Healthcare Collaborative of Greater Columbus

HCGC Regional Learning Session
Non-Emergency Medical Transportation
December 12th, 2018

Participants completed harvest sheets, evaluating value of the meeting and providing particular take-aways from the meeting:

Very High Value: 10

From your unique perspective, where are there still gaps in our region with regard to non-emergency medical transportation?

-Accessible public transportation from work, home, healthcare. Walkability factors in various neighborhoods.
-Funding/payment gap; Infrastructure/connectivity of transportation and walkability; Linkage between modes, housing; Development and employment disconnect
-Unevenness of infrastructure; Lack of coordination between public/private community entities and planning process.
-Transportation: where is it located? Must be: cost effective, safe, clean.; What do people consider non-emergency medical transportation?
-Flexibility for people who are employed getting to doctors' appointments.
-Aligning technology utilization; Aligning payer reimbursement with level of care.
-Everywhere, but mostly in underserved communities as well as rural areas. Focus on those first, as it is the biggest need.

How do you believe the community proactively reduce/eliminate the gaps to achieve better health outcomes?

-Public/private partnership to access/create transportation vendor.
-Get in the same room & talk; Have problem/need-based and solution/action-based discussions & initiative; Advocate for better funding; Survey/include low income populations in the meetings.
-Must require more interactive cooperation in all community planning; More directed incentives to build up and not out.
-Before this forum I would think increase transportation itself. Now I think: create more accessibility for smaller travel time; Safety- provide safe pick up and drop off areas and amenities.
-Communicating use of technology

-Consolidation of effort and resources to maximize success loudly.

Can we measure outcomes?

-Screening/assessment/referral/utilization. Social determinants of health to include transportation.
-Yes: Technology is key.
-Requirement.
-People who have more access to NEMT have decreased health disparities/improved health outcomes i.e. lower blood pressure, more live babies.
-Yes.
-Design to be able to measure outcomes; If you don't measure it, you will not understand positive or negative impact over time.
-Older population who do not qualify for Medicaid.

Finally, do you have/would you be willing to share a best practice with others in the community regarding NEMT?

-I do not have however a universal ID debit card similar to college students would address voter ID system, payment of utilities (auto payment), banking (auto deposit), mobility pass.
-CPass is innovative. Need a CPass for low-income/Medicaid population.
-Yes
-Please remember patients' social determinants. Some patients just want to eat.
-Sure.
-Medicare help with NEMT needs.

High Value: 14

From your unique perspective, where are there still gaps in our region with regard to non-emergency medical transportation?

-The population that does not qualify for Medicaid, how to benefit from a cost-effective NEMT.
-I still think we have more dots to connect. In a good way to understand the gaps.
-Not enough providers; bari wheel chair; rural area provider shortages
-A big gap I still see is for men and women returning from prison. No money, no job, aging with immediate needs for healthcare services

(especially behavioral health). It takes weeks to work out access via Medicaid COTA passes, etc. How do we meet the needs during those critical first weeks?
-Rain transport connecting suburban areas. Utilization of community paramedicine.
-The suburbs to hospitals or even from residential areas to work.
-Infrastructure-public transit capacity accessibility for people with disabilities- even fewer options. Incredibly inconvenient and inaccessible.
-Covering services for members in the private insurance space. Most insurers do not routinely cover this.
-Bringing new technology to poorer populations.
-Door to door, non-emergency medical transportation for cancer patients. Public transportation or group transportation is not the best option when someone is going through treatment.
-Sounds like Empowerbus is beginning to fill the gaps between large scale transport by COTA and homes or off-circuit locations.
-Low income individuals and NEMT to pharmacy.
-Who pays creates many negative incentives. Need to look at those.
-Consistent barriers for those who seek transportation from/to medical services (and others) but unable to utilize LYFT/UBER, etc.

How do you believe the community proactively reduce/eliminate the gaps to achieve better health outcomes?

-More infrastructure development in areas with high health risks; Increased wages for the low-income to reduce poverty.
-Collective impact in coordination of services along with unified reporting of measures so patients can navigate.
-Partnerships between MCO/ODM/Providers
-Unsure.
-Block scheduling by location for group transport.
-Increase options for all populations.
-Access introduce some of the solutions we heard today to more both public, private, health systems.
-Nonprofits can serve low SE areas by being the connector between people and new transportation services.
-Increase resources and funding to organizations that provide the service of transportation. Improve access to technology for lower socioeconomic disadvantaged areas/groups.
-Think of alternatives that are not tech reliant. Low income populations/older adults don’t have access to smart phones, etc.
-Need to look at who allocates the money.

-Provide education, easy to use, access to low-cost, convenient modes of transportation.

Can we measure outcomes?

-Yes! Less medical cost-increased health outcome.
-I would love to see transparency for navigation. For example: timlieness, patient satisfaction.
-Yes. If data share can happen.
-Certainly. An observation: having only 41% of Columbus jobs reachable within 90 minutes via public transportation is sad. Even worse, though, is the implication that anyone would believe 90 mites is an acceptable standard.
-I would consider the number of people who I see are walking along roadways for any number of reasons and consider the police reports of number of pedistrians that are hit by cars. Has this increased? I believe that is the data point to consider to increase publicly accessible transportation.
-Measurement of missed appointments among at risk populations.
-Of course-health outcomes, reduced cars on the road.
-Most effective through measurement tools.
-Yes, more transparency from everyone.
-We must do it.
-Yes-work with specific organizations with high no-shows, notes issued to pilot project to show outcomes.

Finally, do you have/would you be willing to share a best practice with others in the community regarding NEMT?

Several "yes" answered to this questions in this category!

Medium Value: 2

From your unique perspective, where are there still gaps in our region with regard to non-emergency medical transportation?

-Awareness of transportation needs, solutions and impact/cost on the health care systems of Ohio.
-Specific neighborhoods are excluded.

How do you believe the community proactively reduce/eliminate the gaps to achieve better health outcomes?

-Highlight /communicate the cost of medical services not being incurred and cost impact on the medical system vs. the cost of improving access to NEMT. Identity mobility options for the community health resources to share with users or patients.
-Better busses, which are most accessible to low-income people. Need to make all solutions inclusive.

Can we measure outcomes?

-Yes! Does improved transportation (NEMT) impact health outcomes? If the policy studies are accurate then we should see a positive financial impact on resources being utilized today. We should also see a reduction in hospital/health SVC physical plant expansion if users can now.
-Not sure!

Finally, do you have/would you be willing to share a best practice with others in the community regarding NEMT?

-Access existing physical facilities. Doug Arseneault's comment re: funding is right on point, but who is taking the lead on assessing current NEMT funding and how it can be different in a new world? I didn't hear an action item/accountability, which is desperately needed!
-OSUWMC is beginning to contact with a company that provides Uber riders to substance use treatment facilities from our EDs. In the process of implementing.