



Health Care Access Design Challenge

Assumption Testing (part 2)

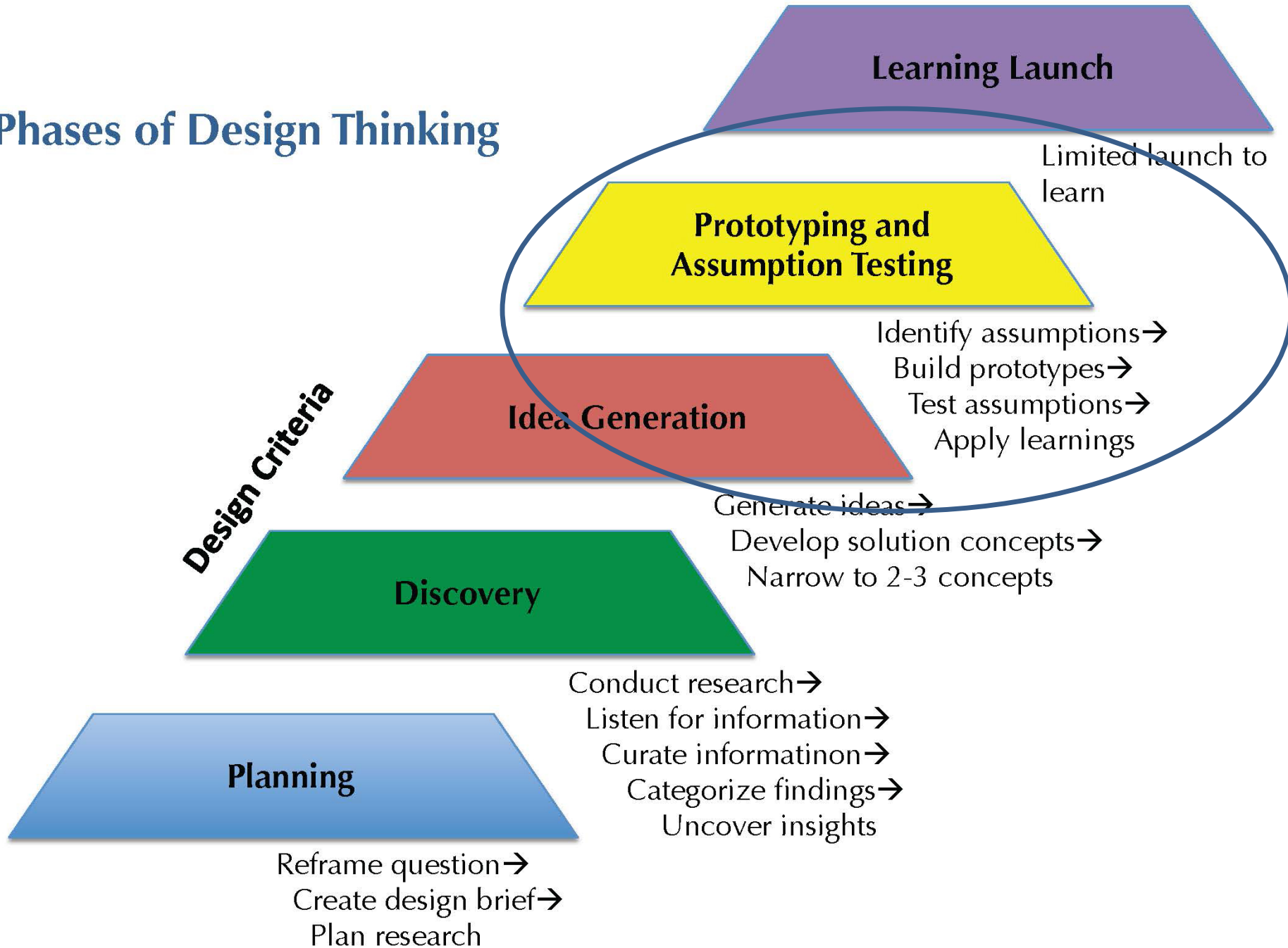
23 August 2018



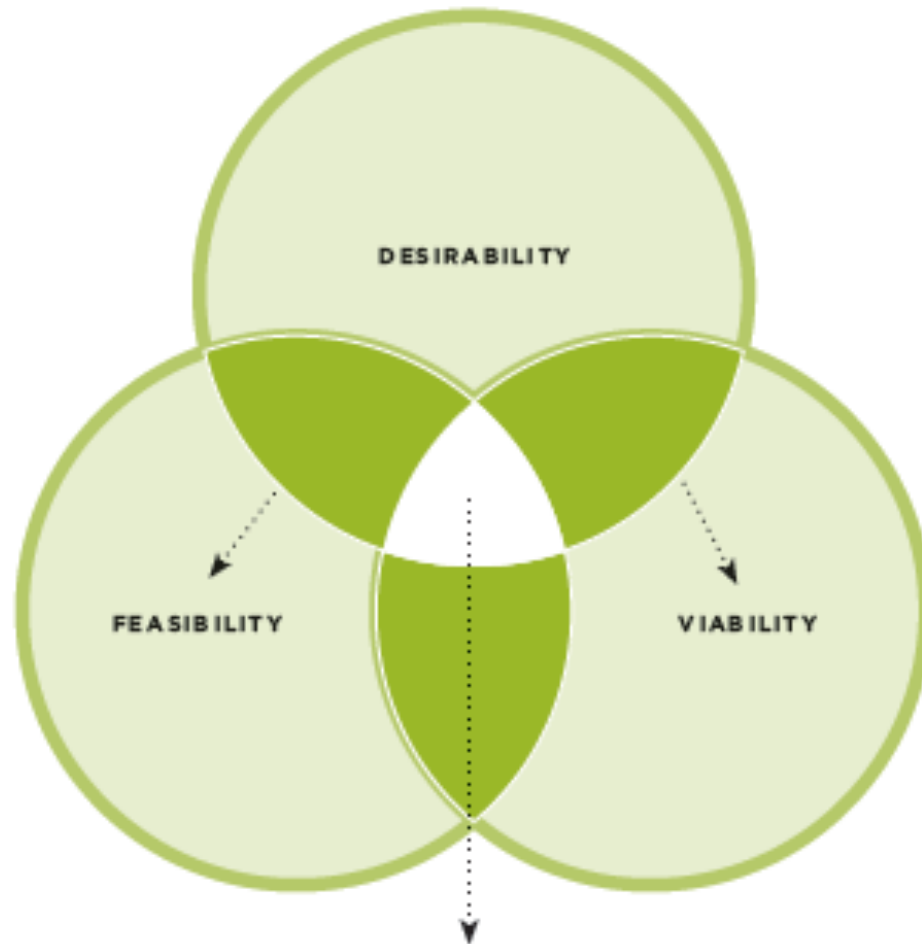
Today's Agenda

- A few words from NCMM
- Schedule Reminders
- Team Updates

Phases of Design Thinking



The Goal: Solution “Sweet Spot”



The solutions that emerge at the end of the Human-Centered Design should hit the overlap of these three lenses; they need to be **Desirable, Feasible, and Viable.**

Source: IDEO Human-Centered Design Toolkit



We are here to help



Next Steps



National Center for Mobility Management

Your dedicated page:

nc4mm.org/challenge-2017

Look under Resource Pages for

- Templates for planning assumption testing
- Archived webinar + slides

Questions?

