HealthTran Facts & Findings

Gaining Insight of the Transportation Barrier in Rural Missouri for those with a medical need.

Vision

- To improve patient health outcomes and reduce the cost to healthcare by linking health service coordination and transportation using a public transportation model.
- To increase knowledge of transportation coordination and importance of transportation for Missouri residents as it pertains to living independent, healthy, and vital lives.
- Gather and share relevant data to help make informed decisions and direct policy changes that would improve access to care for rural Missourians.

Today's Goals & Objectives

- How Did We Get Here?
- The Data
- What We Learned
- Where We Are Today
- Tomorrow and Beyond
- What do you want to know?

How Did We Get Here?

- 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. MRHA, Exec. Director joined and CAB wrote 3 concept papers.

HealthTran was Born

Missouri Foundation for Health Special Projects Grant Dec. 2013

- Gather quality data to support the theory that transportation, does in fact, impact patient health outcomes.
- Use data for increased transportation infrastructure.
- Use data to advocate for funding & support for patients
- Create a sustainable & duplicable program

Missouri Foundation for Health

a catalyst for change

The Collaboration Begins

Original Partners

- Missouri Public Transit Association (MPTA)
- Missouri Rural Health Association (MRHA)
- Southeast Missouri Transportation Service (SMTS) *Grant Recipient*
- OATS, Inc.
- Ozarks Medical Center
- Southern Missouri Community Health Center
- Missouri Ozark Community Health
- Jordan Valley Community Health Center

Barriers Identified Early 2015

- **Lack of quality health providers in rural Missouri**
- **Lack of transportation service/route options**
- **Cost & Distance of travel**
- **Hard to navigate transit systems**
- **Lack of funding**
- **Public Awareness & Persona**
- **Medical Cost-Insurance changes**
- **Missed Appointments**
- **Silos**
- **CHANGE**

Steps to Start Up

- Patient Survey
- Understanding the needs of health and transportation partners.
- Learning rules and regulations
- Developing the system
- Tracking the data
- Creating a data collection system

The System

- On-site training & set up for health providers.
- HP identifies patient(s) with a transportation need and schedules appointment.
- Paperless except-SIGNED consent kept in medical file.
- Flagging electronic medical records is key!
- E-mail PDF referral to HTC. -5 min or less!
- HTC coordinates best transport match for patient.
- Pre & post assessments Understanding the need of the patient.
- Transportation trip sheets sent via e-mail
- Transportation providers schedule & provide exceptional service 100% satisfaction!
- Collect data

WHAT We Thought
WHAT We Found
What We Know Now

Provider referred-NO Cost to Riders

DO YOU NEED A RIDE?

- Do You Qualify

1. Do you live in the HT region?
2. Do you need a ride?
3. Do you have a medical apt with a HT partner?

- In 2014 Aug-Sept-Oct

19 referrals were sent by 2 health providers.

  - WHAT WAS WRONG?

76 referrals received

Nov-Dec. 2014 from 11 providers.

  - What changed?

ADDING NEW PARTNERSHIPS

Building to meet the grant guidelines and gather data across all areas of service.

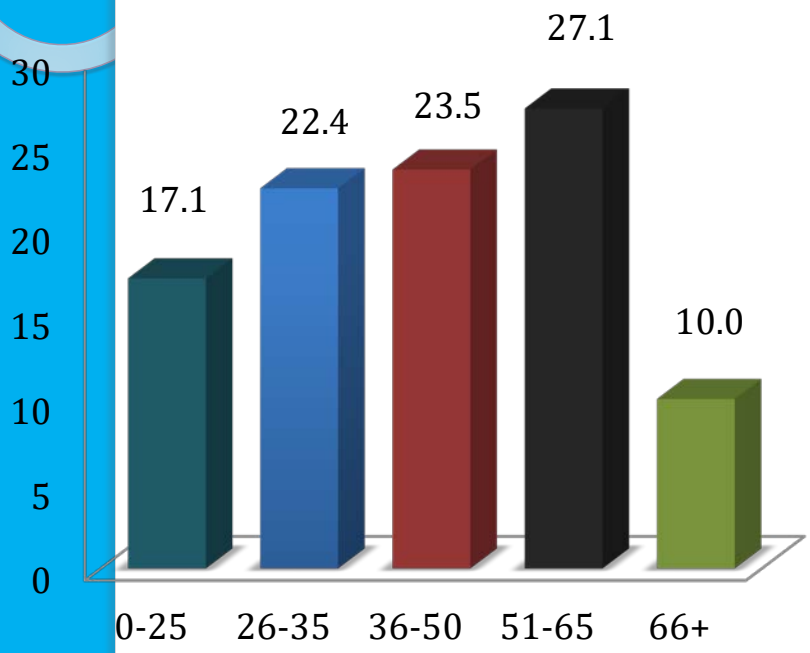
- FTA/Easterseals Design Challenge
- MODOT 5310
- Coxhealth, Texas County Memorial Hospital & Medivan Servcie, Burton Creek, OMC specialty clinics, South Howell Medical Transport/Ambulance District, & Preventative Health Transport/Ozark County Ambulance District

DATA TELLS THE STORY

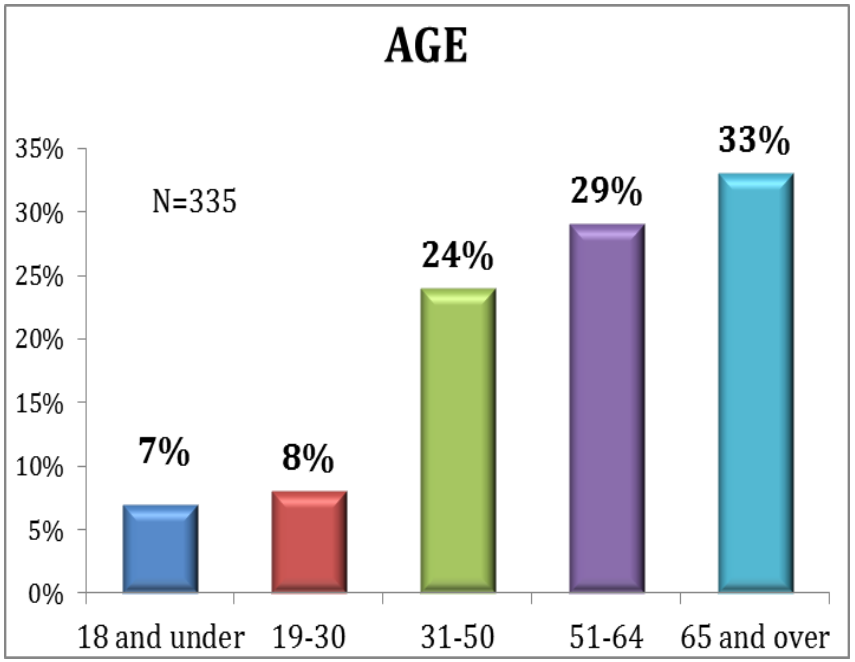
COMPARING 3 REPORTS

- Initial Survey
- September 2015 Evaluation
- June 2016 Evaluation

Percent of Respondents by Age Groups
February 2014 Patient Survey 174 Respondents



