



## M E M O R A N D U M

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This plan lays out our approach to Rides to Wellness in both pilot sites of St. Johnsbury and Mt. Ascutney.

Thank you to everyone for your work.

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## **An Unmet Transportation Need**

Every year, thousands of patients miss their scheduled appointments at community health centers in Vermont. In one rural region, over 3,000 appointments were missed in just one 8-month period. These tallies do not include appointments that are never scheduled because the patient knows that they have no way to get to their health center.

One of the biggest barriers to health access is transportation – especially for the populations served by community health centers, i.e., individuals with Medicaid or no insurance, elderly, and rural dwellers. Maureen Shattuck, Registered Nurse (RN), Certified Diabetes Educator (CDE), the leader of a Community Health Team (CHT) in Springfield, VT, has daily experiences with patients who report how difficult they perceive transportation to be and that they frequently encounter transportation barriers. Here are some real-life examples:

- (1) An elderly patient with a chronic health condition called his provider stating that his condition had worsened. The provider offered several appointments for same-day or next-day service. The patient did not feel well enough to drive his own car or to navigate his way to an appointment. He was unable to use the local dial-a-ride transportation service because his situation did not meet their criteria. (Dial-a-Ride medical appointments usually require a 2-day advance scheduling.) With no other options, the patient was delayed in seeing his doctor for required antibiotics, which was discovered after he called an ambulance the following weekend to be taken to the Emergency Department (ED), which then had to arrange for his transportation home. The cost of the ambulance transport and ED visit exceeded \$1,500. A taxi ride, office visit, antibiotics and follow-up phone call by his primary care office 2 days before would have cost less than \$300.
- (2) A young couple's newborn child was seen at their pediatric practice where they identified a heart arrhythmia. The infant's parents were instructed to take the child to the local hospital immediately, but the couple did not have a car or the funds to pay for transportation. There were no neighbors, friends or family to offer a ride to their appointment. The appointment for the infant was delayed for several hours while the couple secured a ride. This presented unnecessary risks to the infant and significant stress to the postpartum mother and the child's father. If funds had been available for transportation, the issue could have been resolved "with \$10 in less than 10 minutes", according to a staff member.
- (3) The local Fire Chief reports that folks with Medicaid often use the ambulance to be seen at the Emergency Department for non-emergency needs because they lack the resources or supports to access routine healthcare. (There is no out-of-pocket cost to Medicaid patients to be transported to the ED in an ambulance.)

In Springfield, VT, the Health Transit program, administered by the CHT, has been successful in helping patients overcome transportation barriers and gain better access to health care as well as other activities that promote their overall wellness. The Community

Health Needs Assessment for the Springfield region used to show transportation as the number two barrier cited by respondents. After the Health Transit program was implemented, transportation no longer shows up in the survey among barriers cited by respondents.

Two hospitals in the region each spend over \$100,000 annually to support transit access to medical facilities. The Central Vermont Medical Center pays Green Mountain Transit to operate the Barre Health Center Shuttle. This service offers free, door-to-door rides to the University of Vermont (UVM) Health Network/CVMC Barre Health Center and Granite City Primary Care in Barre City. Service is also available by request to referral appointments, pharmacy, grocery and daily needs for current patients. This route is open to the general public and serves the greater Barre City and Barre Town areas including, Granitville, East Barre, South Barre and Websterville as well as Williamstown and Montpelier. Reservations must be made 24 hours in advance.

In Littleton, NH, Littleton Regional Healthcare provides funds to North Country Transportation to operate Care-A-Van service. This service is designed for people who need transportation to medical appointments with Littleton Regional Healthcare and affiliate doctors and is free of charge. The Care-A-Van operates Monday through Friday, 7:00 a.m. to 5:30 p.m. and serves Littleton, Bethlehem, Franconia, Lisbon, Lyman, Twin Mountain, Sugar Hill, Woodstock, and Dalton.

In other parts of the country, health care providers are also discovering the benefits of addressing transportation barriers directly. An article in [Politico](#) describes how a Missouri initiative called HealthTran realized a return on investment of better than 7 to 1 for each dollar spent on transporting patients to appointments they would otherwise have missed. The article argues that paying for transportation makes sense even for individual doctors and notes that the financial returns do not even account for the improved patient outcomes and long-term savings to the health care system.