(press *6 to unmute your phone)

To Be Posted Soon:

Format for team
pitches and
business plan



But for now focus on your
assumption testing

De-risk

De-risk

De-risk!

Complete this 3-part worksheet for each concept your team has created. *Your goal:* To learn what it will take for your concept to hit the sweetspot where customer desirability, operational feasibility, and financial viability intersect.

Name of Concept: On-Demand Trips to Health Care for Patients

Test 1: User Desirability (This service will bring value to the lives of our customers so that they want to use it.)

Step 1: Make a list of the general questions that you have about the concept from a standpoint of desirability by customers.

Step 2: Answer each question based on your best guess, or assumption. This answer should be phrased as an affirmative statement.

Step 3: Put a check mark next to each assumption that could make-or-break the success of the concept. That is, if this particular aspect failed, the whole concept would fail. We will focus on testing the assumptions that are essential to the success of the concept.

Step 4: Indicate how you will test the assumption through secondary research and analytics (e.g., web research, past findings) or through a test with your customers in-market. These tests will answer: What information would you need to collect in order to confirm or disprove each assumption? What would be the best ways to quickly and effectively get that information?

Step 5: Identify who will take the lead in testing each make-or-break assumption and by when.

Question	Assumption (Stated as an affirmative answer to the question.)	Make-or-Break?	Data needed to test (secondary, in-market, or both). Describe.	Lead person/Date
Will our target patient population be willing to use a new, unproven transportation service to go to health care appointments?	We will be able to create the needed trust among our target patient population so they will use our new service.	✓	- Discuss with partners their ability to act as intermediaries to introduce the service to their patients. - Bring prototypes of the service to a sampling of patients and get their feedback	Carolyn, by 9/1/18

Add more lines as needed.

Phase 3 Specific Reporting

For each solution:

Complete the tables for **Customer Desirability**, **Operational Feasibility**, and **Financial Viability**, included in the reporting package, based on your activities during the month, e.g.,

Customer Desirability				
Solution #1 (name of solution): _____ . In the boxes below, place an X under the most appropriate box.				
We are unsure of the desirability of the solution to our customer groups (i.e., just beginning to test desirability)	Our learnings, to date, indicate the solution may be desirable to our customer groups, but we need to have more conversations with customers to learn more	Our learnings to date indicate the solution is desirable to some of our customer groups	Our learnings to date indicate the solution is desirable to most of our customer groups	Our learnings to date indicate the solution is desirable to all our customer groups
Please briefly explain why you chose the status level above:				

Please share photos or representations of any prototypes your team created and of your co-creation sessions

Upcoming Webinars

Thursday, September 20th from 1:00-2:00 pm ET

Link: <http://ctaa.adobeconnect.com/r83nkz5m8ti5/>

Call-in: 1-866-244-8528; **Participant Code:** 436867

In-Person Pitches: October 23

- **Agenda**
 - Pitches
 - Celebratory Lunch
 - Short training on Limited Launch
 - Ideas for Funding
- **Location**
 - Hotel near the Navy Yard and U.S. DOT
 - We will have a block of rooms
 - You can stay up to 2 nights (night before and night of) to facilitate travel home
- **Costs**
 - Can be charged to your grant, or if you do not anticipate having extra funds, NCMM can pick up the tab – PLEASE LET US KNOW!

Team Updates

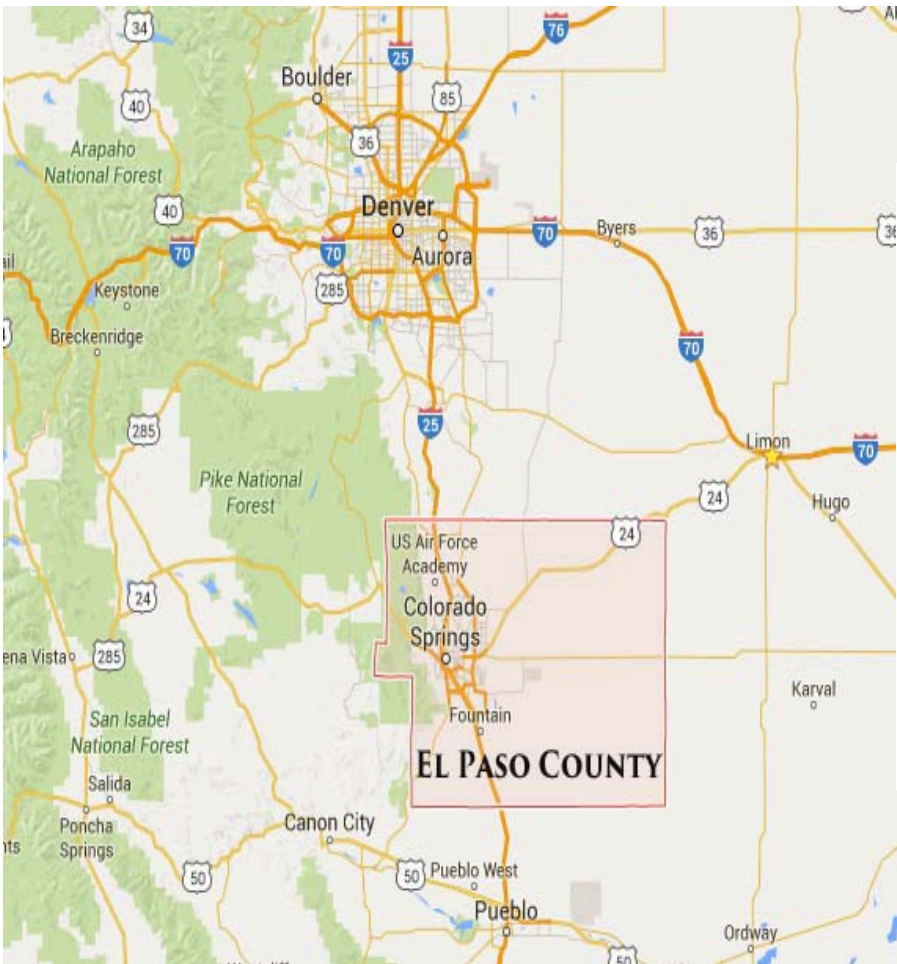
Your role:

Listen

Ask questions

Iterate

How can we improve access to
behavioral health treatment?



El Paso Co., CO

Team Lead: Dave Somers, Envida

Team members:

Charlton Clarke, AspenPointe

Natalia Gomez, SET Family Medical Clinics

Gail Nehls, Envida

Laura Teachout, Patient Advocate

El Paso Co., CO Solutions

- **Erase Need for Transportation**

Make access to health care easier through telehealth and home delivery of meds. When a ride is necessary, make it more comfortable and safer through driver training like mental health first aid. Also have visits occur in homes.

- **Car Share**

Create Zipcar-Like service for clients, based in neighborhoods. Available only to Medicaid clients at no cost to get to medical appointments

- **Hub System**

Well-trained, paid drivers would be launched from hubs throughout the county in response to patient requests to behavioral health and wellness locations



Car Share

- Juanita is a single mom trying to make ends meet, and her coping mechanisms have landed her in treatment. Unfortunately, the facility she needs to visit is not on a bus route, and she doesn't have a car because her income doesn't stretch far enough to buy one.
- Her neighborhood has a Medicaid Car Share program that can be used for medical appointments. She can head to the car lot, use an electronic insurance card to unlock the car, take a breathalyzer test, and be on her way. The vehicle will track her route to ensure she visits an approved location. If Juanita did not want to drive, another approved driver could take her.