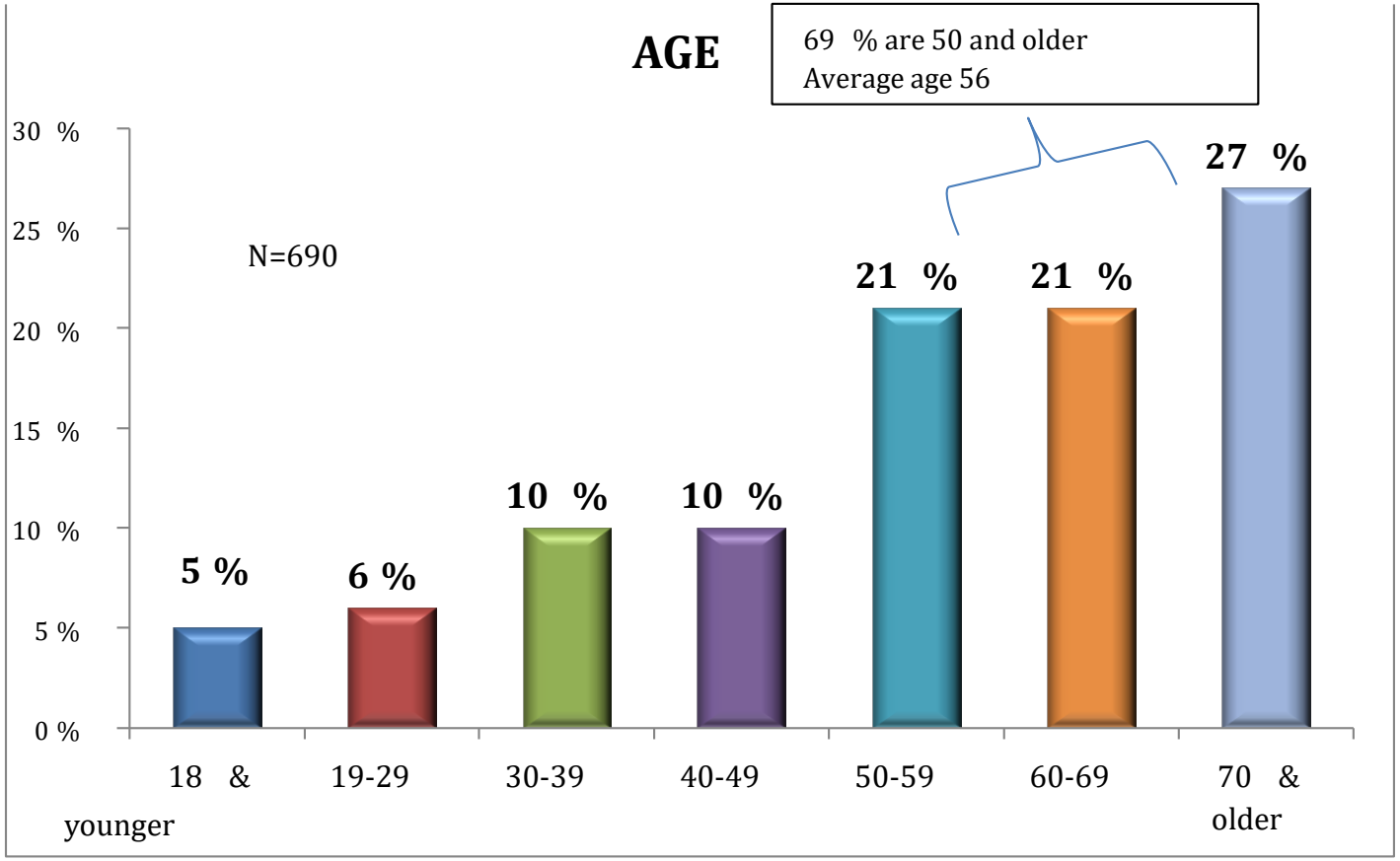
Sept. 2015 Assessment Results
335 Unduplicated Rider Statistics



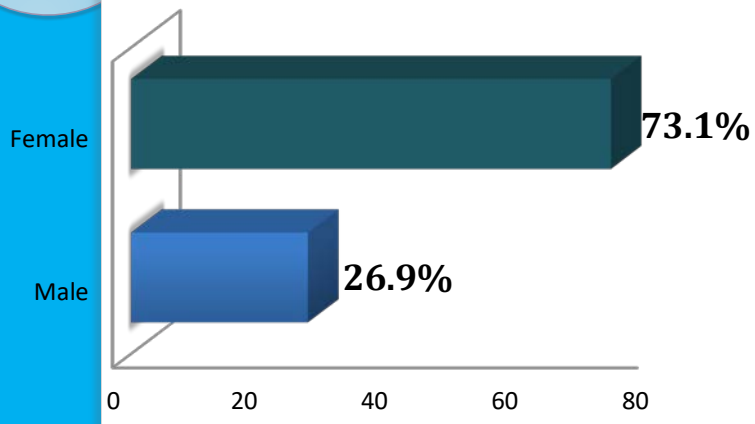
Who Needs Transportation?

June 2016 Evaluation

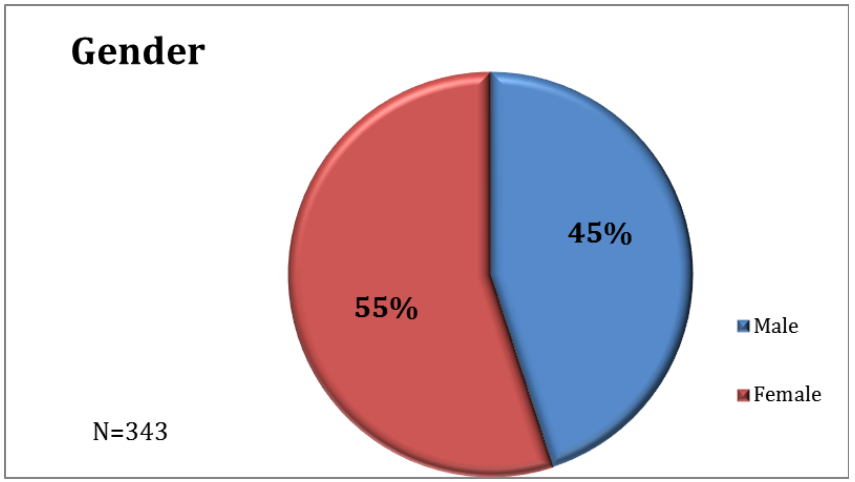
- 723 Unduplicated Rides



Percent of Respondents by Sex
Feb. 2014 Patient Survey 174



Aug 2014-Sept 2015 345 People
Preliminary Assessment Results

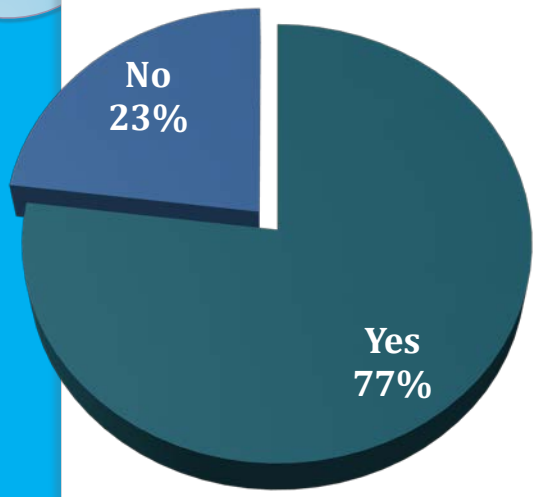


SEPTEMBER 2016 54% FEMALE TO 44% MALE

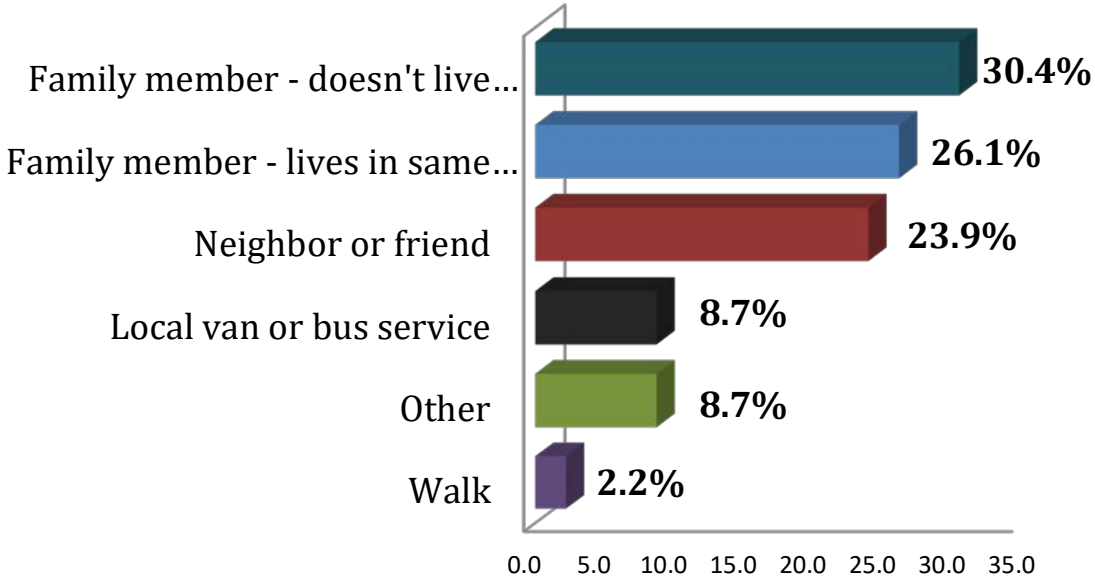
Comparing Gender

Patient Survey December 2014 174 Responses

Do You Own a Vehicle?