## **The Two Pilot Regions**

The Rides to Wellness project being carried out by the Vermont Agency of Transportation, funded by a grant from the Federal Transit Administration, focuses on two regions in Vermont which have already begun to address the need for transportation access to healthcare. These two regions were chosen as pilot areas for this project because they have demonstrated a commitment to the principles of Rides to Wellness and are interested in expanding the reach of their efforts.

The Mt. Ascutney region, served by Mt. Ascutney Hospital and Health Center (MAHHC) in Windsor, has monitored the progress made by Springfield Medical Care Systems, its neighbor to the south, and has established its own program modeled after Springfield's HealthTransit. MAHHC has worked with Volunteers in Action to provide rides to neighbors with transportation barriers. The Community Health Team developed two

algorithms to maximize options for patients, patterned after the ones used in Springfield.. The team also reached out to local, on-topic funding sources to help provide gas cards and payment for transportation for patients in poverty.

In St. Johnsbury, Northeast Vermont Regional Hospital (NVRH) and Northern Counties Health Care (NCHC) have been working with Rural Community Transportation (RCT) to help patients overcome transportation barriers. In addition to the many Medicaid clients carried by RCT, as well as those eligible for other governmentally-funded programs, RCT has an agreement with NCHC and NVRH that the healthcare provider will pay directly for a ride if the patient has no other way to make it to their appointment. In the most recently completed fiscal year, RCT provided over 300 such rides at a cost to NCHC/NVRH of about \$7,000. Most of these rides were provided by volunteer drivers who get reimbursed based on miles driven.

### **Rides to Wellness Goals and Measures**

The ultimate goals of the program are the following:

- A. To improve health outcomes for the vulnerable populations that use community health centers
- B. To reduce the use of emergency services, thereby saving additional resources.
- C. To improve financial performance for health centers, hospitals and funding programs (such as Medicaid) by reducing missed appointments

A key component of the current study is to try to quantify the progress toward these goals. While the financial performance and the use of emergency services are relatively easy to measure, assessing the health outcomes is much more challenging.

The following list of proposed performance measures correspond to the three goals above:

- 1) Ranking of “transportation barriers” on community health needs assessment [A]
- 2) Total cost of care per cohort or patient [A]
- 3) Percentage of compliance for certain chronic illnesses / appointment-heavy regimens for patients [A]
- 4) Number of ED visits for people with chronic conditions (exclude trauma cases) [B]
- 5) Number of ambulance trips for people with chronic conditions (exclude trauma cases) [B]
- 6) Absolute number of no-shows [C]
- 7) No-shows as a percentage of total appointments [C]

Though each measure is associated with one of the three goals, it is also true that all of the measures are related to improving health outcomes, since fewer missed appointments means that patients are seeing their doctors more regularly, and reduced use of emergency services by people with chronic conditions would generally indicate that their health has improved.

In addition to gauging the progress toward the three goals, it is also critical to measure the direct outputs of the program so that the funders can see clearly what program dollars are being used for. The following list of outputs shows the easily measurable products of the Rides to Wellness program.

### ***Services Delivered/Outputs***

- 1) Unique clients served, possibly including family members served
- 2) Direct trips provided (taxis, vans and volunteers)
- 3) Gas cards provided
- 4) Transit rides
- 5) Total passenger miles provided
- 6) Trip refusals
- 7) Total ride requests
- 8) Referral source

While these items are easily measurable, there are some complexities involved with tracking their relationship to the program. For instance, if the system calls for the patient to work with the program coordinator to obtain rides through the local transit provider (RCT or The Current [plus Shared Transportation Services<sup>1</sup> for Medicaid rides only] for the two pilot regions), then it would be possible to calculate how many rides the program delivered. If patients, however, contact the transit provider directly for future rides, and those rides are funded through Medicaid or some other program, then it would be necessary for the provider to mark that individual as associated with Rides to Wellness and to continue to track those rides as being part of the program. This is not difficult to do, but it does require attention to detail.

### ***Qualitative Feedback through User Surveys***

We will complement the performance measures and program outputs with qualitative feedback from riders. The study team, with the cooperation of the CHTs, will undertake a direct survey of users of the program to obtain information on the value of the program and alternatives that were available to riders. A draft survey form is provided at the end of this report.

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<sup>1</sup> Shared Transportation Services is a collaboration between Marble Valley Regional Transit District and Green Mountain Community Network to serve as a subcontractor to the Vermont Public Transit Association in providing Medicaid transportation service to the southeastern Vermont region. The area served by Mt. Ascutney Hospital would be covered by MVRTD drivers.

