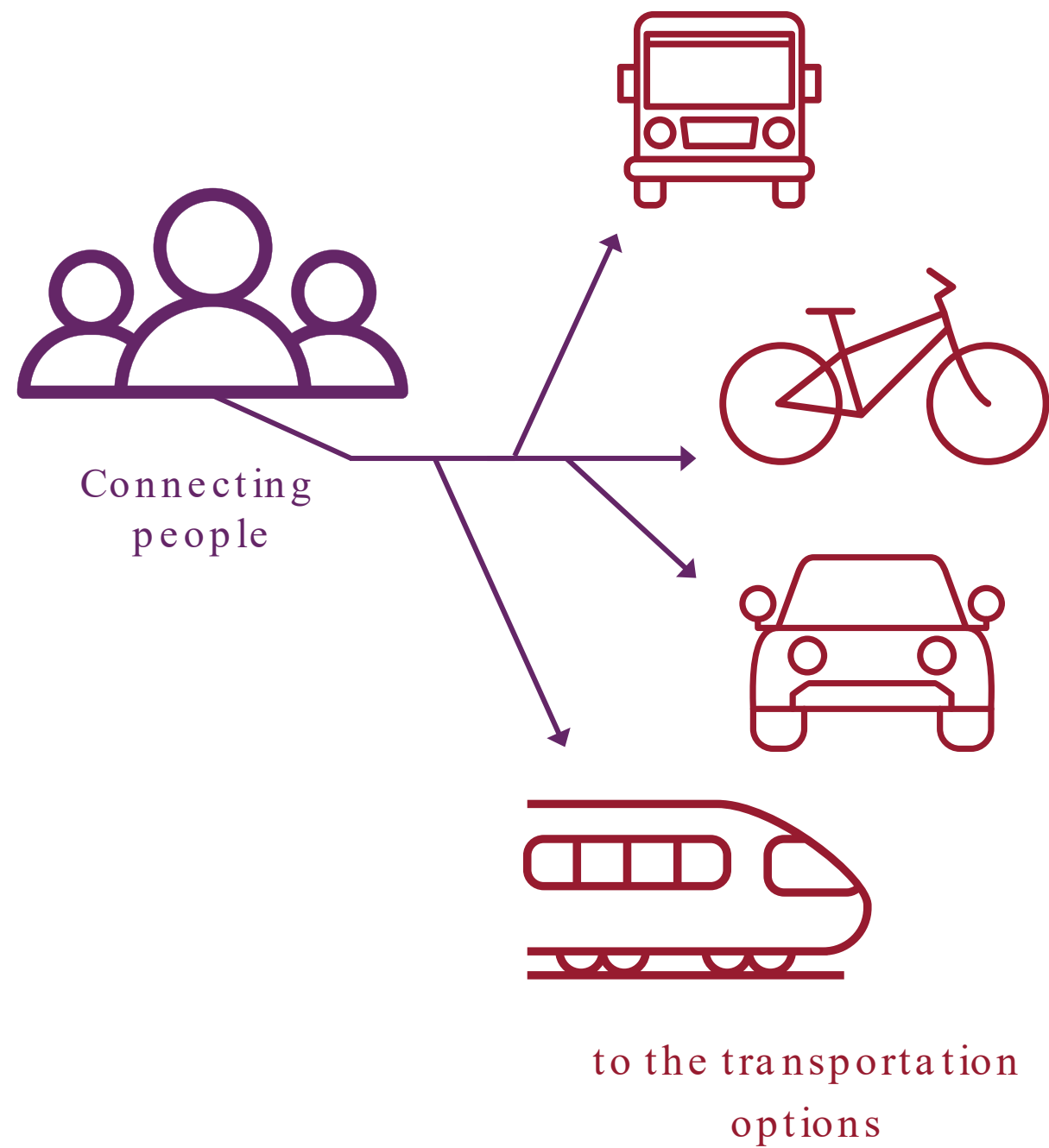
Access Barriers Across Missouri

- Transportation is nonexistent, limited, expensive, and/or restrictive
- Finding and coordinating rides is confusing, stressful, and time consuming—a nightmare
- People are unable to get to healthcare, food, medicine, or anywhere else!
- Rural populations face higher health risk
- Growing populations of seniors will drive needed changes
- Silos of service and programs
- **The problem is so big, no one wants to tackle it**
- Scattered information without a single point of knowledge
- Inability to schedule rides quickly across multiple transits (specific needs)
- Lack of connecting transit services for long-distance
- Inconsistent availability of transportation services including weekend or evenings
- Federal/state funded vehicles sitting unused when the need is so great
- Lack of knowledge of mobility management and coordination
- **A Mobility Manager may be the answer**

Mobility Management, two parts

Mobility Management

Part 1



Mobility Management

Part 2



that can best
get them to
their
destinations.