If Don't Own a Car, How Do You Get to Appointments?

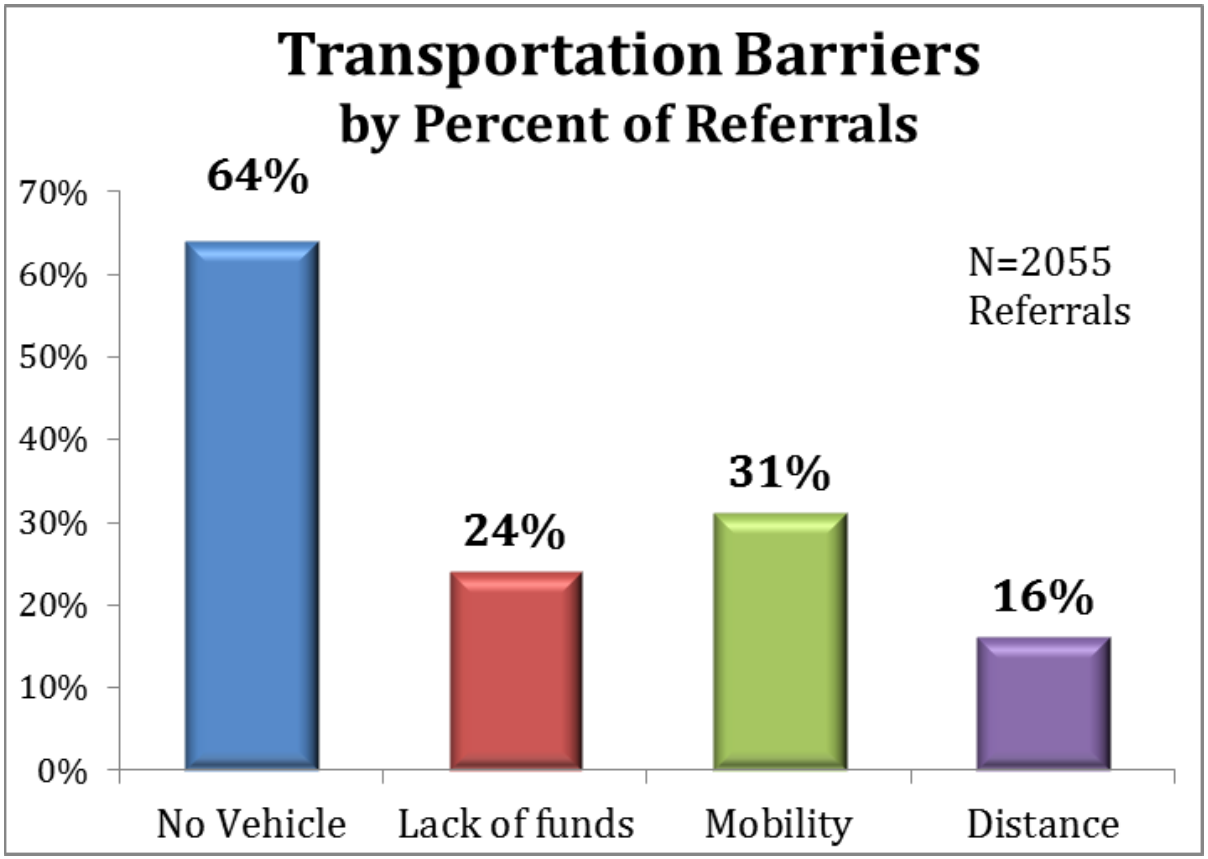


We learned that other questions needed to be asked to define the transportation barrier.

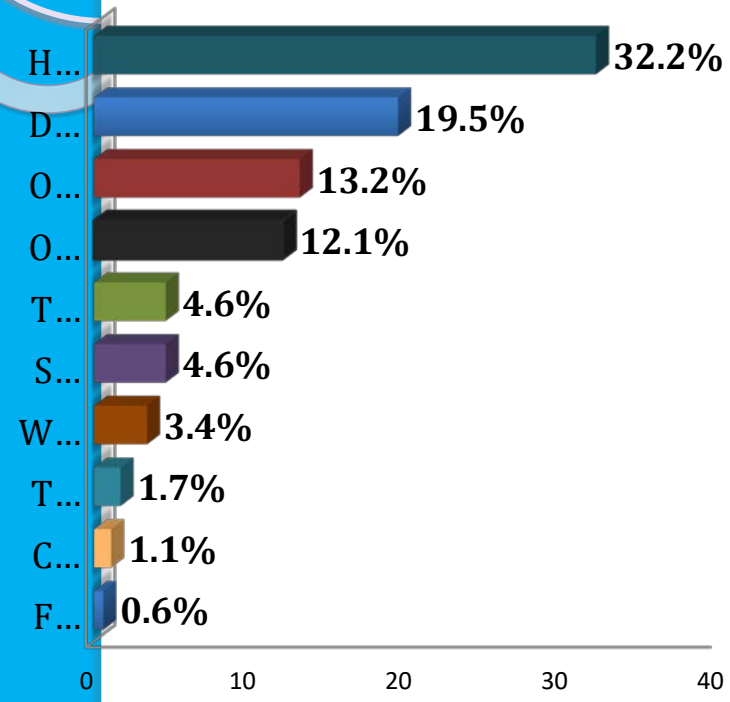
2055 REFERRALS SEPT 2015

FINDING OUT REASONS FOR MISSED APPOINTMENTS

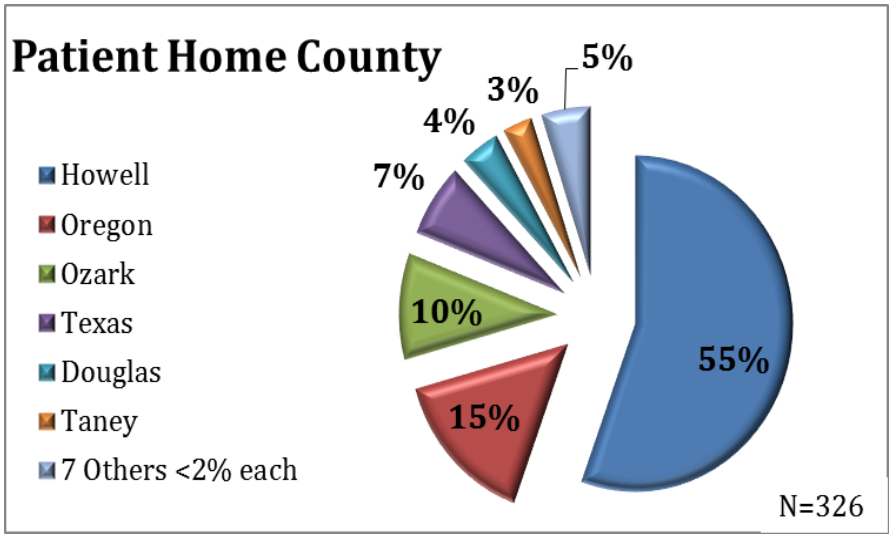
Pre-Assessments prior to first ride responses through September.