Assumptions

- **Customer desirability:** Convenience is critical. Cars or bikes are available in neighborhoods where enough patients live to justify the program.
- **Operational feasibility:** Patients must have a driver's license or an approved driver who can use the car. If a bike share, the distance and route to treatment must be reasonable and safe for the rider.
- **Financial feasibility:** Medicaid must be willing to fund a car or bike share program. This program requires vehicle ownership and acceptance of liability by Medicaid or another entity.



Shiawassee Co., MI

Team Leads:

MaLissa Schutt, Transportation Solutions of SATA
Marlene Webster, Shiawassee Hope/Alliance for a
Drug-Free Shiawassee



Team members:

Samantha Ardelean, Shiawassee Hope
Sari Colbry, Shiawassee County 35th Circuit Court
Rebecca Schoch, Shiawassee Area Transportation
Agency
Patrick Williams, Recovery Pathways

Shiawassee Co., MI Solutions

- **Drug Court Navigator**

Mobility Manager, Recovery Coach, or local volunteer serves as a navigator to help drug court participants identify transportation options and assist in scheduling appointments to fit these options.

- **Fill the Gaps**

Volunteers are paired with drug court participants to assist in providing on demand ride request from the drug court participants. Matching care takes place in person or via a shared google calendar for volunteers and navigators.

- **Safe Holding Space**

Drug Court participants can enroll into the Safe Holding Space program. Hosted at a local church, the program serves as a local “drop in center” for participants to wait in between appointments, and access additional services and supports.

Tarrant Co., TX

Team Leads:

Deidre Brown, MHMR Tarrant
Russell Schaffner, Tarrant County

Team members:

Brian Sosebee, MHMR Tarrant
Carla Forman, Trinity Metro
Eric Zimmerman, Contractor
Brenda Gomez, JPS Hospital
Jacob DeGeal, Contractor
Jennifer Gilley, Challenge of Tarrant County
Kamisha Bailey, Tarrant County
Marguerite Jones, Tarrant County
Mattie Parker, City of Fort worth
Patricia Ward, Tarrant County
Richard Brooks, MedStar
Susan Au, Tarrant County
Vincent Cruz Jr., Tarrant County



Tarrant Co., TX Solutions

- **Transportation Case Management Tool**

A transportation management service with a flexible pricing model tailored to the criminal justice rehabilitation system that helps clients get to required meetings and appointments.

- **On-Time Arrivals**

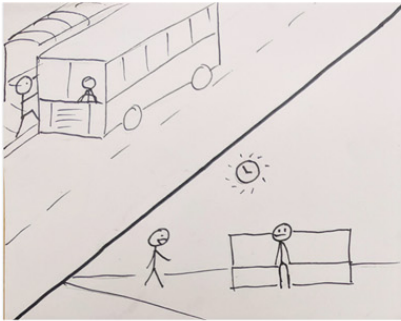
On-time Arrivals is an emergency/incentive program that makes sure clients always have an option to get to a bus or other means of transportation--including an incentive or other transportation reward for compliance.

- **Roundup and Donate Fares**

Funding for trips could be provided through a roundup and donate feature applied to purchases at a related transportation service, retailer, or public organization or agency (e.g., utilities). The choice to donate is up to individual consumers

On-Time Arrivals

Title On-Time Arrivals #1



What's Happening

Taking the bus, the client arrives on time for her first appointment with a case worker.

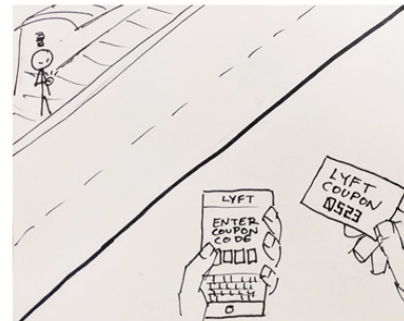
Title On-Time Arrivals #2



What's Happening

The case worker provides the client with a package of credits, discounts and coupons, including bus passes and free Lyft rides.

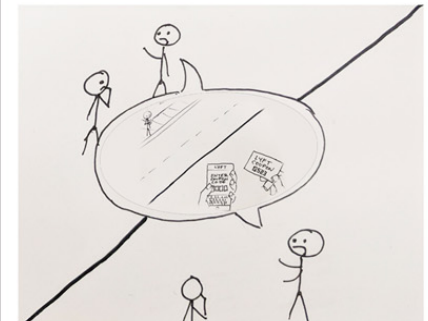
Title On-Time Arrivals #3



What's Happening

The next week, the client's bus is late. In a pinch, she uses her Lyft coupon to hail a free ride to her appointment.

Title On-Time Arrivals #4



What's Happening

Arriving at her appointment a few minutes late, she explains her situation with her case worker. The case worker then relays the story, and the effectiveness of the perks package, to a judge.

On-Time Arrivals

TEST 1: User Desirability (This service will bring value to the lives of our customers so that they want to use it.)

Question	Assumption (Stated as an affirmative answer to the question)	Make-or-Break? (yes or no)	Data needed to test (Secondary, in-market, or both) Describe	Lead person/date
Will clients be able to use a smartphone to use a ride-share app in emergency?	Most clients do have their own smartphones or government phones, with limited data plans	yes	General awareness and knowledge of clients of ride-hailing apps	
Do clients prefer incentives that save them time over saving them money?	Clients would prefer to rehabilitate faster rather than save money.	no	Interview recent graduates of the program to determine what incentives are most helpful	
Would clients prefer financial assistance towards groceries and other costs of living over transportation costs?	No, most clients prefer transportation assistance.	no	Cost estimates of travel expenses for clients; interview recent graduates of the program	
Would clients be willing to carpool or share rides with other clients in the RISE program to recurring group appointments?	Yes, some clients in the program are willing to help others	no	Distribution of RISE clients and proximity to each other and required destinations; cost of gas/ride-hail/car-to-go for transportation to each	
Will clients use emergency ride-hail credits for purposes other than getting to appointments	yes, often clients will use ride-hail services for entertainment or other life tasks	no	Interview recent graduates of the program	

TEST 2: Operational Feasibility (We have or can obtain/develop the resources, including technology to implement it.)

