



Transportation to Healthcare Destinations

Resource Guide for Conversations Between Transportation 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 appropriate high-level individual who has control over the hospital admissions and discharge policies (e.g., *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 or care management.

Even with this guidance, navigating hospital systems can be daunting. Be sure to tap into your own networks to identify individuals who understand the set-up of your local hospital system and who might be able to connect you with the right department and hospital staff. During your initial conversations with the hospital, you might also want to ask, “Who in your system is involved in working with the transportation needs of your patients?” keeping in mind that it is likely to be multiple departments (e.g., oncology, discharge, social work, emergency department).

In the clinic setting, begin with the *office manager* or, in larger clinics, with the *chief operating officer*. Another contact might be a *practice manager*, who often has responsibility for multiple primary care clinics.

How do you engage them?

Within the last decade, healthcare facilities have focused on optimizing health system performance, guided by the 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 the successful movement of patients to and from healthcare destinations can help the healthcare field achieve these objectives. 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
- the cost of diverting patients to other medical facilities when there are no available beds

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, nonprofit organizations, community partners, as well as health officials are required to improve the coordination of hospital community benefits. These assessments are a required starting point for doing so and 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 wishes to first do some research into the extent of missed appointments and related transportation issues.

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

- How would you describe the incidence of no-shows for patient appointments at your facility?
- What types of transportation do most of your patients rely on?
- 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 data points, such as those listed below. However, note that some of these questions may be asking for sensitive or proprietary data that a system is reluctant to provide. Be flexible in your discussions; a system may be more willing to provide ranges of

data or bundled data rather than specific data. Also, you may need to view these questions as ones healthcare systems should ask internally; they do not necessarily need to provide the data to you.

- 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 the initial hospital 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.]
- 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?
- 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)?
- Is the hospital aware of the new ruling from the Office of the Inspector General, Department of Health and Human Services, that carves out a "safe harbor" for medical facilities to pay for patient transportation in certain circumstances without violating anti-kickback/anti-competitiveness regulations (see www.nc4mm.org/webinars for more information from February 21, 2017 webinar and related documents)?
- Do your clients who miss appointments share particular characteristics like zip code, income or language barriers?
- Would the hospital be willing to explore ways to better match the process for scheduling follow-up appointments to better align with patients' available transportation options?