Percent of 174 Respondents by County of Residents



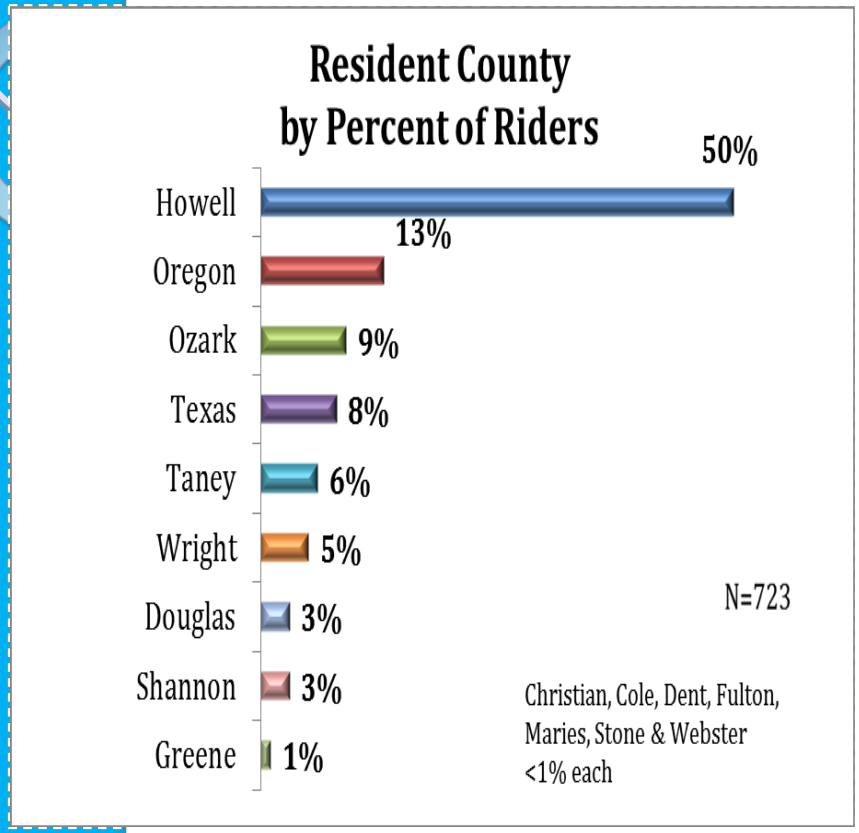
Sept. 2015 Assessment 326 Riders

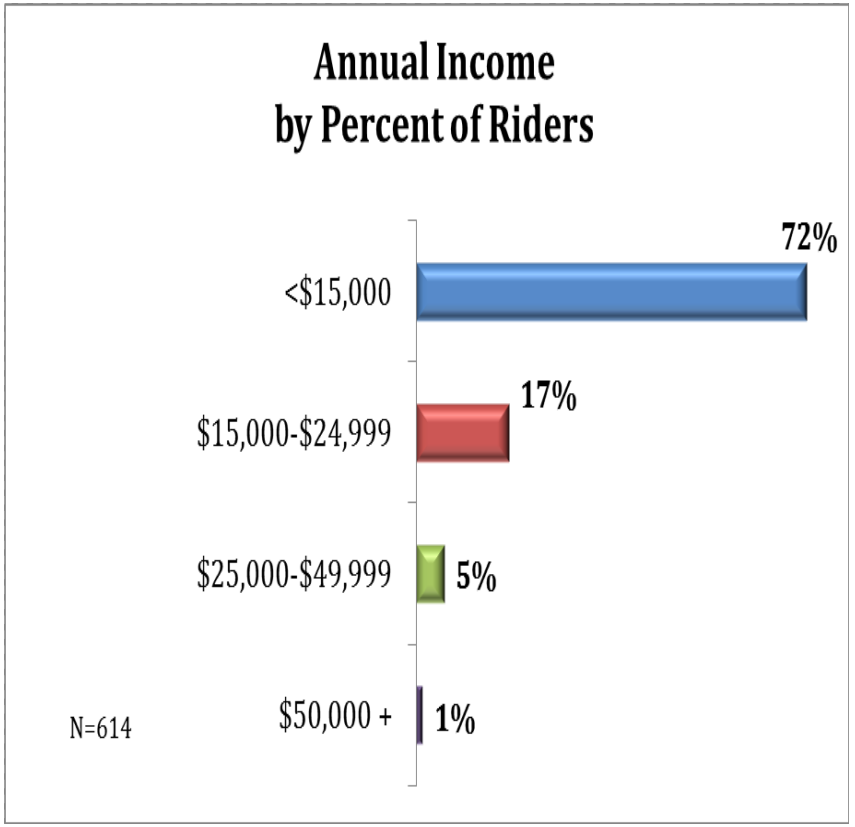


Comparing County Participation

SEPTEMBER 2016 EVALUATION

INCOME IS A TOP PRIORITY FOR NEED BUT OTHERS EXIST

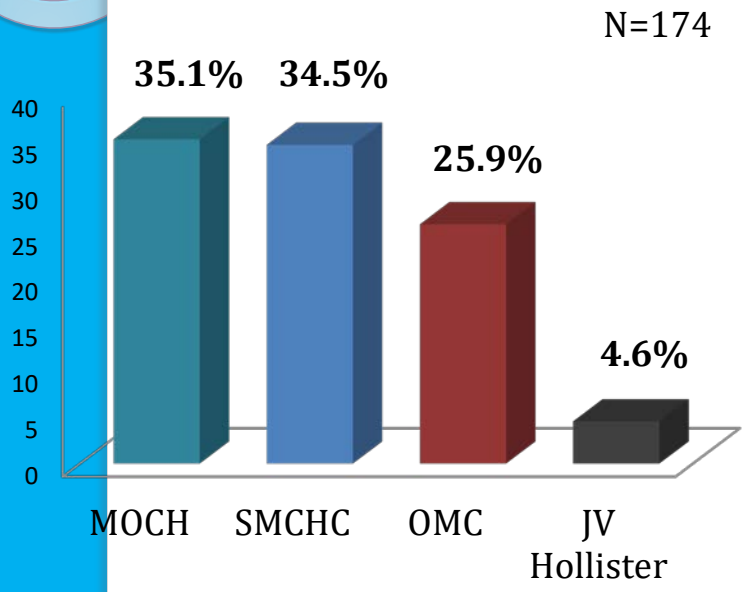




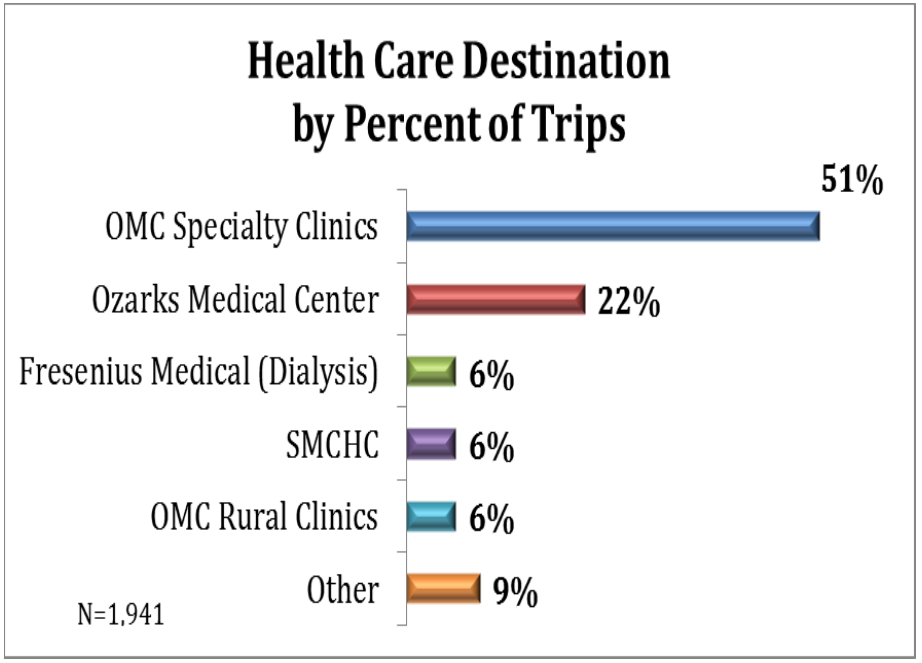
While the riders come from 16 different counties in South Central Missouri, nearly two-thirds reside in Howell and Oregon counties.

Nearly three-quarters (72%) of HealthTran riders reported an income of less than $15,000.