Question	Assumption (Stated as an affirmative answer to the question)	Make-or-Break? (yes or no)	Data needed to test (Secondary, in-market, or both) Describe	Lead person/date
Can ride-hailing companies provide timely data on coupon code usage?	Ride-hailing company can share their usage data of coupon codes as soon as they are used	no	Benchmarks of partnerships with ride-hailing services	
Will managing and measuring new incentive packages add extra work to case-workers already busy schedule?	No, through understanding the process and reducing the clients time in the program, the time spent with each client will become more efficient	yes	Detailed sample schedules for every clients; Benchmark clients who received transportation assistance.	
How often do clients miss appointments?	Clients miss appointments frequently enough to impact how efficient the move through the RISE program	yes	Number of clients over a certain time period (1 year would be best, multiple would be even better); Frequency of missed appointments, including date, time, and appointments type (i.e. health care appointment, judicial appointments)	
Is it necessarily better for the client to get through the program faster?	Rehabilitating clients through RISE quicker than 3-4 years is better than providing ongoing financial support	yes	Interview criminal justice staff, case-workers, and/or judge	
Are there other organizations similar to MHMR that provide emergency or on-demand transportation assistance?	Yes, other organizations experiment with similar solutions with varying success	no	Benchmark other mental health organizations in the region/nation and review their website for services offered to clients	
Will incentive packages also be useful for improving the provider side of transportation?	yes, by offering incentives to transportation providers, unexpected and uncontrolled delays for the client can be reduced	no	Frequency of late/delayed routes within target zip codes and required client destinations;	

TEST 3: Operational Feasibility (We have or can obtain the financial resources to sustainably deliver this service)				
Question	Assumption (Stated as an affirmative answer to the question)	Make-or-Break? (yes or no)	Data needed to test (Secondary, in-market, or both) Describe	Lead person/date
Can we partner with ride-hailing services to offer discounted fares to RISE clients?	Yes, many ride-hailing services have a history of providing augmented fare structures	yes	Benchmark partnerships with ride-hailing services in the area/nation; contact information to ride-hailing services;	
What is the average cost of a ride-share from the clients home locations?	The cost may be a bit higher than the average ride due to distance; and increased frequency will exponentially increase cost over time	yes	Estimated costs of rides from targeted zip codes residencies to required appointments	
How can we fund additional assistance packages such as free bus passes, ride-hailing services, or bike-share trips?	Using a combination of POS fundraising, and public/private partnerships we can lower or remove the cost of transportation for our clients	yes?	Cost of assistance package and options; financial willingness of partners; other sources of current private donations	

How can we improve access to treatment for chronic diseases?

Oklahoma



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Team Lead:

Laura Corff, United Community Action Program, Inc.

Team Members:

Kary Hughes, SouthWest Transit Assn.

Caleb Knowlton, Stigler Health & Wellness Center

Kendra Sue McGeady, Pelivan Transit/NEO Tribal Transit

Consortium

Tonya Puryear, Governor's Oklahoma United We Ride Council

Nikki Siler, Cleveland Area Hospital and Lake Area Medical

Associates

Charla Sloan, KI BOIS Community Action Foundation, Inc.

Oklahoma Solutions

- **My Buddy and Me**

When setting up a new patient for treatment, dialysis facilities will screen patients and match those who would benefit with a buddy or mentor to provide additional support. Support includes: interpreting documents and care instructions, assisting in education and referral to access other services, coordinating dialysis appointments, or can be a part-time volunteer driver for the patient as well.

- **Rides and Rewards**

An app available to both drivers and riders allows GPS tracking to provide real time updates on driver location. It also include the opportunity for riders to create a personal profile with specific preferences. Information is edited and synced with the transportation database and software. A rating system applies to both riders and drivers. Incentives are available for those who receive high rating and reviews.

- **Friends of Dialysis**

Friends of Dialysis is a new not-for-profit that supports individuals diagnosed with end-stage renal disease and those going through dialysis treatment. The goal of the organization is to bring stakeholders together for a charitable and educational organization that supports a better experience for patients.

How can we improve access to treatment for acute/immediate care?

Pioneer Valley, MA

Team Lead: Price Armstrong, Pioneer Valley Transit Authority

Team members:

Julia Carey-Ruiz, Pioneer Valley Planning Commission

Moumita Dasgupta, Ph.D., Smith College

David Elvin, AICP, Pioneer Valley Planning Comm.

Annamarie Golden, Baystate Health

Frank Robinson, Ph.D., Baystate Health

Mary Jenewin-Caplin, Greater Springfield Senior Svcs Inc

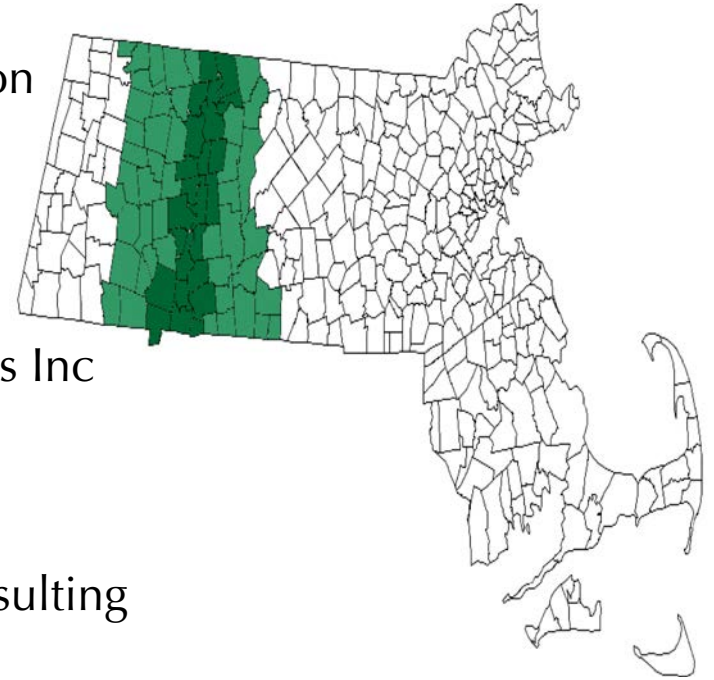
Richard Johnson, New North Citizens Council Inc.

Jennifer Lee, Stavros

Bonnie Lin, Amherst College

Luz Lupez, MetroCare of Springfield and Lopez Consulting

Jynai McDonald, Lopez Consulting



Pioneer Valley, MA Solutions

- **PCP Takes Lead**

A transportation coordinator is responsible for specializing in transportation issues for high-risk patients. The burden of transportation would be removed from the overstretched CHWs and from the patients themselves, and given to the people specializing in transportation options.