Working across sectors
with partners



to understand people's
transportation needs

and together,
create the new
services that
respond to those
needs.



Mobility Management, continued

- Encourages innovation and flexibility to reach the "right fit" solution for customers
- Plans for sustainability
- Strives for easy information and referral to assist customers in learning about and using services
- Continually incorporates customer feedback as services are evaluated and adjusted



Building Mobility Coordination



Current Opportunity



FREE through Dec. 31, 2023

180 days to complete; 6 weeks average

The Mobility Management Certificate Program presented by:

- Missouri Rural Health Association/HealthTran
- MU Extension
- Office of Health Outreach, Policy, and Education

The course is offered through the University of Missouri's Canvas Learning Platform.

For more information please visit:

www.cablrc.com/mobility-management/

Why the Certificate Challenge?

Access can make a difference BUT KNOWING WHERE TO START IS A CHALLENGE.

This course was designed to increase the skills, knowledge and resources for communities and individuals who want to improve health outcomes and lives. Creating local solutions to local access issues.

Each module takes the student on a journey to BUILD A WORKING TOOLKIT for the communities or customers they serve.

Upon completion, students will be able to identify a community's transportation resources and barriers, communicate effectively, identify funding resources, and identify requirements and restrictions for funding customers.

The Certificate program provides 20 CDU hours towards the National Certification course.

This training was the brainstorm of the Missouri Rural Health Association through the Federal Transit Administrations Innovative Coordinated Access and Mobility (ICAMFY18) funding. Using the skills and knowledge of many partners, an interactive program was designed to explore and expand basic mobility management skills.

What a Mobility Manager Can do for You

- If you wish to succeed in exploring and/or developing an access program, having an identified leader with the power to make decisions will keep the process moving forward
- Having a Mobility Manager, someone with knowledge and skills, will decrease the amount of time and effort required to get there
- A Mobility Manager can work to design a sustainable access program that meets the needs of all

Volunteer Driver Program

Driver Recruitment

Technology

Training and Support



Volunteer Driver Program, continued

- Pilot data revealed a real lack of transportation—other sources of transportation were sorely needed
- All through Missouri Public Transportation Providers are very good at what they do, due to restricted funding, the number of routes within counties, and the limited number of times these routes run within a month, data showed all areas were not covered by services
- Data results showed some counties had "black holes" where there were no transportation services whatsoever
- Thus, we decided to create our own Volunteer Driver Program to fill these gaps.



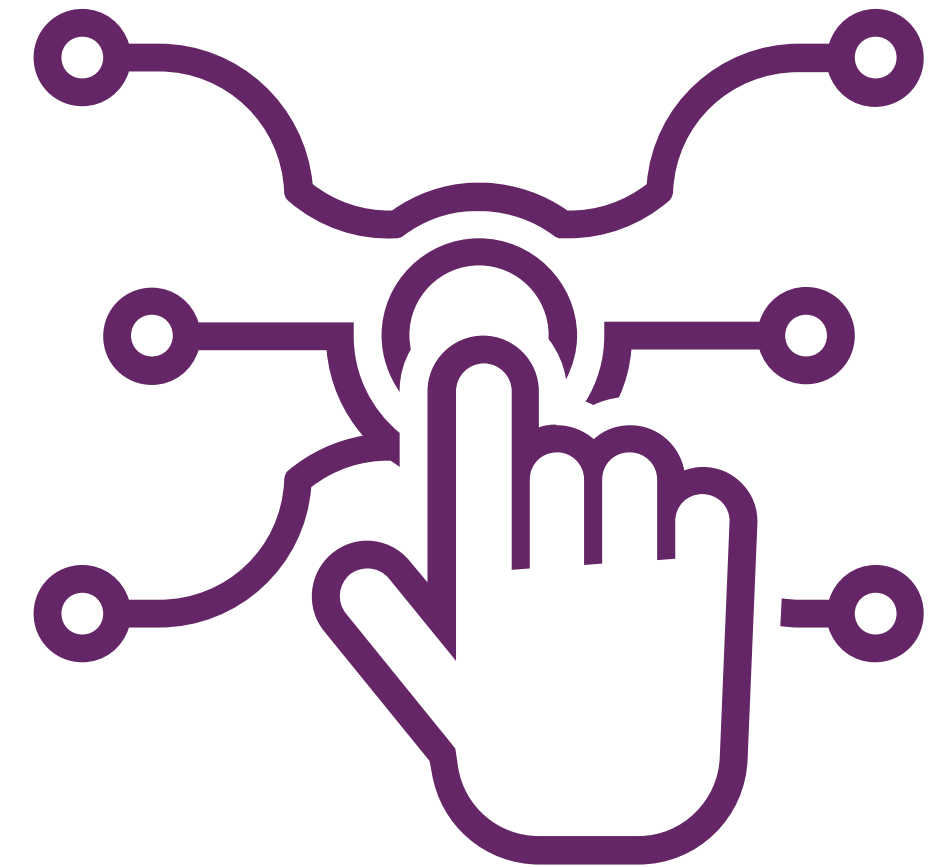
Volunteer Drivers are Required to:

Volunteers
meet a
vigorous
enrollment
process

- Pass a background check
- Complete drug screenings
- Meet all vehicle requirements
- Attend specific trainings
- Review and sign a volunteer handbook of policies and procedures
- Volunteer Drivers are allowed to work at their discretion
- Volunteer Drivers are reimbursed for "passenger miles"

Technology SOLUTION

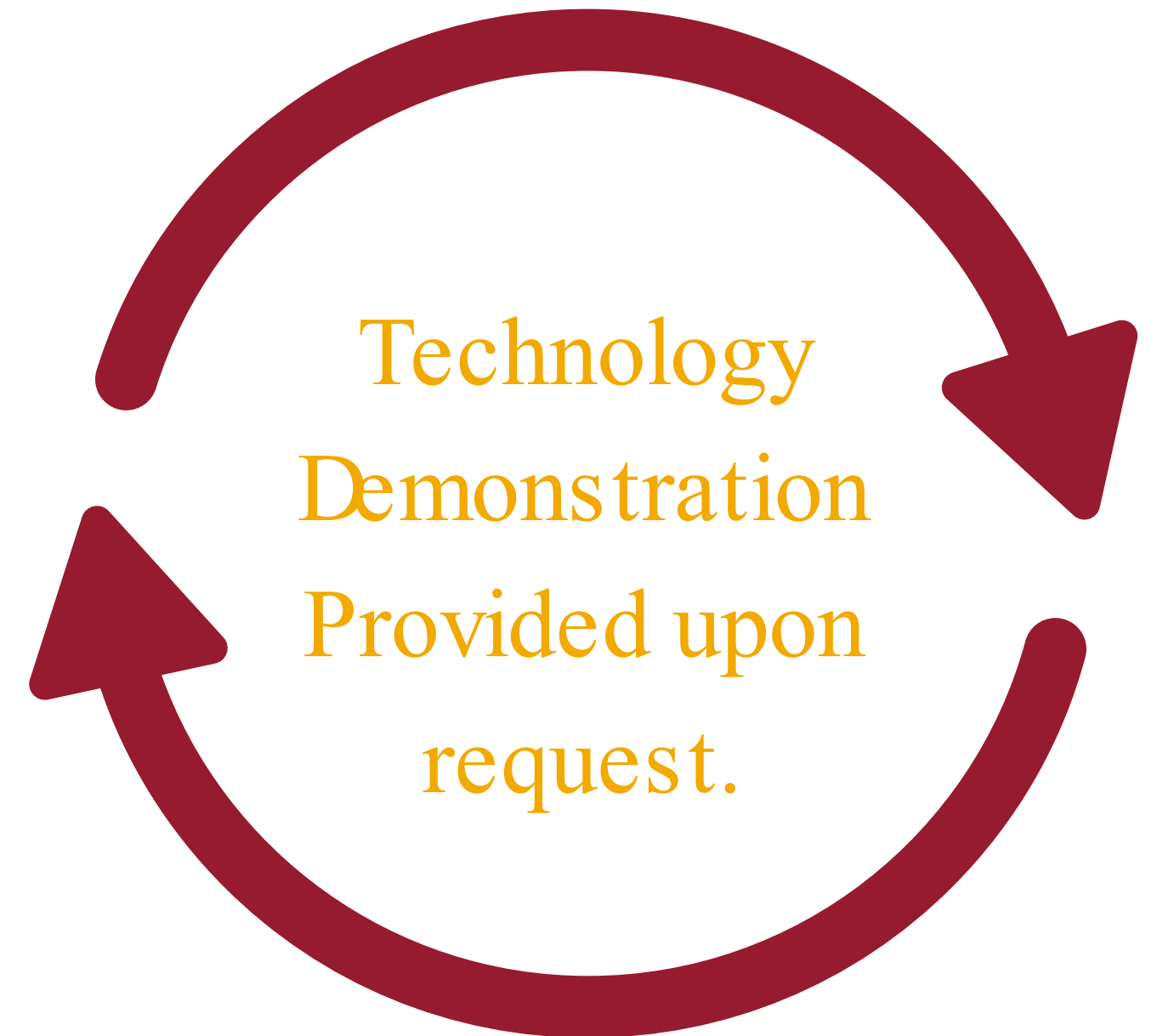
- Single point of entry scheduling platform
- Cloud based
- HIPPA and PHI secure
- Customizable reports
- Funding buckets
- Multiple transportation options
- Technical assistance and support
- Expandable
- Add-on ability



Creating a system that gives FRONT LINE STAFF the ability to ask,
DO YOU NEED A RIDE?