Percent of 174 Respondents by Health Provider

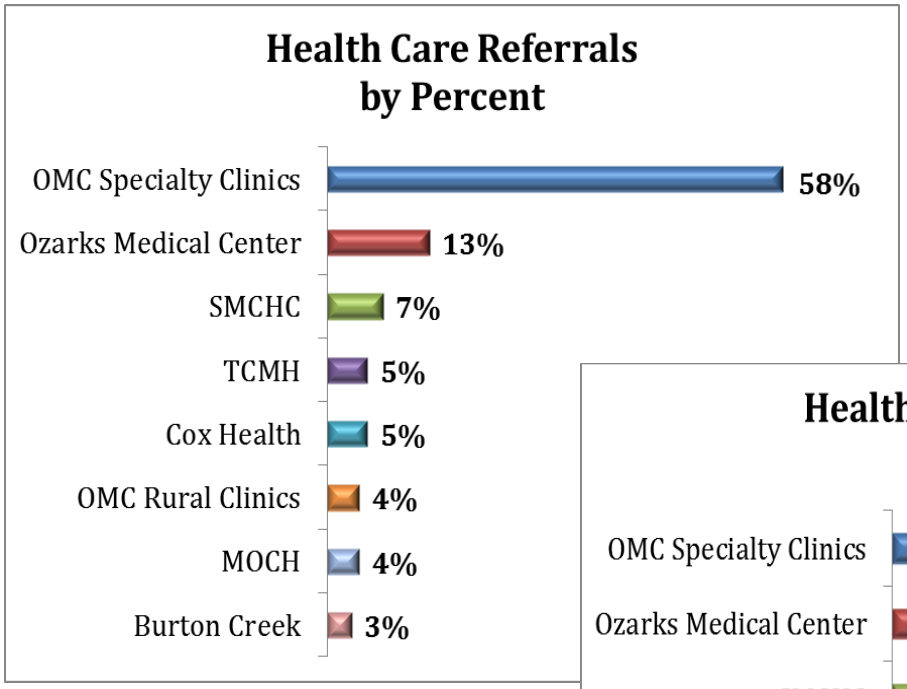


Usage of HealthTran Services 1,941 Referrals

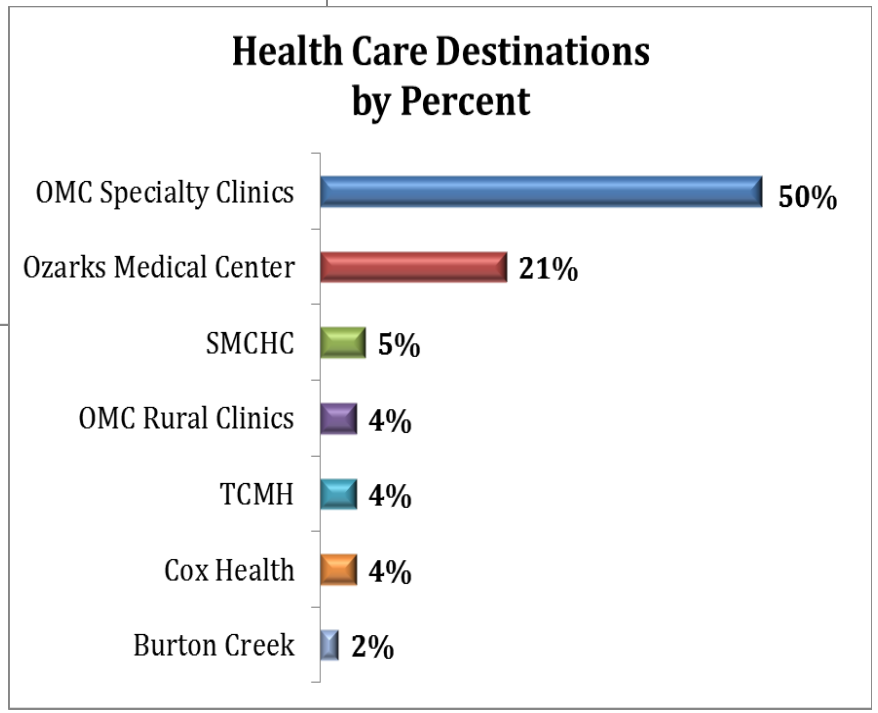


Referrals from all partners were sent to outside providers for needed services not available on site.

June 2016 Report

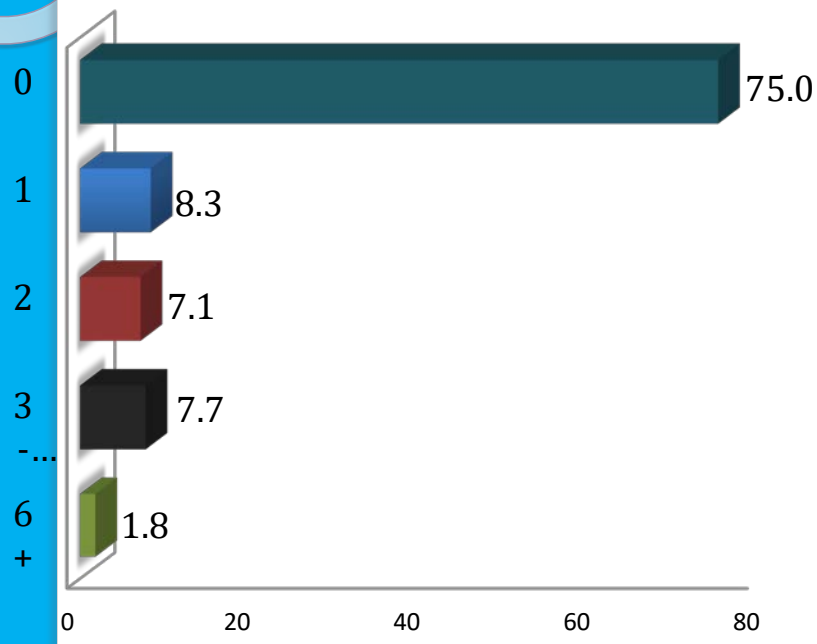


Three-quarters of the referrals to HealthTran for transportation came from Ozarks Medical Center, its Specialty Clinics and its Rural Clinics (75%). Referrals increased in late 2015 and 2016 from SMCHC and other providers in South Central Missouri.

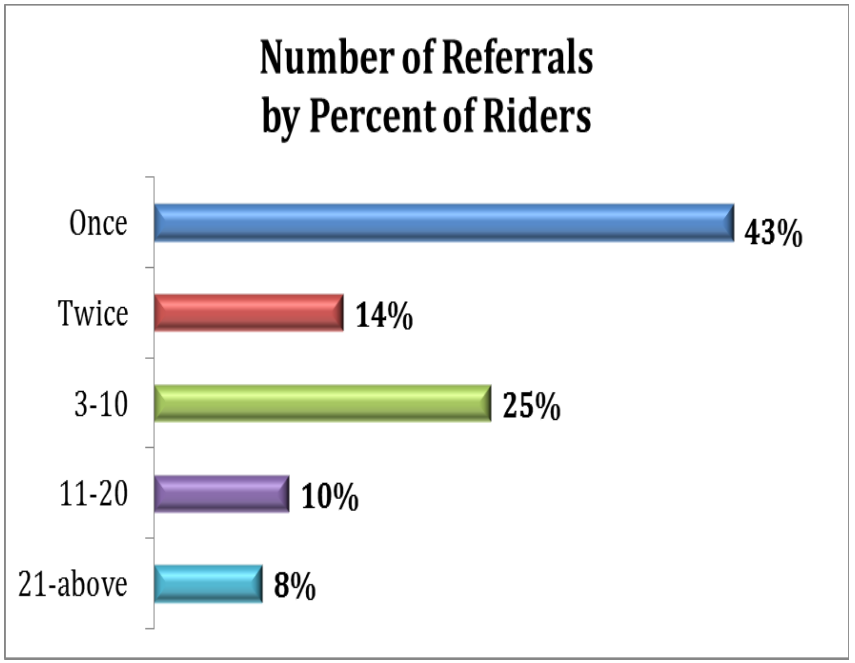


Destinations for the referrals made to HealthTran were also primarily for Ozarks Medical Center, its Specialty Clinics, and its Rural Clinics which accounted for 75 percent of the health care destinations

Number of Times Missed Health Appointment because of NO TRANSPROTATION.
174 Survey Respondents-Pre-Use 2014 Survey