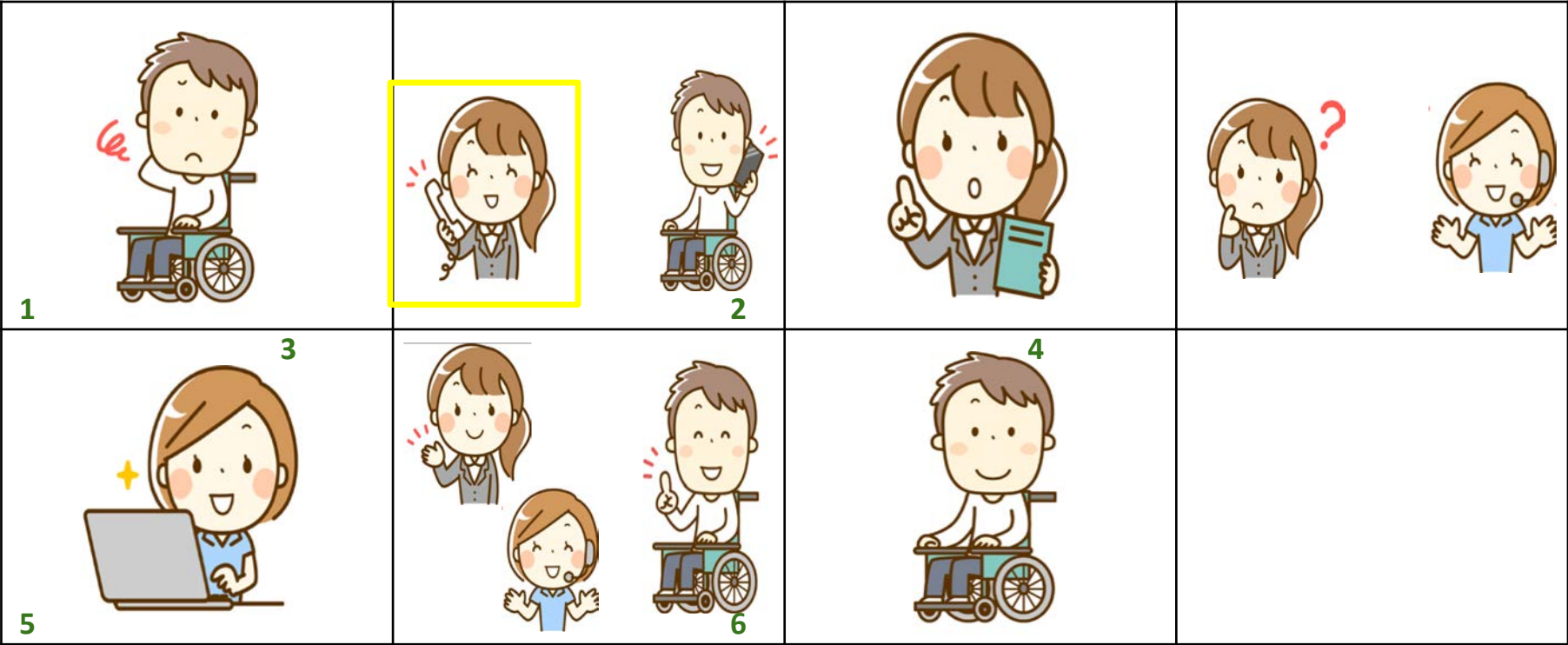
- **Hybrid Transportation Service**

A transportation shuttle service works on-demand to pick up patients from their homes to drop them at the nearest bus stops to bridge the “last mile” problem. Each van has a driver and a coordination who takes calls from a central dispatch in real time.

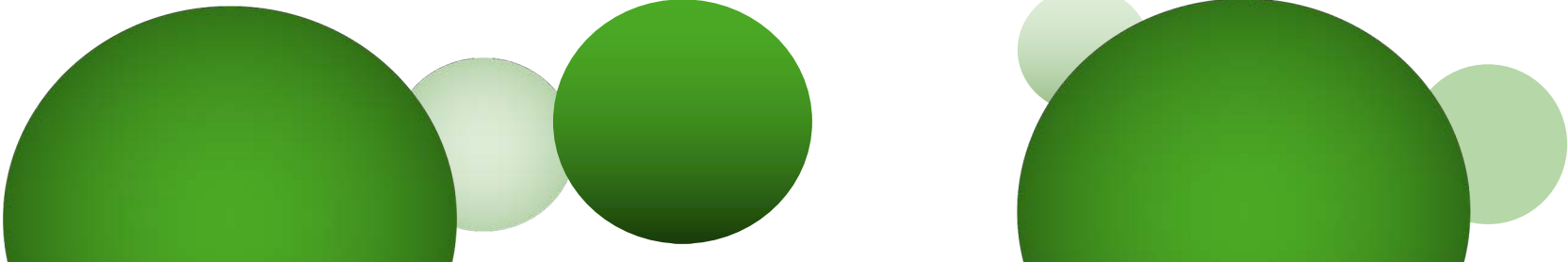
- **Matchmaker**

Patients build up an online database of families available for carpooling services to similar medical providers. Family members are the people providing riders to their own family and nearby “matched” neighbors to medical appointments.

PCP Takes Lead: Assumptions/Questions



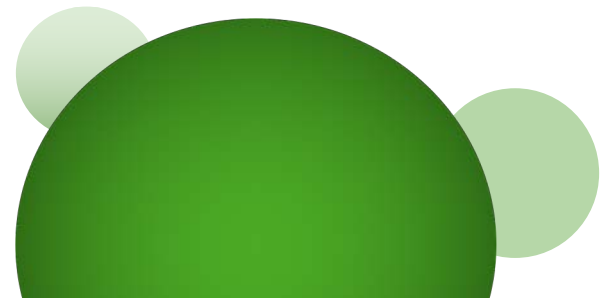
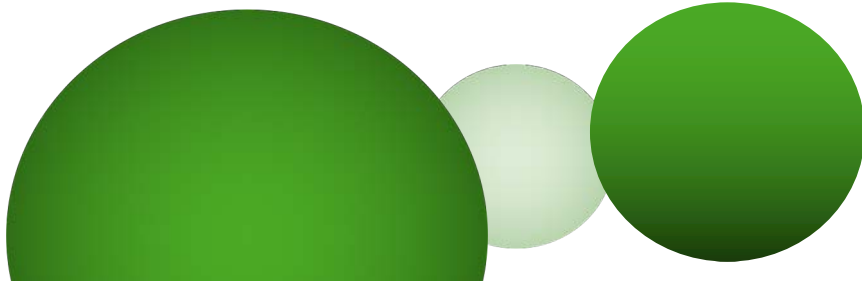
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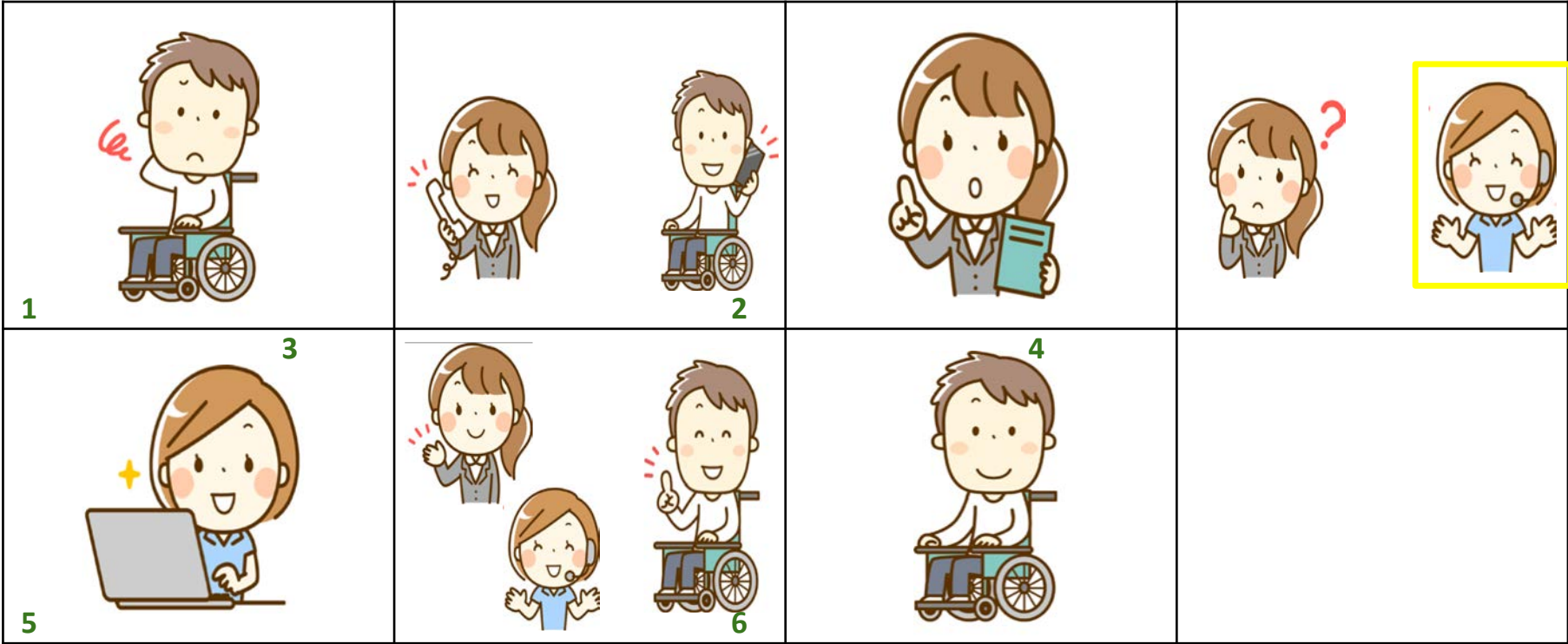
PCP Takes Lead: Assumptions/Questions