Streamline Scheduling

- Schedule rides in under 5 minutes
- Real time view of rides
 - Color coded calendar
- Put rider profiles in once
 - track multiple data points
- Move appointments or cancel
- Receive alerts and notifications
- Front line staff training provided
 - In person, manual, video, on-going support
- Customizable reports
- Mobility Management support for all rides



Value of Transportation



MISSED OR DELAYED HEALTH CARE APPOINTMENTS

Objectives: To quantify the number of people in the US who delay medical care annually because of lack of available transportation and to examine the differential prevalence of this barrier for adults across sociodemographic characteristics and patient populations.

Results: In 2017, 5.8 million persons in the United States (1.8%) delayed medical care because they did not have transportation.

Conclusions: Transportation barriers to health care have a disproportionate impact on individuals who are poor and who have chronic conditions. Our study documents a significant problem in access to health care during a time of rapidly changing transportation technology.

American Journal of Public Health, June 2020

Value of Access-Health

- In Missouri, missed appointments range from 20-40%
- The HealthTran model takes a conservative approach and estimates that only 25% (1 out of every 4) of all missed appointments are due to transportation
- The following example assumes 5 providers with a missed appointment rate of 30%, \$125 billable per appointment, and 25% related to a transportation barrier.

Determine Foregone Revenue

In One Month

| Total Monthly Appointments | # of Missed Appointments in a Month (30%) | # of Missed Appointments in a Month Due to TRANSPORTATION BARRIERS (25% of Missed Appointments) | Lost/Foregone Revenue Resulting from Transportation Barriers (\$125/visit) |
|----------------------------|---|---|--|
| 2,420 | 726 | 182 | \$22,688 |

Determine Foregone Revenue, continued

In One Year

| Total Annual Appointments | # of Missed Appointments in a Year (30%) | # of Missed Appointments in a Year Due to TRANSPORTATION BARRIERS (25% of Missed Appointments) | Lost/Foregone Revenue Resulting from Transportation Barriers (\$125/visit) |
|---------------------------|--|--|--|
| 29,040 | 8,712 | 2,178 | \$272,250 |

Financial Impact

If appointment completion is improved by 50%, your organization could increase billables by **\$136,126** annually.

Potential Redirect of Funds

Increase billable income by 25% = \$136,126 with \$34,000
redirected for future transportation

Average VD Ride Cost \$10.00 for average distance of 5 miles
= 3,400 rides per year for increasing revenue

1,700 appointments at \$125 = \$212,500 POTENTIAL INCOME

Every dollar reinvested into transportation returns \$6.25

Increase Encounters

What if you increased preventative and maintenance appointments by 10%?

- BASED ON THE 5 FTE HEALTH PROVIDERS MODEL
- 1 PROVIDER sees 22 patients per day/22 days per month = 484×12 months = 5,808 patients per year
- Using the 5-provider model above, $5,808 \times 5$ providers = 29,400 visits per year
- Estimating 10% increase in appointments = 2,940 appointments \times insurance reimbursement of \$125 = \$367,500 per year income!
- Nationally: more than \$150 billion lost per year on miss appointments. \$2 trillion spent on treating preventable long-term illnesses

ACCESS FOR ALL = WIN FOR ALL



- Health providers see increased encounters and reduced cancellations which improves efficiency and the bottom line
- Patients have better access to care and see improved health outcomes
- Transit providers receive more ride requests >> \$ >> larger customer base
- Volunteer Drivers and local non-traditional transportation gain income and recognition, plus satisfaction of helping the community
- Aging in place keeps money in local businesses -> economic gain
- Healthy people reduce health care cost for all
- Employers meet product demands
- Nonprofits are able to help those in need

Thank you for allowing us to share our story!