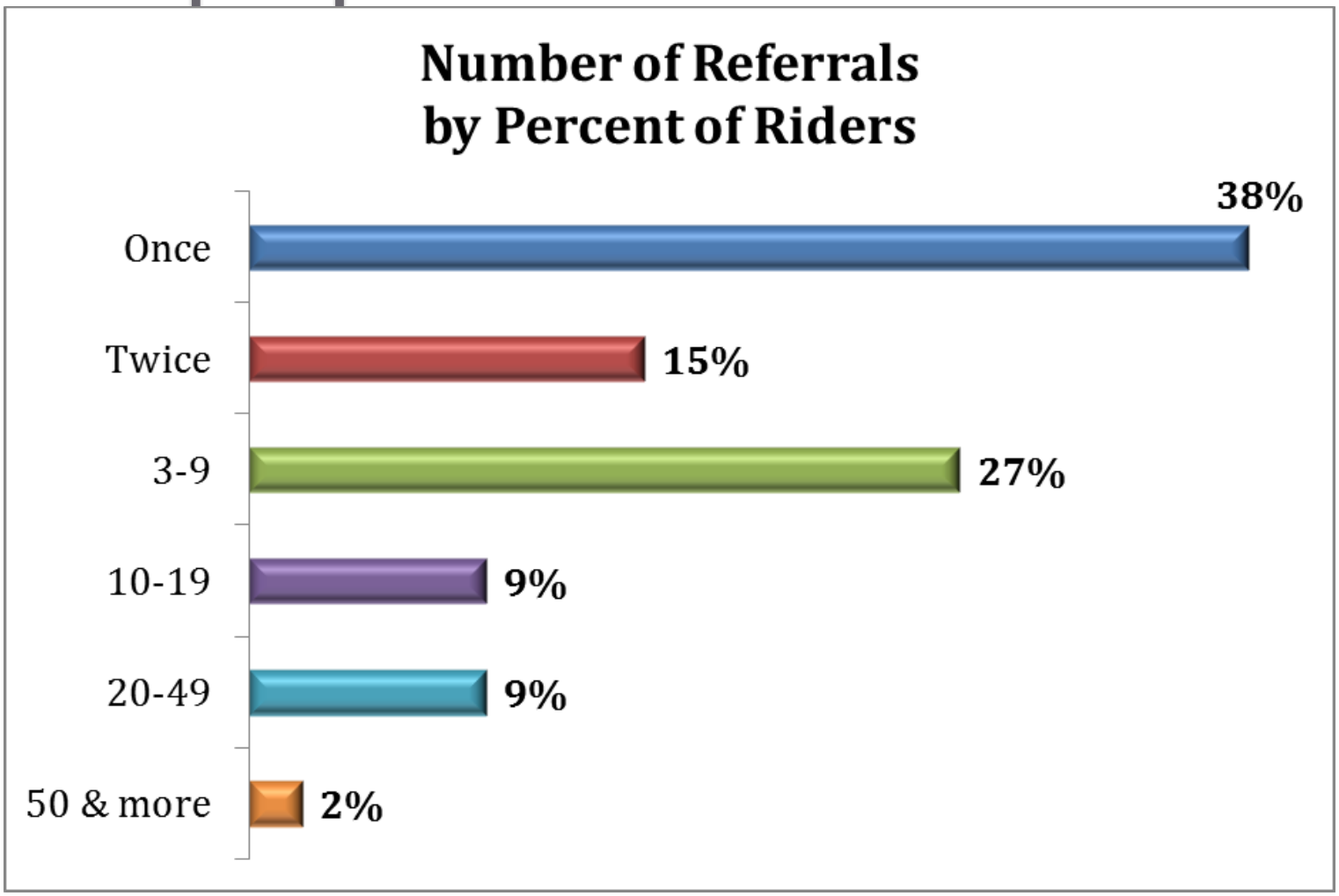


HealthTran Actual Referral Data 2014-Sept. 2015

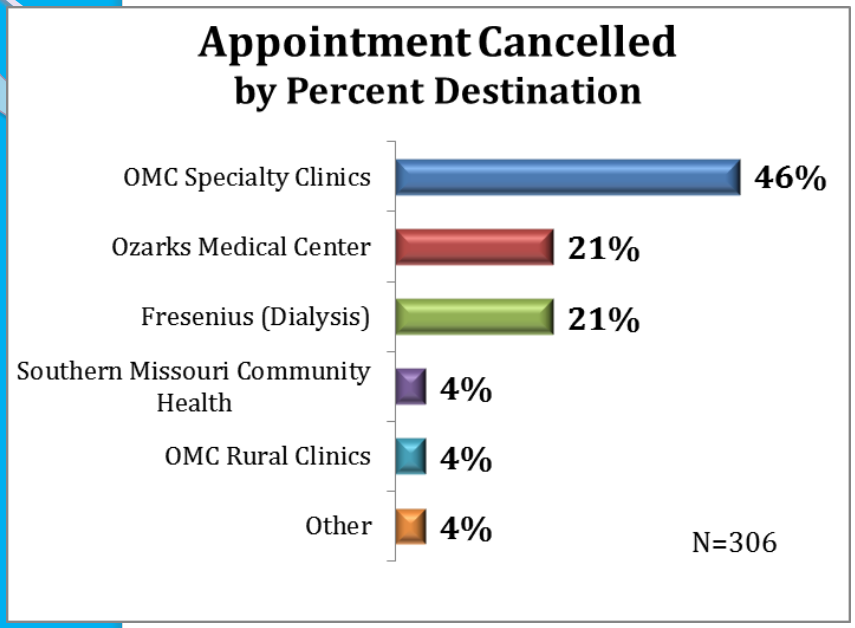


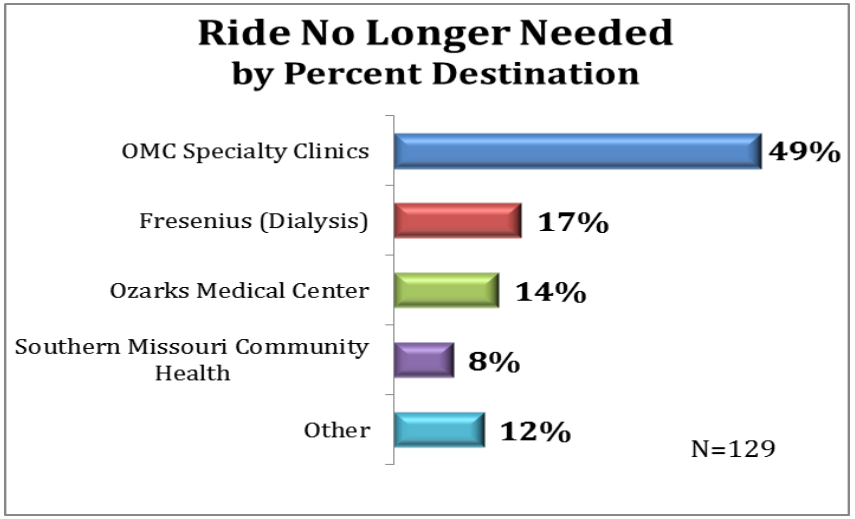
Comparing what people said to actual rides

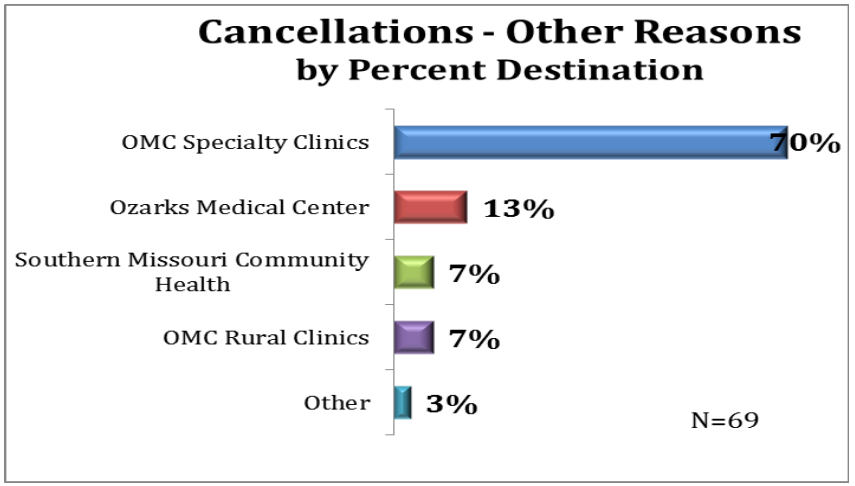
June 2016 Evaluation
723 people-4842 Referrals



MISSED APPOINTMENTS WHY?







