



Transportation to Healthcare Destinations

Resource Guide for Conversations Between Transportation Professionals and Healthcare Professionals

This resource guide is designed to provide a quick-read for transportation providers as they seek interaction opportunities with potential healthcare partners. It covers the basic who and how of engaging healthcare providers in a conversation about patient transportation. For more context on this issue, refer to the National Center for Mobility Management’s “Transportation to Healthcare Destinations: How A Lifeline for Patients Impacts the Bottom Line for Healthcare Providers.”

Who do you contact?

In a hospital setting, begin your conversations with the *vice president for operations*. This person should be able to refer you to the next level of staff you should talk to: the *individual responsible for the discharge planning process* in the hospital. This person’s particulars will probably vary by hospital, but will likely be in the nursing or social work department. Individuals who interact directly with patients in the discharge process may have titles such as *care coordinators, discharge planners, or care managers*. Another good option is to talk with whoever is in charge of community outreach.

In the clinic setting, begin with the *office manager* or, in larger clinics, with the *chief operating officer*.

How do you engage them?

Within the last decade, healthcare facilities have focused on optimizing health system performance, guided by three principles articulated in the “triple aim”: 1) providing high quality medical services 2) at a lower cost that 3) also brings about a good patient experience. Any conversation about transportation will need to be in the context of these principles and how successful movement of patients to and from healthcare destinations can help the health care field achieve its objective. Often we talk about an organization’s “pain points,” meaning those barriers that are standing in the way of the organization

achieving its mission. As pointed out in “Transportation to Healthcare Destinations: How A Lifeline for Patients Impacts the Bottom Line for Healthcare Providers,” the pain points for healthcare providers boil down to their bottom line:

- the cost of missed appointments from an operational standpoint
- the cost missed opportunities to improve patient care and outcomes
- the cost of penalties for readmissions for Medicare patients within 30 days of their initial discharge from hospital
- the cost of penalties to hospitals whose Medicare Spending per Beneficiary, referring to the 30-days post discharge, that exceed the index set by CMS

Let’s not forget that healthcare providers are also motivated because they care about their patients. They want to see them succeed in reaching their health outcome goals. These are what matter to healthcare providers and where you should begin your conversations.

Contexts for interaction with healthcare

One opening for conversations is the community health needs assessment process. Currently all tax-exempt hospitals leads health systems, nonprofit organizations, community partners, as well as health officials are required to improve the coordination of hospital community benefits. These assessments provide transportation providers with the opportunity to interact with health system partners.

Other settings in which transportation providers might come into contact with healthcare providers, care coordinators, community benefit leaders, and others engaged in the provision of services to the community include population health conferences and housing and economic development meetings. Another opportunity may be social innovation convenings, such as Philadelphia’s Public Health Management Corporation (PHMC), a hosted meeting to discuss city health improvement with philanthropy, multi-sector providers, designers, and academia.

Attending meetings such as these may give transportation professionals the opportunity to learn from health systems and health providers about their operations, and to ask questions to help them understand some of the ways they might be of value to them.

Conversation starters

Below are some conversations starters for transportation professionals as they approach healthcare systems. Note, though, that after you begin your conversation, the direction for additional questions should be dictated by the conversation. Also, conversations of this nature may be spread out over several meetings, particularly if the healthcare facility want to first do some research into the degree of missed appointments.

Conversations with any of the individuals mentioned in this guide may best be started with general questions so you can learn about the general challenges, such as

- What are the biggest issues facing your facility now?
- What do you perceive as the most troublesome issues that are preventing patients from achieving better health outcomes?

Then turn to more specific questions about issues they may be facing with patients keeping their appointments, such as

- What types of transportation do most of your patients rely on?
- How would you describe the incidence of no-shows for patient appointments at your facility?
- What kind of approaches have you taken to reducing no-show patients?
- How do you attempt to maintain high quality outcomes for patients who miss appointments?
- What are the barriers you perceive community-wide with regards to improving patients' ability to make all their recommended healthcare appointments?
- At what point in the discharge planning process, or appointment scheduling process, is there an opportunity to discuss transportation with patients and/or their caregivers?

As your conversations with healthcare providers deepen, you will probably be getting down to specific datapoints, such as

- What is the incidence of missed appointments at your facility (numbers and percentage)? What does this represent in terms of missed opportunities for billing for services provided?
- What percentage of patients are being readmitted within 30 days of discharge? Are you able to attribute any of that to the patients missing follow-up care appointments? If so, have you surveyed patients to understand why they missed follow-up care appointments? [Some reasons: lack of convenient transportation options nearby, lack of ability to pay for transportation or healthcare co-pays, lack of health insurance, lack of understanding of what follow-up care is required because of literacy issues, language barriers.]
- Do your clients who miss appointments share particular characteristics like zip code, income or language barriers?
- How much does the healthcare facility spend now in transportation assistance for patients? Where does this funding come from (e.g., general operations, affiliated foundation)?

- What is the hospital's goal for reducing missed appointments or reduced hospital readmissions? What would they be willing to spend to achieve that goal?