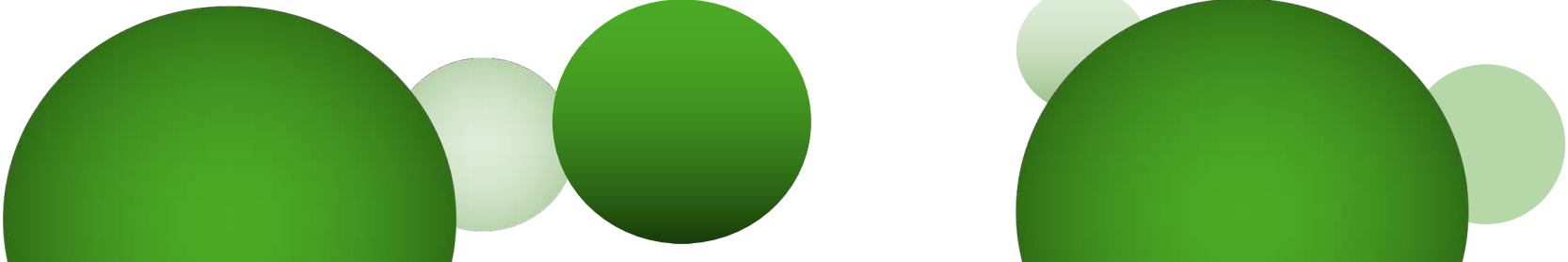
- Who is the patient's first point of contact?
- Could be scheduler, community organization representative, doctor/nurse, family member, friend



PCP Takes Lead: Assumptions/Questions



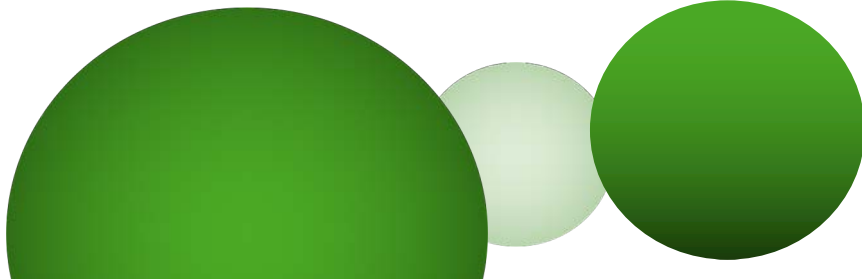
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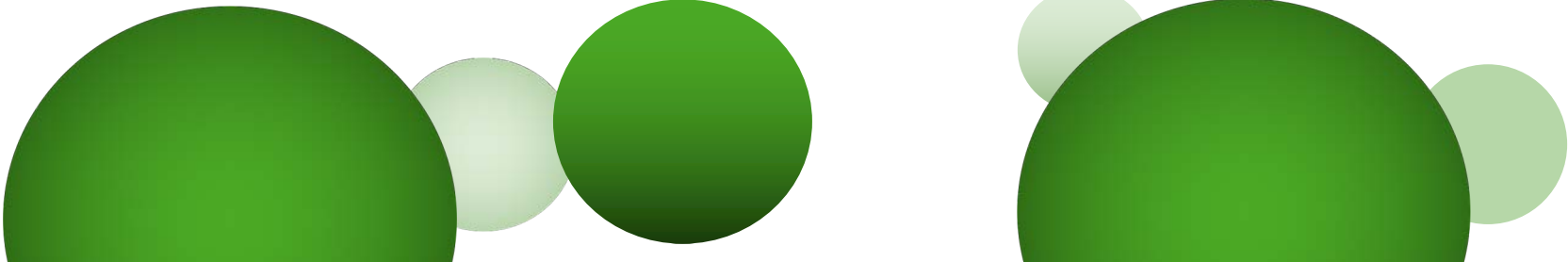
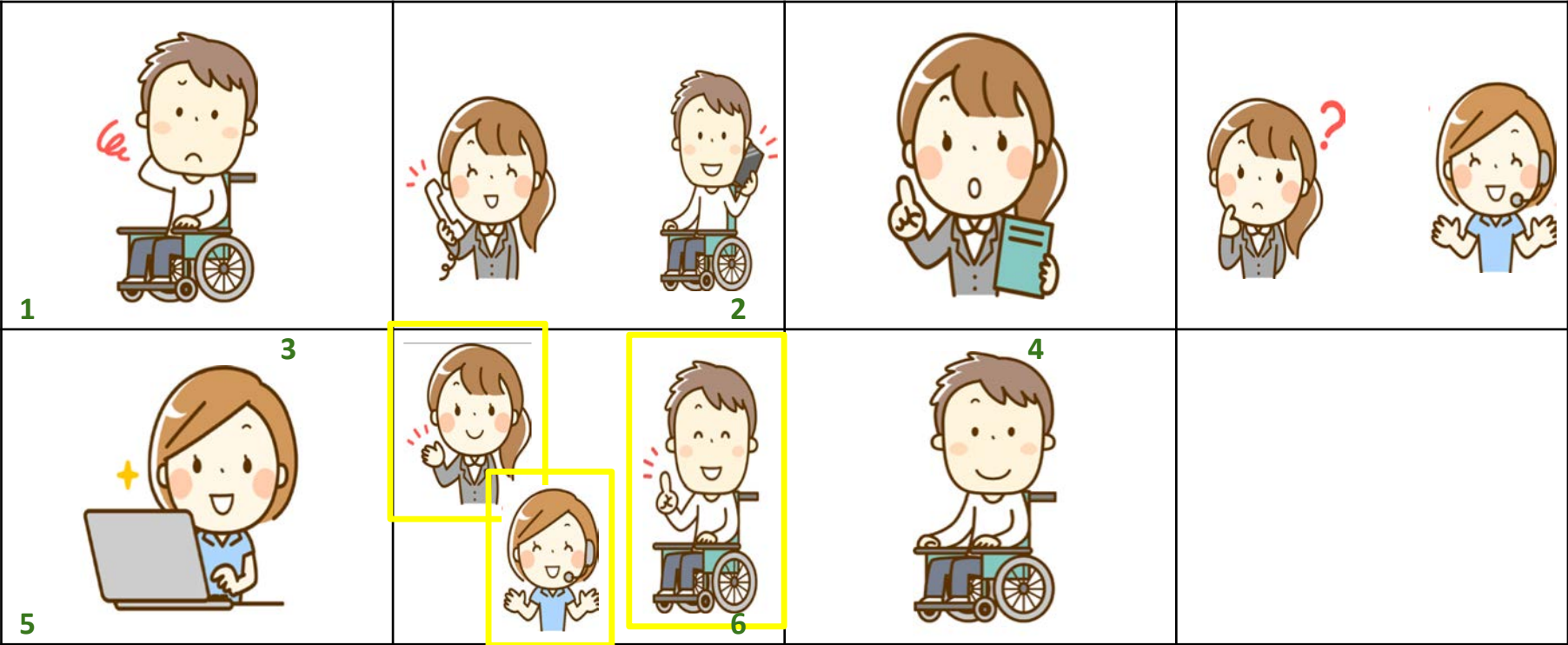
PCP Takes Lead: Assumptions/Questions