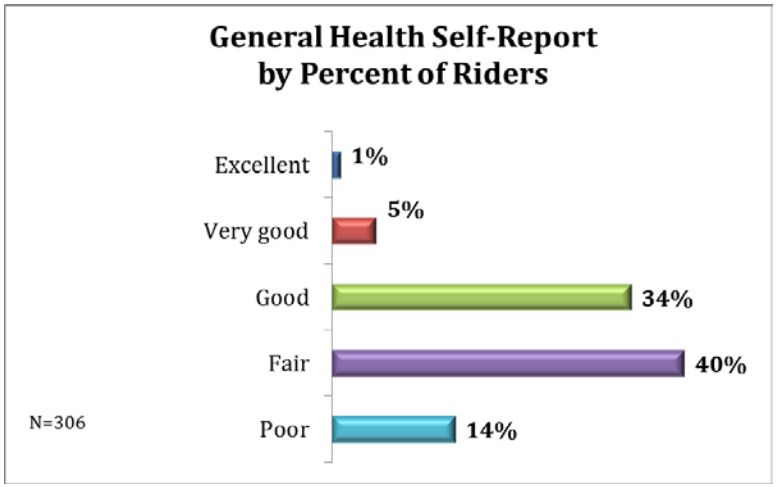
Almost half of all cancellations were due to health providers reschedules.

Almost 50% of cancelled appointments were from the health providers. No Shows were counted as transportation arrived and patients did not come out of homes.

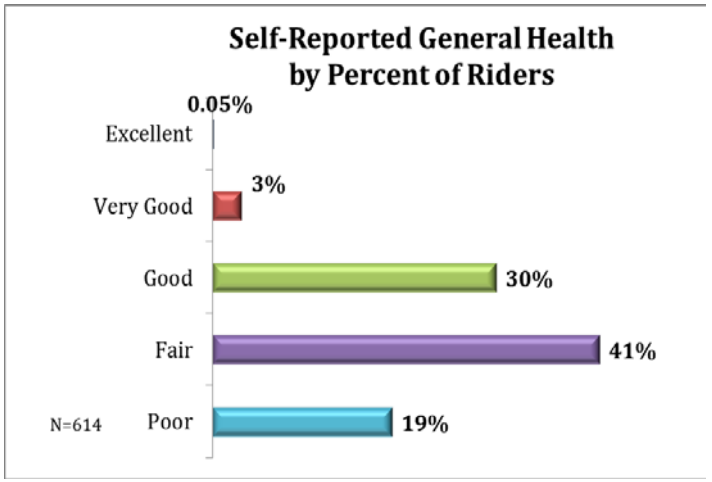
HEALTHTRAN PROVED THAT TRANSPORTATION DOES REDUCE NO-SHOWS AND MISSED APPOINTMENTS.

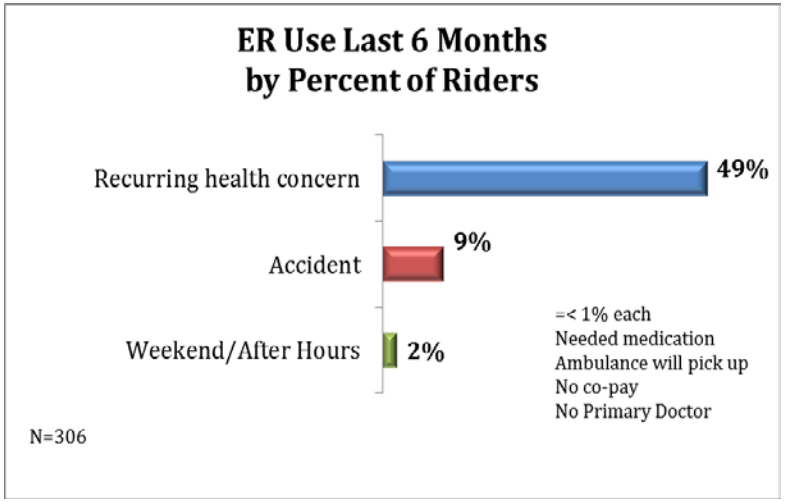
Health Status Findings

Sept. 2015



June 2016

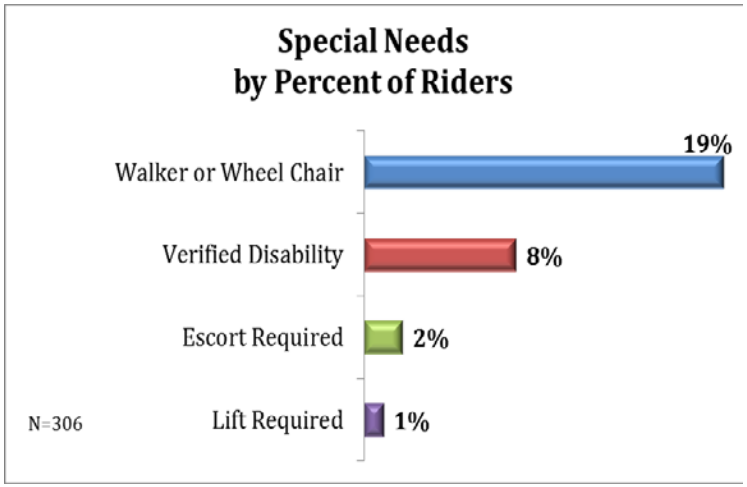


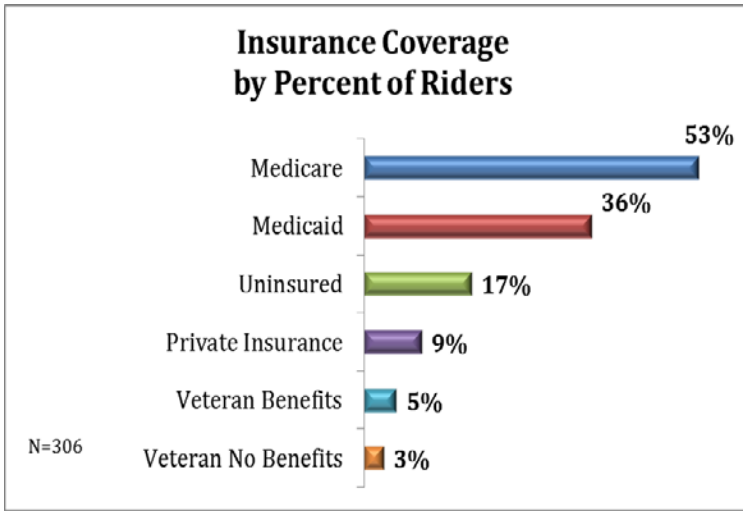


Pending Ozark Medical Center data to be available for December 2016 Final MFH Report.

