REGIONAL TRANSIT COORDINATOR

Creating Connections that Enrich Lives and Help Our Community Thrive
REGIONAL TRANSPORTATION COORDINATION COMMITTEE

SOLVING TRANSPORTATION BARRIERS WITH PEOPLE DRIVEN SOLUTIONS
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<th>Transportation Investments</th>
<th>Land Use Patterns</th>
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WHAT IS DESIGN THINKING AND WHY USE IT?

Design Thinking is a 4-phase process that leads community stakeholders through creatively thinking “outside the box” to develop an innovative solution:

• Customer desired
• Community responsive in improving healthcare access
• Utilize existing resources
• Financially sustainable
## DESIGN THINKING RESULTS

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<th>Insight from Research</th>
<th>Design Principle and Criteria</th>
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| **1.** Patients would benefit from a “continuity of trips” when they need to travel outside their own county | **Design principle:** Create a hassle-free way for patients to travel to out-of-county appointments.  
**Design criteria:** be hassle-free for patients, go beyond county boundaries |
| **2.** Human service agencies schedule and deliver trips to health care services in parallel silos that rarely intersect | **Design principle:** Treat human service agencies’ efforts to deliver trips to health care appointments as part of the same whole.  
**Design criteria:** create connections, be non-duplicative, focus on common end destination |
| **3.** Demand-response transportation staff and clinic staff (patient navigators/care coordinators) may be working to solve the same patients’ transportation issues but often work in isolation from one another. | **Design principle:** Connect efforts of clinic staff and demand-response transportation staff.  
**Design criteria:** reduce efforts being made in isolation |
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| **4.** Coordination of services could be strengthened if elected officials viewed issues on a regional/cross-county basis. | **Design principles:** 1) Create a regional identity with regard to health care transportation access. 2) Foster recognition of common goals/purposes among three counties.  
**Design criteria:** build regional character, build shared goals |
| **5.** Current perceived political and regulatory impediments to improvements in the delivery of health care transportation seem too large to tackle. People rarely move beyond initial discussions. | **Design principle:** Create energy to tackle hard issues.  
**Design criteria:** be a win-win for all involved, show return value for effort, give a sense of accomplishment |
### DESIGN THINKING RESULTS

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| 6. The existing network of transportation services is seen as equally complex to both clinic staff and patients. Both see the way patients get to the clinic as secondary to the end goal of receiving care. | **Design principle:** Simplify choice of transportation options for both patient and clinic staff trying to help them.  
**Design criteria:** ensure accuracy of information, be easy to understand, make choices easy |
| 7. A patient’s “journey” to health care has many emotional and practical factors that impact their choices and behavior. | **Design principle:** Understand and respond to the many factors that may prevent patients from getting to health care appointments.  
**Design criteria:** identify and respond to complexities, create empathy among those involved in making the appointment happen |
Patient Transportation Need Zones (PTNZs) are based on census-tract-level data of population density, poverty levels, car ownership, and disease-specific prevalence.

Patients are asked if transportation to health care appointments is problematic. If so, their PTNZ is identified.
ON-DEMAND SERVICE PROTOTYPE

Healthcare staff help enroll patients into the PNTZ app and told how to access his account via his smartphone.

Funding: 1) Medicaid funding for eligible patients, 2) innovation health care grants, 3) third-party funders (health care–related entities, foundations), and 4) patient and family payments.
ON-DEMAND SERVICE PROTOTYPE

PTNZ software groups trips, as requested, efficiently as possible.
Drivers, healthcare providers and clients have access to real time vehicle information via smartphone or online.

PTNZ app integrates with billing software to send invoices and calculate provider reimbursement.
6 month low cost effort to test the viability of using real-time dynamic routing software in a rural setting to efficiently schedule reoccurring and same day healthcare trip requests.

- Calvert Health
- MedStar St. Mary’s

Health provider schedules trip request on line

On-demand routes based on trip requests

- ARC of SOMD
- TCLE

Health provider can monitor client arrival
- Driver receives updated manifest

Passengers receive real time vehicle arrival

Software provides algorithms for on demand routing of vehicles with access to real-time location vehicle information
PROOF OF CONCEPT

GOALS:

1) To test the concept of using an on-demand app in a rural setting to determine a) if efficiencies in delivering on-demand transportation can be achieved, and b) if it can help provide a better level of customer service to the riding public.

2) To determine the proportion of the target population that would use the service to go to/from health care appointments.

3) To test whether providing responsive, on-demand transportation to health care patients who usually have difficulty finding transportation to/from health care destinations helps solve their transportation issues.
POTENTIAL OUTCOMES

- Patient health outcomes would improve as they have more consistent access to health care destinations.
- Patients will have more reliable means of returning home after discharge from hospitalization, outpatient procedures, or ED admissions.
- Patients will be more inclined to travel to primary care settings for non-emergent conditions because transportation will be provided, rather than calling for ambulance transportation to the ED.
- Health care providers would experience a lower rate of no shows, thus allowing them to increase their number of billable services.
- Operating agencies in the project would be exposed and be able to test on-demand transportation scheduling software within a well-defined parameters of the project.
NEXT STEPS

• Launch Proof of Concept
• Identify and collect baseline and outcome data
• Define operational parameters
• 2 year follow on Pilot funded at $80k
• Recruitment of hospitals and physicians as funding partners
• Incorporate LOTS and additional non-profit agencies
• Establish Transportation Empowerment Fund to supplement low income trips and self sufficiency
• Expand access to employment and recreation trips
QUESTIONS?

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