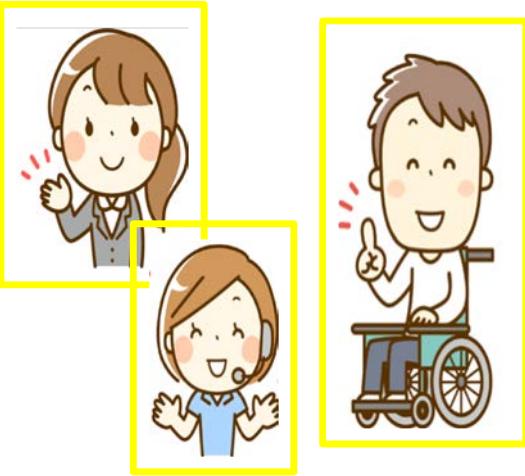
- Is transportation an especially complex issue that requires third party help?
- Should the specialist be on site or off site?
- What is the extent of the specialist's responsibilities?



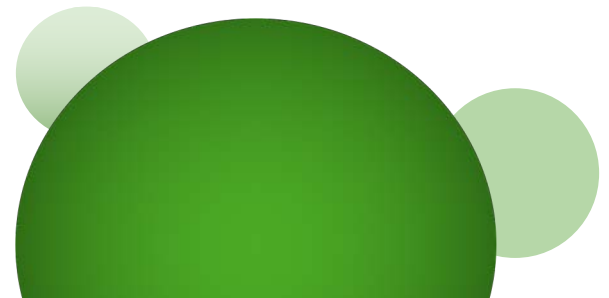
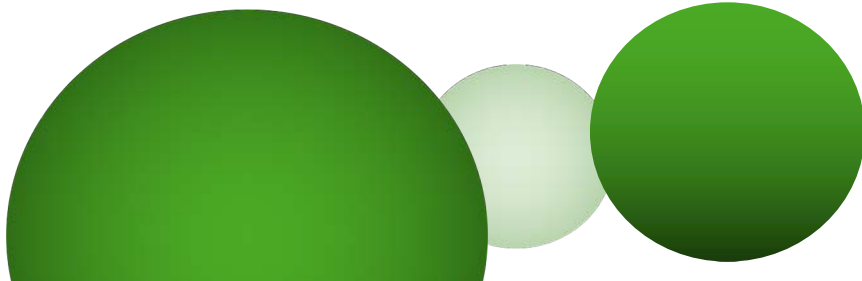
PCP Takes Lead: Assumptions/Questions



PCP Takes Lead: Assumptions/Questions



- Who distributes information out to patients about transportation?



How can we improve access to ongoing treatment for post-hospitalization recovery and avoidance of re-hospitalization?

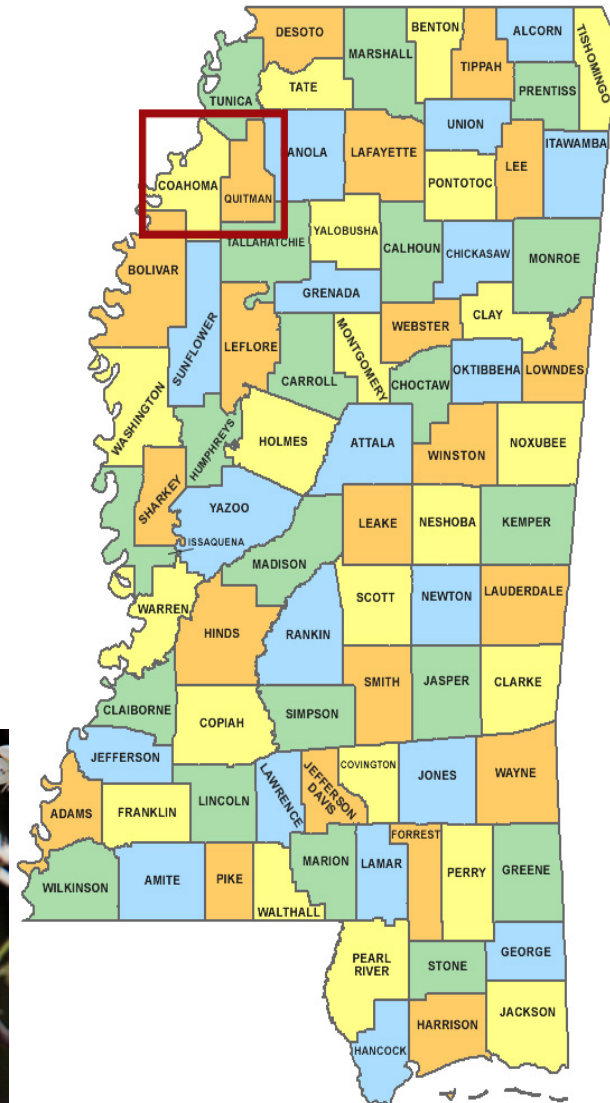
Coahoma & Quitman Counties, MS

Team Leads:

Antionette Gray-Brown, Aaron E Henry Comm. Health Center
Debbra Williams, Bolivar County Council on Aging

Team members:

Dartenya Davis, Aaron E Henry Comm. Health Center
Errol Forte, Patient Advocate
Dennis Johnson, Children's Health Fund
Aurelia Jones-Taylor, Aaron E Henry Comm. Health Center
Leandrew Mayberry, MDOT
Laurie Monte, Merit Health NW Mississippi
Clara Reed, Mid-Delta Home Health
Shirley Wilson, MDOT



Coahoma & Quitman Counties, MS Solutions

- **Trendy Transit**

Create a transport service system designed for discharged patients with specific hours of operations to include follow up appointments for 6 months to 1 year. Visually friendly and funded through partnerships and vouchers supplied. Treat for children riders (sucker with hospital and transit log).

- **Information Grab Bag**

Transit systems establish customer profile in their routing software. Develop a stronger working link with the regional call center. Extend the network to include appointment integration by healthcare workers. Healthcare workers and customers will get extensive training on how to use and pay for rides.

- **Community Value Coalition**

Development of a community coalition that includes patients, caregivers, healthcare providers to educate the public on the need for increased funding and community investment in the public transit system. Emphasizing a team approach is necessary to ensure all sources are tapped into also to include a plan to demonstrate excellence.

Rockingham Co., VA



Team Lead: Beth Bland, Valley Program for Aging Services

Team Members:

Pamela Collins, MSN, RN, Sentara Health Center
Rhonda Cooper, Community Develop. Rockingham Co.