Mary Gordon, retired HealthTran Director, MM
Educator mary@cabllc.com

- Reagan Alewine, HealthTran Manager
 - Reagan@cabllc.com
- Suzanne Alewine, Community Asset Builders,
LLC. HealthTran Administrator
 - Suzanne@cabllc.com



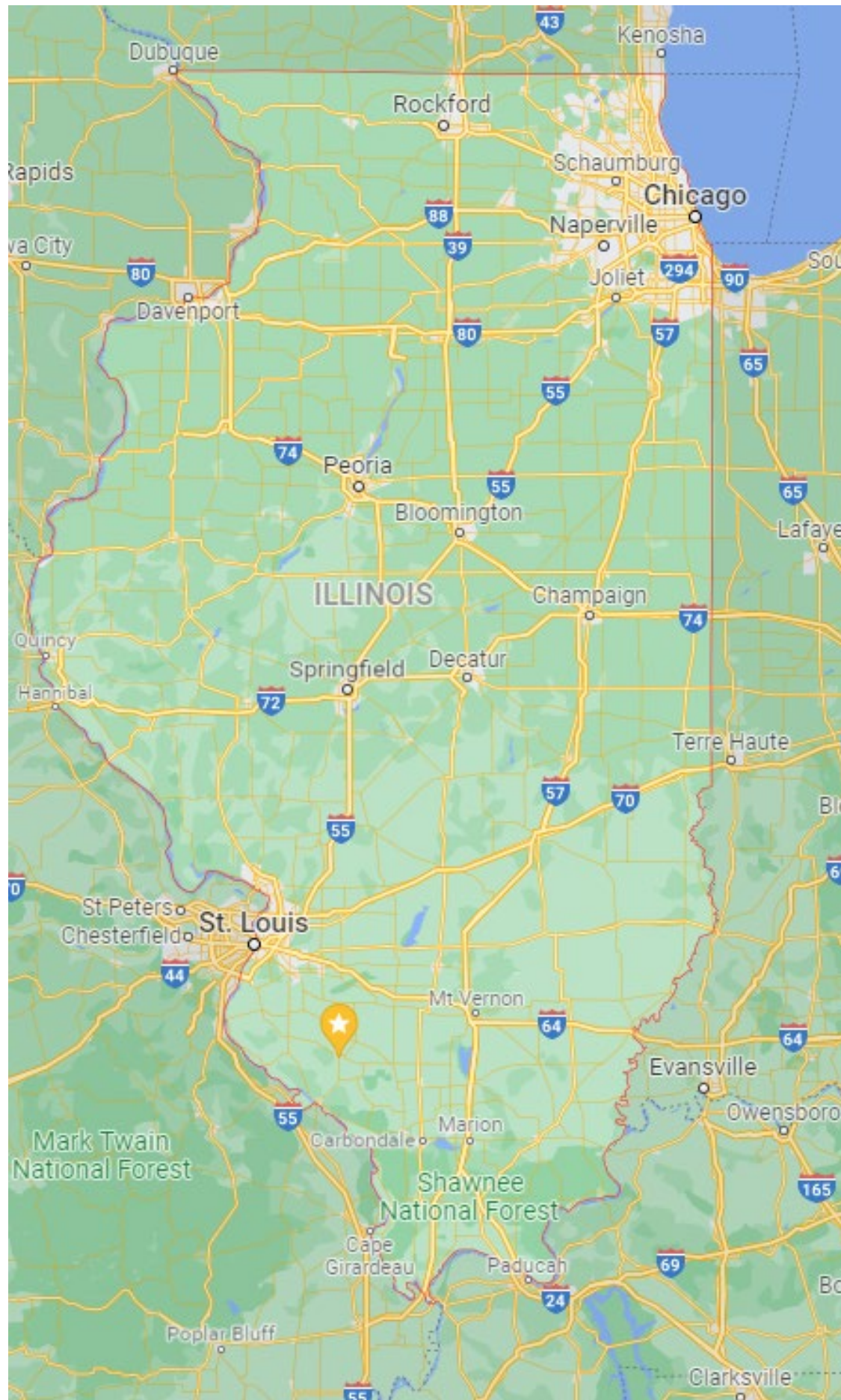


Outside Our Hospital Walls