## Constituencies

Below is a description of the primary constituencies of the R2W program, namely customers, partners, and champions.

### Customers

The customers of the program include anyone in the two pilot regions (NCHC/NVRH service area, and MAHHC service area) with a transportation barrier that prevents them getting to or from medical providers. There are two groups we are concerned with: people who are currently in the medical system who are missing appointments because of transportation barriers, and people who are not seeking medical care in the first place because they perceive the transportation barriers as insurmountable.

In addition to these primary groups, there was agreement that:

- Patients sometimes need transportation options for dependent children or others.
- Wellness visits – beyond just seeing a medical provider – should be considered. Guidelines could be established, for example, to require that a wellness visit to a pharmacy or grocery store would be provided when made in conjunction with a visit to a provider, but not as a standalone trip.

### Partners

Anyone having direct contact with Customers, including providers, front-line staff working with providers, transit agencies, other transportation organizations, organizations of providers (including, but not limited to hospitals, federally qualified health centers, designated mental health agencies, and Visiting Nursing Association chapters), Vermont 2-1-1, and the AAA.

### R2W Champions

These are the Rides to Wellness representatives who have assembled in the two pilot regions – St. Johnsbury and Mt. Ascutney – to articulate the key tenets of R2W in their geographic area. In each case, the leadership is provided by the Community Health Team (CHT), which, under Vermont's Blueprint for Health initiative, is charged with meeting the health and wellness needs of the local community.

In St. Johnsbury, the Champions include:

- The Community Health Team at Northeastern Vermont Regional Hospital (NVRH)
- Other staff at NVRH
- Northern Counties Health Care
- Rural Community Transportation (RCT)
- VT Agency of Human Services Field Office
- Northeast Kingdom Human Services
- Northeast Kingdom Council on Aging
- Northeast Vermont Development Agency
- Bay Area Addiction & Recovery Treatment (BAART) St. Johnsbury
- Vermont Agency of Transportation

In Mt. Ascutney, the Champions include:

- The CHT at Mt. Ascutney Hospital
- Southeast Vermont Transit (The Current)
- Medicaid transportation provider (Shared Transportation Services)
- Southern Windsor County Regional Planning Commission (RPC)
- Volunteers in Action
- Adult Day center
- Senior Solutions
- Vermont Adult Learning
- Vermont Agency of Transportation

### ***Vermont 2-1-1***

Vermont 2-1-1 is very interesting in becoming a partner with both St. Johnsbury and Mt. Ascutney groups. Aplomb Consulting and Steadman Hill Consulting will work with Vermont 2-1-1 in outlining a memorandum of agreement, which will likely involve these points:

- Vermont 2-1-1 would be listed in marketing and promotional materials as an option for consumers to contact them as a first call when medically related transportation needs arise
- Vermont 2-1-1 would be trained – initially by Aplomb Consulting, and later by the CHT – on how to navigate the complexities of the various transportation funding programs.
- It would be unlikely that CHT or medical staff would refer members of the public / people seeking rides to call 2-1-1. Rather, Vermont 2-1-1 is intended to be a entry point to refer people to one of these resources:
  - Local public transit bus service
  - Local taxi services
  - Veteran’s Administration Travel
  - Restorative Justice Centers for rides to court
  - Community Health Team (in Mt. Ascutney)
  - Community Connections (in St. Johnsbury)

## Mechanics

### Roadmap

In both regions, the transit agencies have a deep understanding of the eligibility requirements for different types of transportation solutions and are excellent at coordinating rides. This deep understanding was not necessarily shared by all of the Partners. Drawing from a proven algorithm that the CHT at Springfield Medical Care Systems developed and working with key partners from St. Johnsbury as well as from Mt. Ascutney, we will customize a one-page Roadmap along with one page of notes for each region, which outlines eligibility requirements in a flow-chart format.

The Roadmaps that follow this section, will inform key stakeholders:

- Vermont 2-1-1 operators
- Staff at doctor's and other providers' offices who set appointments with patients
- Social service agencies that direct people to transportation options

Due to the complexity of the Roadmaps, they are not intended to be used by the general public.

The draft Roadmaps are to be updated by R2W Champions in each region.

