Healthy Lives, Healthy Communities

RIDES TO WELLNESS AND HEALTHTRAN
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HealthTran Founder and MRHA Rides to Wellness Director

Rides to Wellness – National Initiative

- Priority of Anthony Foxx, Secretary of Transportation
- First national summit – March 2015
- Effort to link public and transportation partners healthcare and social service industry to improve access to healthcare
Summit Events

- **MRHA Priority**
  - Missouri Rides to Wellness Summit planning – April 2015
    - Over 35 attendees
  - MRHA Get Link’d Conference and First Missouri Rides to Wellness Summit – October 2015
    - Over 100 attendees
  - Region 7 (Iowa, Kansas, Missouri and Nebraska) Summit – August 15, 2016 in Kansas City
    - Anticipate over 150-200 attendees

R2W Example: HealthTran

- **HealthTran** is a demonstration project
  - Began December 2013
  - Funding Partners (MFH, Design Challenge, Section 5310)

- **Tenets of Rides to Wellness**
  - Improved Healthcare Access
  - Improved Patient Outcomes
  - Reduced Healthcare Costs

- **Goals of HealthTran**
  - Gather quality data to support that transportation increases access to healthcare and improves patient health
  - Use data to advocate for increase transportation funding
  - Create a sustainable and replicable model
Do we have systems to provide healthcare? Absolutely

Do we have systems to transport people? Sure

Do patients have the skill to connect the two systems? Our experience is a resounding “No”
Partners

➢ Transportation
  o OATS, Inc.
  o Southeast Missouri Transportation Services, Inc. (SMTS)
  o Preventative Health Transport (Ozark Ambulance District)
  o Texas County Memorial Hospital Medi-Van Services
  o Houston City Transit
  o Licking Bridge Builders
  o West Plains City Transit
  o South Howell Ambulance District

➢ Healthcare
  o Ozarks Medical Center (and affiliated rural health clinics)
  o Southern Missouri Community Health Center
  o Missouri Ozarks Community Health
  o Jordan Valley Community Health Center
  o Cox Health Systems (affiliated rural health clinics)
  o Burton Creek Medical Center
  o Texas County Memorial Hospital
Keys to Success

- Local leadership
- Collaboration
- Technical Assistance
- Communication
- Local Champion
- Person-centric
- Solution-Focused

What We Have Learned

<table>
<thead>
<tr>
<th>AGE</th>
<th>18 &amp; younger</th>
<th>19-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70 &amp; older</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6%</td>
<td>7%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>21%</td>
<td>26%</td>
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2/3 are 50 and older
Special Needs

Special Needs by Percent of Riders

- Mobility Concerns: 40%
- Walker or Wheel Chair: 11%
- Escort Required: 9%
- Lift Required: 0.02%
- Car Seat: 0.008%

N=650

Health Issues

Health Issues by Percent of Riders

- Mental Health: 33%
- Multiple Conditions: 26%
- Other Issues: 20%
- Diabetes: 15%
- Preventative: 7%
- Heart: 4%
- Dental: 2%
Insurance

Insurance Coverage by Percent of Riders

- Medicare: 55%
- Medicaid: 34%
- Uninsured: 18%
- Private Insurance: 13%
- Veteran Benefits: 5%
- Veteran No Benefits: 3%

Income

Annual Income by Percent of Riders

- <$15,000: 72%
- $15,000-$24,999: 18%
- $25,000-$49,999: 5%
- $50,000+: 1%
Barriers

Transportation Barriers by Percent of Referrals

- No Vehicle: 68%
- Mobility: 54%
- Lack of funds: 21%
- Distance: 19%

Trips

Number of Trips by Percent of Riders

- Once: 33%
- Twice: 13%
- 3-9: 29%
- 10-19: 11%
- 20-49: 12%
- 50 & more: 2%

Based on 380 People & 3,735 Trips

NOTE: Trips are scheduled trips
Missed Appointments have a Cost
- 20% of missed appointments are due to transportation issues

Hyperbaric Treatments vs. Amputation
- $S$ spent on transportation; patient quality of life is improved and maintained; provider earns revenue from billable visits; Medicare avoids cost of amputation.

Influenza vs. Pneumonia
- $3$ bus pass for transportation. Provider earns revenue; insurance avoids costly care; patient returns to health more quickly.
Story #1

- One patient experienced a toe amputation that became infected. He went downhill very fast; was at risk of losing his leg and/or life. Required 90 hyperbaric treatments. His spouse had eye sight impairment and unable to drive. He had exhausted all friends and family with previous appointments. HealthTran provided 60 of the trips; the balance he was well enough to be able to drive himself. Now doing well.

Story #2

- Patient had his spine severed during surgery for an aneurism at a different facility. Was previously transported by car and in such pain over the ride, he could not be treated. He was not expected to survive. This patient had large open wounds on his back and buttocks due to bedridden status. This is a young man with a wife and young children. The wife only works part-time. HealthTran was contacted to arrange for a stretcher ride. He is now healing and coming to appointments bi-weekly through HealthTran.
Next Steps / Sustainability

- MRHA is looking at a membership dues structure model to sustain HealthTran.
  - Early phase
  - Preliminary meetings
- Continuing research on anti-kickback laws and Stark laws.
- Planning actuarial analysis
- Pursuing Rides to Wellness grant (due May 31)

Upcoming Events

- MRHA will be presenting at National Academies of Sciences, Engineering and Medicine Workshop: “Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation,” to be held in Washington, DC, June 6-7, 2016.
- Transit Midwest Conference and Region 7 Rides to Wellness Summit, Westin, August 14-16, 2016 in Kansas City, MO
QUESTIONS?

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