JOANN EMGE, CEO

JENNIFER BARBOUR, DIRECTOR OF MARKETING & RELATIONS





Our Location



330 miles to
Chicago, IL

51 miles to
St. Louis, MO

Our History

Sparta Community Hospital District Incorporated

1953

Added Home Health

1996

1990

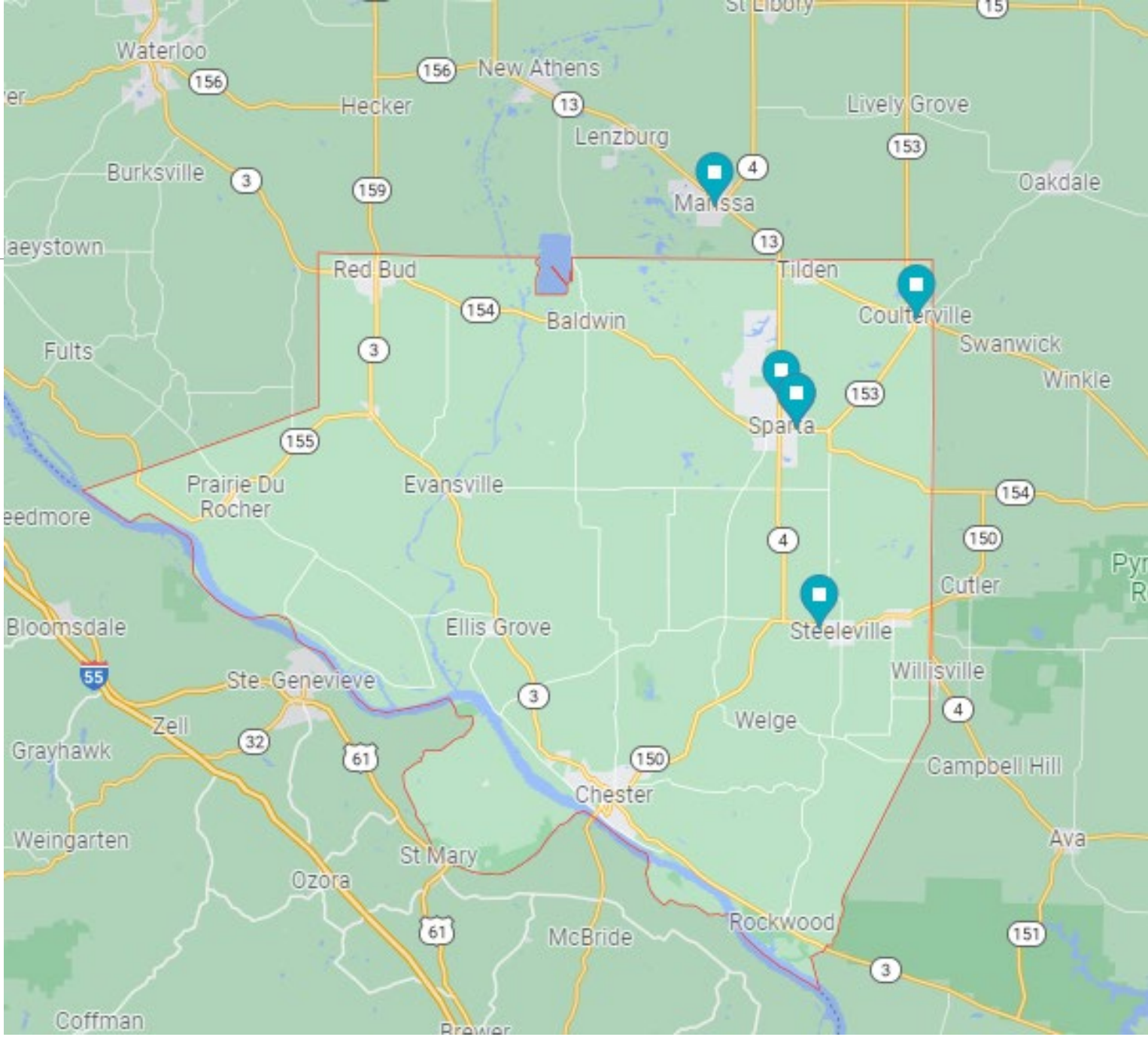