### Communication Flow

Inherent in the Roadmap are open channels of communication and a clear delineation of what types of information are available in which places and how that information is maintained and updated. To maximize the reach of the Rides to Wellness program, Vermont 2-1-1 operators and the front-line staff at community health centers / hospitals will need to fully absorb the Roadmap (see Training below) and proactively talk to patients about transportation issues. It is not necessary that the front-line staff become experts on every aspect of transportation, but they need to have a base of knowledge to fully understand the Roadmap and then have the established communication channels to direct the patient to the proper resource (likely either the transit provider or a mobility manager) in as few steps as possible. All the partners in this process need to understand the roles and responsibilities of each group. Likewise, there will need to be strong communication to Vermont 2-1-1 to ensure that information about the available resources is always up to date.

### Roadmap Training

The Roadmap will be shared with all the Partners through a series of workshops facilitated by Aplomb Consulting in the first two months of the programs' rollout. The workshops will be designed for the following:

- Front-line staff at medical providers
- All Champion organizations
- Additional transportation organizations
- Vermont 2-1-1

Staff will be trained in assisting Customers with calls and determining if the Partners can answer questions. The staff will provide gas cards or other support without forcing the Customers to contact the Community Health Team (see below) unless necessary.

## Tracking System

As stated earlier under Goals, an essential element of the Rides to Wellness project is quantifying the impact of the program. As a result, the front-line staff and others who administer the program will need to track the handling of requests and the delivery of services. The consultant team will work with IT staff from Mt. Ascutney, NVRH and NCHC to determine the simplest and most reliable way of collecting such data from their staff. The Community Health Team will also track all requests that come to it and any services or products it delivers.

Ultimately, the CHT in each region will be responsible for compiling the data collected at various locales, including the front-line staff and the transit provider. Steadman Hill Consulting will provide a spreadsheet or database for the CHT to use to track all of the relevant data.

Collecting survey data from the beneficiaries of the program will be a cooperative effort between the CHTs and the consulting team. The most effective way to get Customers to participate in the survey is to hand them a survey form at the time the benefit (gas card, ride, etc.) is being provided or arranged. The person interacting with the Customer may be a receptionist at a doctor's office who would have gas cards to distribute, or a volunteer or professional driver working with the local transit agency. Once the survey forms are filled out, they would be transferred to the consulting team for processing and analysis.

## Marketing

Through word-of-mouth and, strong communications, and outreach to key partners, the Community Health Team (CHT) of each region will work with its Partners to promote R2W throughout the region during the first quarter of the program, including:

- Posters at all Partner and Champion organizations
- Email communications to Partner organizations and the Champions
- Word of mouth
- Social media campaigns – coordinate with partner organizations to establish a link on their websites with information for customers as well as partners  
Link from/to Go Vermont website
- Town listservs and blogs

## Performance Capture and Analysis

Using the data tracked by the two pilot regions, as described above, Steadman Hill Consulting will analyze the results of the pilot programs and measure the performance of the systems toward reaching the goals discussed above. Data will be transferred monthly from the CHTs to Steadman Hill Consulting and reports will be produced at the 6-month and 12-month milestones after implementation.

## Long Term Maintenance

While a good deal of effort is being expended to provide accurate and comprehensive information at the start of this project to all of the Partners and Champions, over the course of time, things change and the participating organizations will need to communicate periodically to ensure that all parties have up-to-date information. Vermont 2-1-1 will play a key role in this as it is imperative that its database is correct, and the CHT leaders will need to make sure that

Roadmaps and other sources of information are kept up to date and communicated with the other Partners and Champions.

After the initial set of training workshops, it will also be important that the knowledge of how to guide patients to the available transportation resources is passed onto new staff who will be hired in the future. Review of Rides to Wellness concepts should be made part of a semiannual or annual staff meeting or training session.

## **Sustainable Funding**

Funding for Rides to Wellness will begin with a grant from the Agency of Transportation, where both sites—Mt. Ascutney and St. Johnsbury—can be reimbursed for up to \$25,000 each for expenses related to R2W. Those funds may be used over a period of a year, two years or longer, depending on the needs of the sites.

Mt. Ascutney and St. Johnsbury are each committed to sustainable funding of the Rides-to-Wellness program, and as the program is rolled out and further developed, key partners are committed to reviewing how the program could sustain itself.

Our two strongest strategies of replicating R2W in other Vermont communities, after the pilot projects have been launched, include (1) being able to demonstrate successful bottom-line results that are sustainable and repeatable, and (2) having champions from each of the two pilot regions.

Documenting our process – part and parcel of our work will be keeping track of our process, noting parts that are the most replicable, challenging, or essential.

## **Appendices**

- Roadmaps
- Survey forms
- Marketing poster examples