Health Status Findings

Sept. 2015





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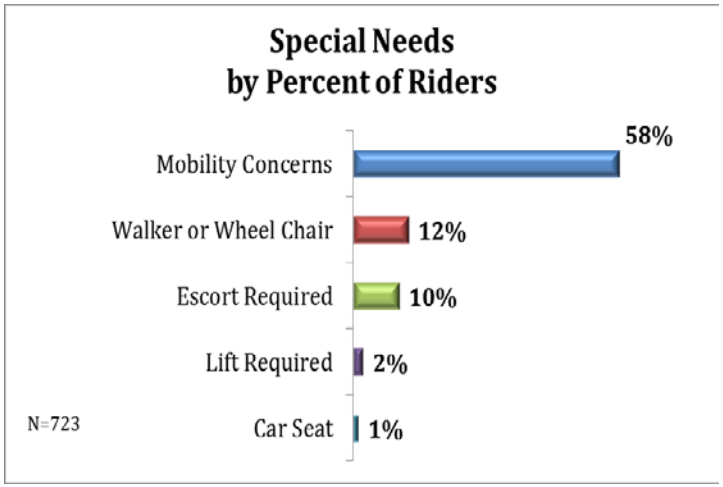
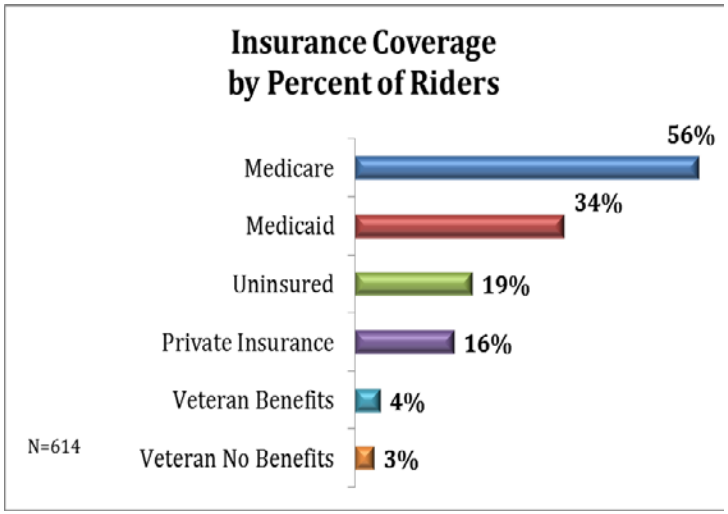
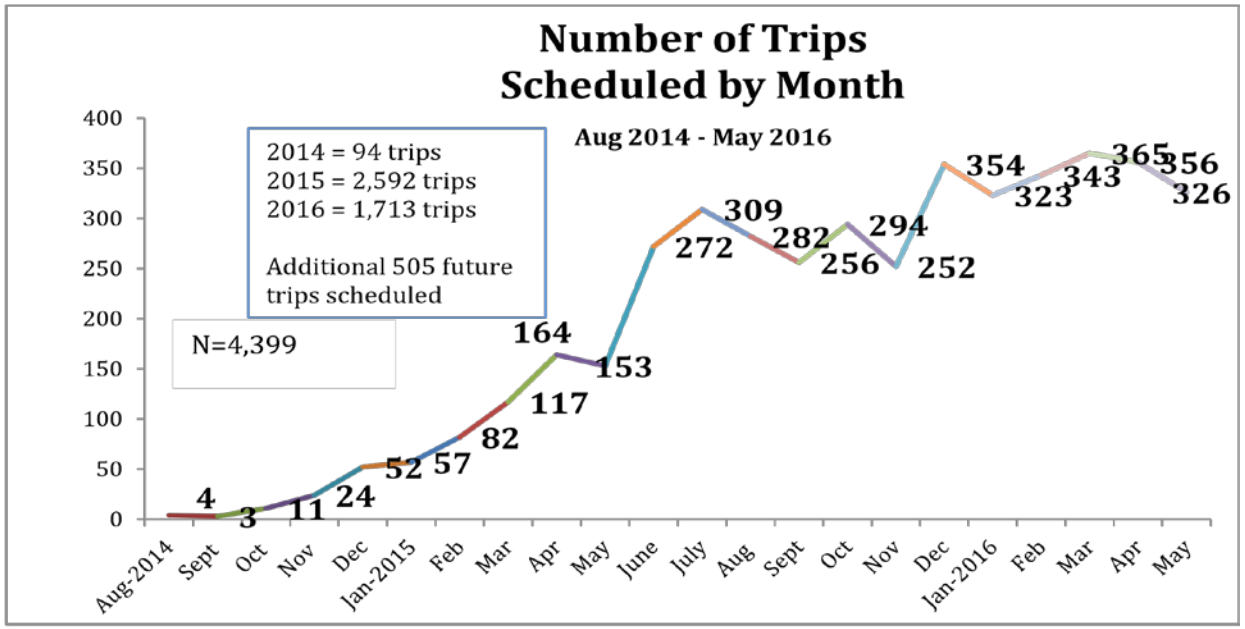
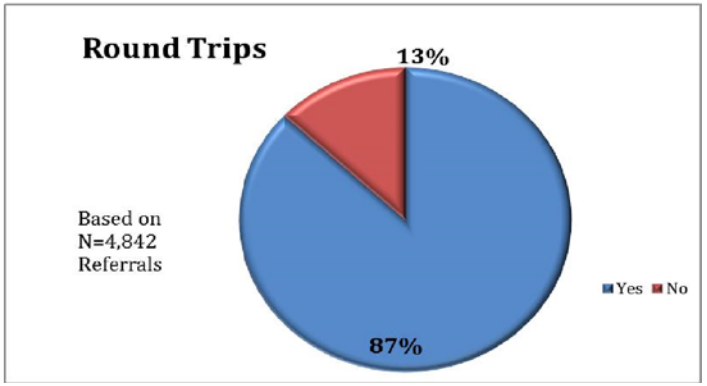




June 2016 Data Results



Nearly all of the trips provided transportation to and from pick-up location to health care provider.



United Healthcare Report

- 54 unduplicated riders
- 208 rides
- 65% dual/35% Medicaid
- 81% accessed specialty care services
- Average age 57.9
- 43% women/57% men
- Tran. Cost $15, 321.61
- Avg. ride $73.66
- 60% Spenddown
- 35% uncovered service

IMPACT OCT. 2015 REPORT

Ozark Medical Center

November 2014-August 2015

ESTIMATED

SAMPLE

345 people in need receive health care
2055 Referrals
96 health care providers (hospitals, clinics, specialists, physicians, therapists, etc.) are collaborating with HealthTran

$½ million (approx.) is generated in health care reimbursements
8 transportation companies receive business (in terms of passengers & dollars)
3 full-time positions are created

Ozarks Medical Center
From November 2014 through August 2015 (10 months)
HealthTran patients provided $467,309 in Medicare reimbursements.

Average HealthTran operating costs for 10 months (minus start-up program costs) = $84,703

FINANCIAL IMPACT
$4.62/$1

and, HealthTran is only 14 months old!

IMPACT JUNE 2016REPORT

Ozark Medical Center

November 2014-June 2016

ESTIMATED

Ozark Medical Center
Rural Clinics 153
Medical Center 354
Specialty 2859
3366 REFERRALS

- **PAYER MIX**
- **56% Medicare-unknown supplements/dual enrollment**
- **34% Medicaid**
- **19% Uninsured**
- **16% Private Pay**
- **7% Veterans**

$1,089,688.00 estimated income generated for health providers
$139,596 estimated transportation cost

$41.47 Average Round Trip cost per Referral
$1 Invested = $9.58 Return

HT Barriers Identified 2016

- **Funding Stream Limitations**
- **Delayed Funding**
- **CHANGE**
- **Silo's**
- **Linking transportation services-Integrated Dispatch**
- **Medicaid limitations**
- **Veteran transportation**
- **Navigating Transportation systems**
- **Public Awareness & Persona**
- **Health Provider & Stark Laws**
- **Addressing Established Routines**

WHAT WE LEARNED

TRANSPORTATION does impact health outcomes. GETTING PATIENTS to health appointments brings in revenue and REDUCES health cost with preventative care.

- Health Access is a VIABLE selling point for funding public transportation.
- Transportation is a VIABLE option to reduce the cost of healthcare and improve health outcomes.
- Coordinating Health & Transportation is Key to Health Outcomes can be a WIN for ALL.

Health
Tran
GET LINK'D

HealthTran Funding Streams

Missouri Foundation for Health

- Special Projects & Rides to Wellness

Design Challenge NCMM/FTA

MODOT 5310

- Mobility Management
- Transportation
- United Healthcare

Today's Situation

- Sustainability: MOCH, SMCHC, & Coxhealth
- Creating a Care Coordination/ Mobility Management training program
- Building Bridges
- DATA DATA DATA
- MRHA mission and commitment

Tomorrow

- Expanding service area/membership to health providers across Missouri.
- Data collection: Knowing what we need now. IMPROVING COLLECTION
- Building a mobility management program for Missouri.
- Health providers including transportation dollars in in new grant funding to meet community needs assessments.
- JOIN US!

CONTACT

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MRHA
Missouri Rural
Health Association