SCHD hired first Physician

2020

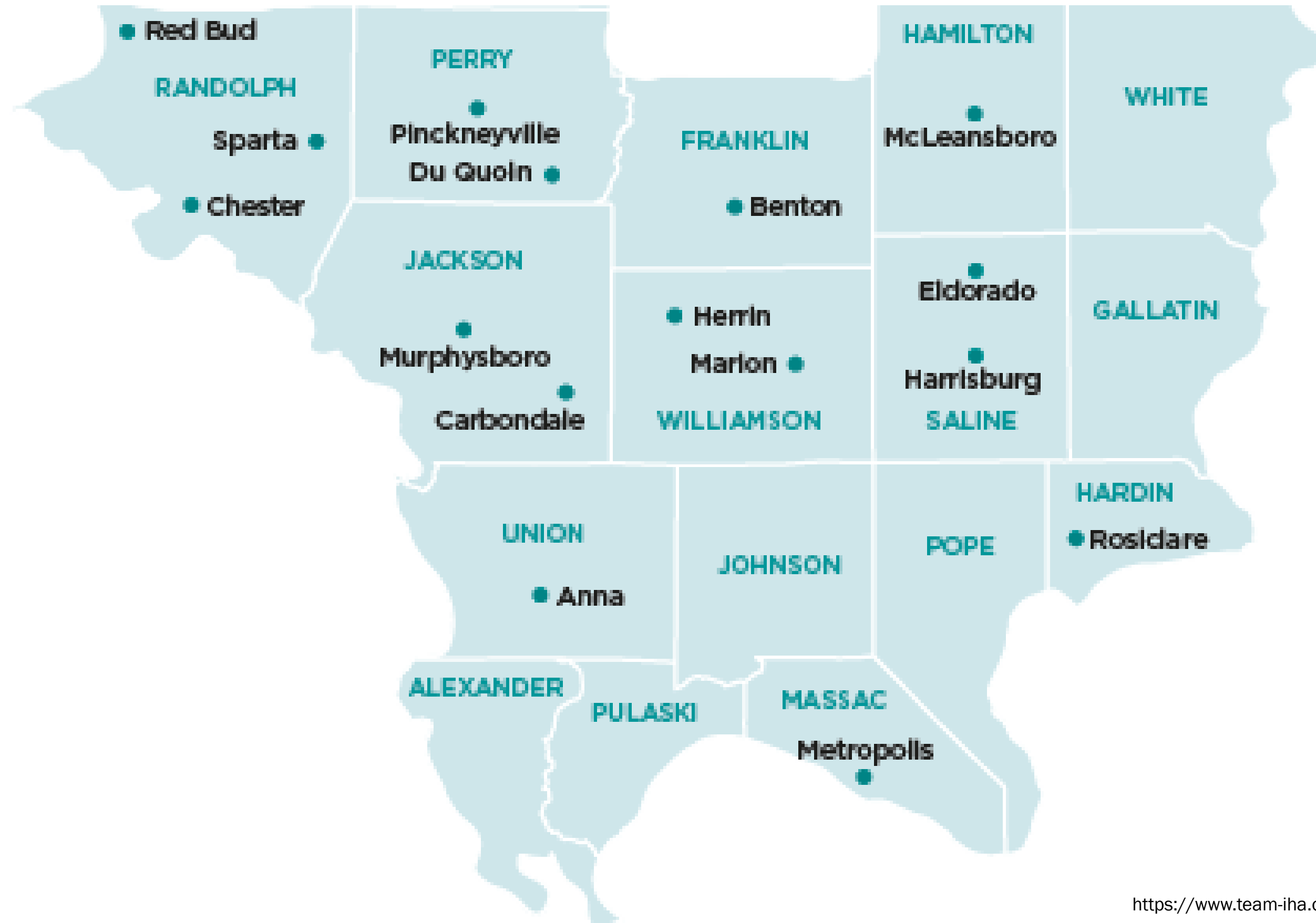
SCHD operates 6 Rural Health Clinics

SCHD operates 2 Mobile Health Clinics, at 7 different locations

Present



Randolph County





Changes In
CARE DELIVERY

SCCH

Sparta Community Hospital



Movement of Services...