Ben Craig, WayToGo

Linda Dove, Rockingham Co. Transportation

Cindy Harlow, Sentara RMH

CJ Hartman, James Madison University

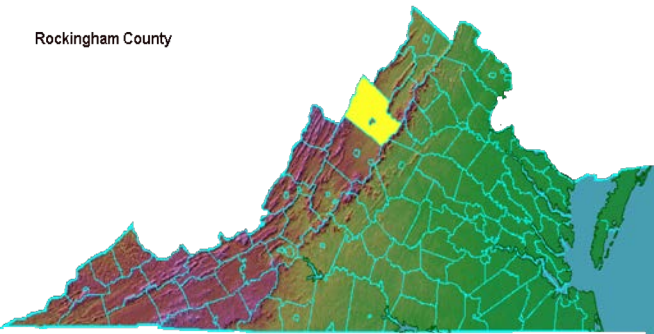
Rena Mae Nadeau, Patient advocate

Joyce Nussbaum, Valley Program for Aging Services

Laura Toni-Holsinger, United Way

Kim Whetzel, Sentara RMH

Rockingham County



Rockingham Co., VA Solutions

- **Discharge Buddies**

Discharge buddies are trained volunteers who would be connected to a patient by a Discharge Planner before discharge. The volunteer might be someone who has dealt with a similar problem him/herself, and their role would include building empathy as well as support.

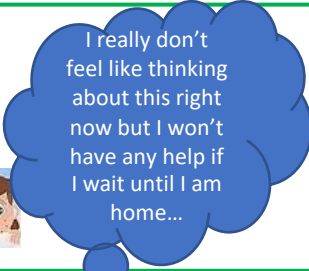
- **Combo Transportation Service**

Pre-discharge, Discharge Planner/Social worker will help patient schedule a follow up appointment and complete all necessary paperwork with the patient including registering them with the transportation provider if necessary


- **Communication Tool**

By asking open-ended questions and helping patient think through possible barriers and challenges, care coordinators can make a plan with the most potential for success for individual patients


Rockingham Co.: "Communications Tool"




I really don't feel like thinking about this right now but I won't have any help if I wait until I am home...



Discharge Planner calls HCP to ask about scheduling follow up appointment so they have an idea of the available options




looks at list of transportation options and decides to call to ask the Transportation Coordinator which options she qualifies for




and Discharge Planner call Transportation Coordinator


Transportation Coordinator explains options and offers to schedule a ride



chooses best option for her and asks Transportation Coordinator to schedule a ride and confirm appointment with HCP



This is a big relief!



Patient leaves hospital with follow up appointment and ride confirmed





I am so glad I don't have to think about this when I get home!



Transportation Coordinator, using transportation logistics software will remind driver and rider of arrival time
Patient is ready when driver arrives and gets to her follow up appointment on time



Great !A reliable driver and professional, caring service. I don't feel like going but I don't want to let everyone down...



HCP will/may follow up to confirm patient intent to keep follow up appointment

Test 1: User Desirability (This service will bring value to the lives of our customers so that they want to use it.)

Question	Assumption (Stated as an affirmative answer to the question.)	Make-or-Break?	Data needed to test (secondary, in-market, or both). Describe.	Lead person/ Date
Will patients see the value of having a DB and be willing to work with them?	Many patients who struggle to get to post discharge appointments would value the opportunity to work with a DB.	v	In –Market: information from talking directly with current or past patients to see if they would participate if the program was available. (Use “book” made from the DB PowerPoint and verbal explanation) Secondary: Responses from presenting DB prototype to discharge planners for feedback on patient desirability.	Joyce with Pam as hospital contact/current through mid September
Will family/care partners be comfortable with the DB?	Family and care partners will be comfortable with DBs based on the recommendation from trusted hospital staff.	v	In-Market: results from asking a group of over age 60 and w/ a disability about the role their family plays in their health care. Interview family members when they are available. Secondary: interview coordinator of similar program (Community Caregivers Network) and local home care providers to learn from their experience.	Joyce/mid September
Will patients allow a volunteer to come to their home?	Most patients will allow DBs to come into the home or contact them by phone.		In-Market: results from asking a group of over age 60 and w/ a disability if they would allow a trained volunteer to come to their home.	Joyce/mid september

Test 2: Operational Feasibility (We have or can obtain/develop the resources, incl. technology, to implement it)

Question	Assumption (Stated as an affirmative answer to the question.)	Make-or-Break?	Data needed to test (secondary, in-market, or both). Describe.	Lead person/Date
Can volunteers connect with patient in a timely manner?	Volunteer or DB Coordinator will speak to patient or caregiver within 2 days after discharge.	√	Secondary: Results of thought experiments and walking through the process with a potential patient	Joyce/August 31
Will Hospital discharge planners be able to explain the program adequately in the time they have available?	Hospital Discharge Planners will explain the program when provided with adequate information	√	In-Market: Results of testing idea with discharge planners Secondary: Results of thought experiments and walking through the process with a potential patient	Joyce (with Pam)/August 31
Will volunteers connect with patients in the hospital or after discharge?	Volunteers will connect with patients within 2 days of discharge.	√	In –Market: data from thought experiment and interviews with hospital staff	Joyce/August 15
Will community volunteers be needed to supplement student DBs?	Community volunteers from the hospital volunteer pool will be trained to pilot the DB program.	√	In-Market: Information from hospital volunteer coordinator	Joyce/August 31
Will there be support from SRMH and Universities to develop a for credit class?	The JMU and SRMH collaborative will support the development of a for credit class based on the success of the current CCN model.		In-Market: Feedback from SRMH/JMU Collaborative. Secondary: Interviews with individuals who set up CCN	Joyce/August 31
Will students be able to fulfill the commitment for the semester?	Students will be provided with adequate training and support to be successful and fulfill their commitment.		In Market: Feedback from JMU Dean and professors	Joyce/mid-September
Will the student opportunity fit current curriculum for appropriate major?	University staff will determine curriculum needs to fit academic requirements.		In Market: Feedback from JMU Dean and professors	Joyce/mid-September
Will student volunteers be able to attend follow-up appointments without disruption in the form of class schedules?	Students will provide support to patient and will make alternate arrangements if the appointment conflicts with their schedule.		Secondary: thought experiments to determine alternatives	Joyce/mid-September
Will hospital discharge planners value the program enough to refer patients to the DB program?	Hospital discharge planners will see the value of DBs and refer appropriate patients.	√	In-Market: Meet with discharge planners to get input on prototype and upgrades that would help them best support the program.	Joyce/August 31

Test 3: Financial Viability (We have or can obtain the financial resources to sustainably deliver this service)

Question	Assumption (Stated as an affirmative answer to the question.)	Make-or-Break?	Data needed to test (secondary, in-market, or both). Describe.	Lead person/Date
Will funding be available for this program?	Funding will be provided through RMH Foundation Grants, United Way, and student fees.	✓	In-Market: budget for current CCN program Secondary: information based on past and current conversations with potential funders	Beth/mid September
Will a program coordinator be available?	A program coordinator will be funded through grants, donations or in-kind through a community partner.	✓	Secondary: Information based on interviews with potential partners	Joyce/mid-September

Your dedicated page:

nc4mm.org/challenge-2017

Look under Resource Pages for

- Templates for planning assumption testing
- Archived webinar + slides
- Business plan and pitch templates (to be posted soon)

Questions?

(press *6 to unmute your phone)