Collaboration
is Essential

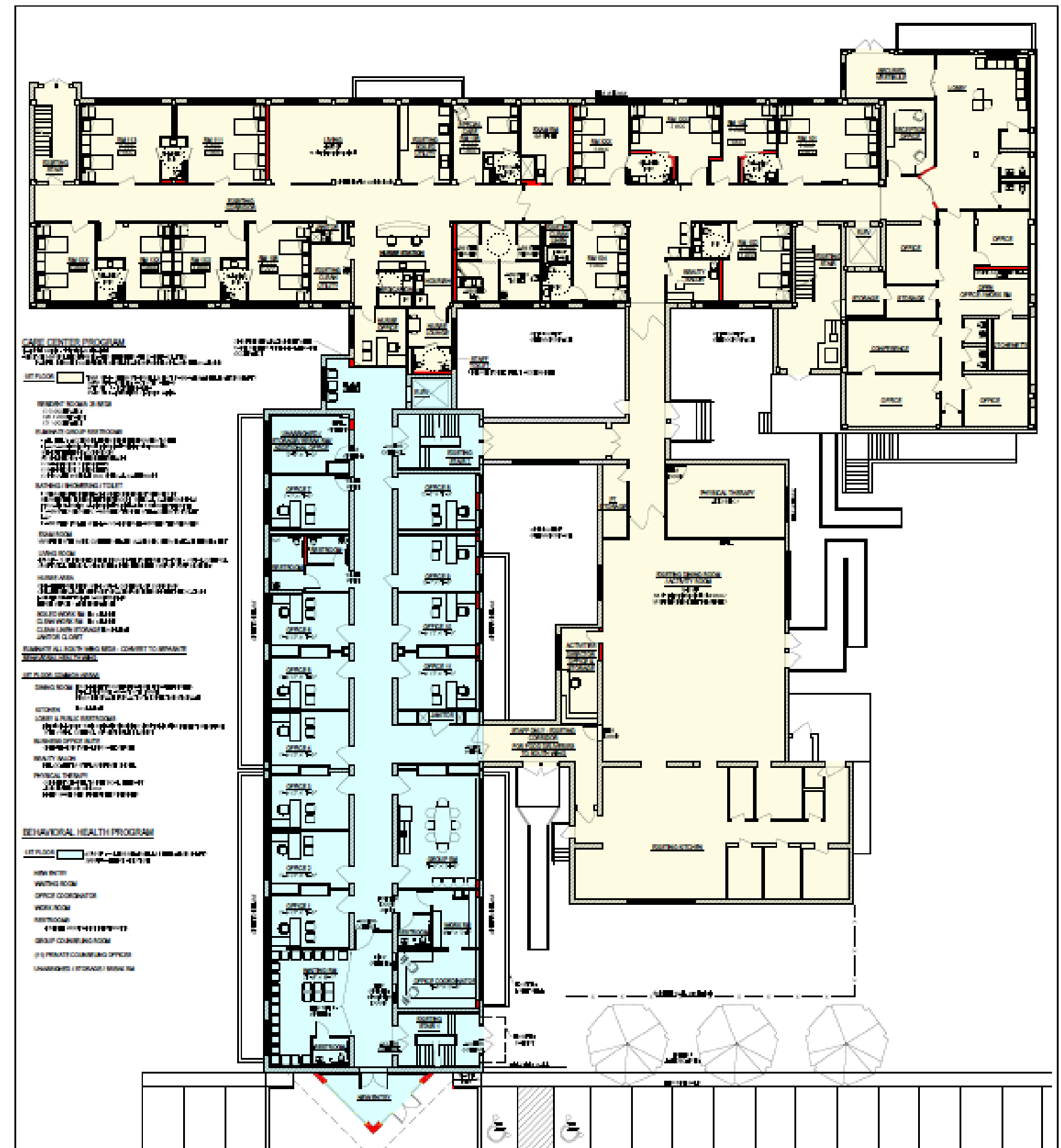
Remote Patient Monitoring



Remote Patient Monitoring, continued

Behavioral Health

ComWell



Mobile Health Clinics

Mobile Clinic



Non-Traditional Offerings

Non-Traditional Offerings, continued



Community Outreach at SCH

SCH Community Outreach

LANZAMIENTO DE PRIMAVERA

SÁBADO 1 DE ABRIL
10 AM-4 PM
COLE MEMORIAL PARK
111 DEER PATH LANE

INFLABLES, JUEGOS, COMIDA, MÚSICA, ARTESANÍA,
FERIA DE RECURSOS, CONCURSOS, CAMIONES DE
BOMBEROS, COCHES DE POLICÍA ¡Y MÁS!

BÚSQUEDA DE HUEVOS DE PASCUA 0-10 AÑO
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SPARTA IL JUNETEENTH PRESENTS

JUNETEENTH

TWO-DAY CELEBRATION

SPARTA IL Juneteenth Foundation, NFP

W/SPECIAL GUEST:
@STACISTATIC
Multi-Media Professional,
Voice Over Artist, Influencer,
and host of The Static Podcast

JUNE 17TH: KICK OFF 11AM-7PM
3on3 Basketball 1st Round Tournament

JUNE 18TH: JUBILEE DAY 11AM-7PM
3on3 Basketball Championship

\$75 ENTRY FEE

ACTIVITIES | SPEAKERS | FOOD | MUSIC

FOR VENDOR AND/OR 3ON3 BASKETBALL TOURNAMENT INFO:
CALL: 618-680-0365 OR EMAIL: INFO@SPARTAILJUNETEENTH.COM

SPARTA FAIRGROUNDS, 506 W BELMONT

Feria de Recursos y Familia
¡Un evento para toda la familia!

Sábado, 11 de junio de 2022 | 1:00 p.m.—4:00 p.m.
Gimnasio de Percy | 402 E. Plum, Percy

Entrega de comida | Sorteo de bicicletas
Juegos | Casa inflable para saltar | Refrescos

Puentes de Esperanza
Bridges of Hope

Hoyleton Youth & Family Services

Coming Soon....
Telehealth Program

Telehealth
Program



Upcoming

**New &
Exciting
Times
Ahead**

Going into the
Community



Partnerships

To 
Population
Health

Top 3 Threats Facing Rural Health

3:00 – 4:00 pm

Southeast Ballroom



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