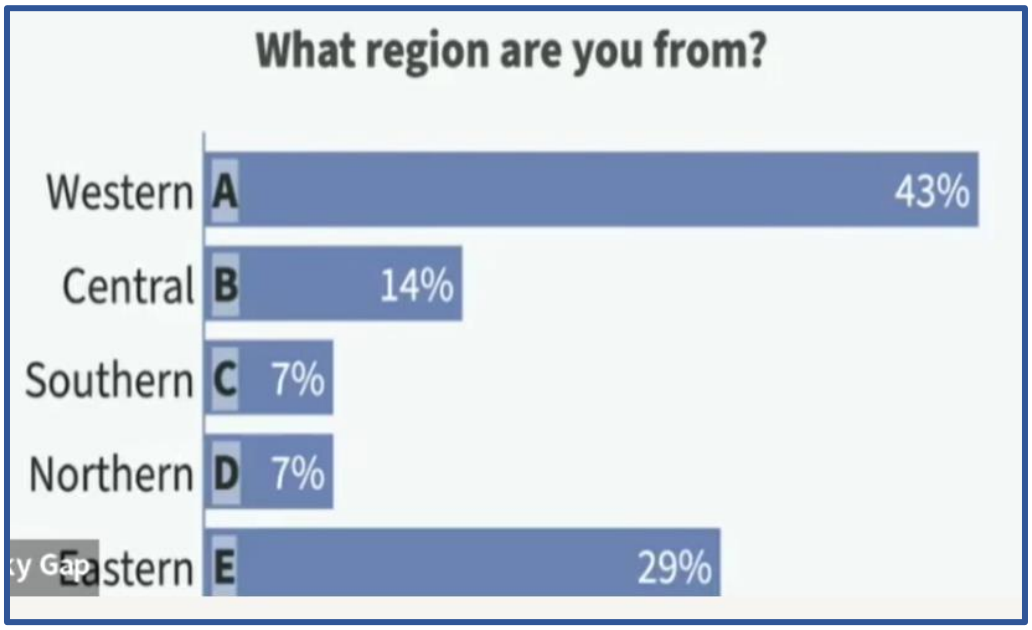
Roundtable II: Rocky Gap Meeting Notes
October 25, 2022 1:30 PM-4:00 PM



In person attendees: Yolanda Hipski, Meka Robinson, , ,Dr Lorena Deleon, Todd Smith, Heather Acquilo, Jackie Washington CAC, Nancy Huggins, MDOT MTA OLTS, Sara Seitz, VBev Marple, Garrett, Bill Valentine, Ryan Davis, Renee Garrett, Courtney Chris Abell, Director, Jonathan Dayton, MRHA, Andy While Shore Transit, Charlotte Davis, Megan Darcey,

Online attendees: Leslie Coker, Sharon Smith, John Ekman, John Hartline, Betsy Bridgette, Dominic Bochco, John Melton, Tidal Health, Elizabeth Beck- Montgomery County, Elizabeth Rohlman, Jeanette Geoffrey, UMD Shore Regional, Julie McCoy, Allegany Chamber, Ken Oldham, Frederick county, Lenny Dorchester, Linda Stansbury, Charles County ACA, Molly Sherman, Carroll Technology, Nan Mann, Western Regional Director for Senator Van Hollen, Patty Hinde, Rob Sherman, Ocean City, Wendolyn McKenzie, Allegany, Sharon Smith, PIC, Wendy McIntire, Worcester.

Yolanda gave a brief background on the purpose of the Roundtable meetings and the purpose of the current meeting.

Jacki Crabtree- operates a transportation program for NEMT patients from Washington county to the Washington County doctors hospital. The grant only pays for 2 vehicles per day and they have to deny trips, and they need to get Dialysis patients to their appointments. Typical problems include changes to the schedules such as the doctor cancels, or the patient get sick (COVID) or they can't go because something like their rent goes up and they can't pay. They need more vehicles and more trips.

Jordon- Similar to what was said, they need more funding. They received a grant from MD Community Health Resource Commission which covered 2 years with intent that they show the stats to the hospitals to help fund additional trips Their work helped keep people out of hospitals. Right now, they are performing a little over 300 trips each month which is helping to keep patients out of the emergency rooms, saving hospital money.

Wendolyn McKenzie also spoke up about their program. They operate the mobility management program which is a coordinated service to provide transportation for seniors and includes dialysis. Transportation is a huge issue and it shows up in all Community Assessment Needs and is not a HRDC issue. The biggest service gap they see is related to family transportation needs. They currently do not provide transportation to the entire family but are looking into it. Heather is the coordinator and she spoke about their fare free program. Completely funded by other sources such as 5310, most of the funding is through a buy in program. UCAM western Maryland helpful to get patients to hospital. They use Tripmaster software it runs between them who buys into the program. She schedules the rides and they have 4 vehicles. Along with their vehicles, they also outsource to local cabs services and public transit and others. They do the best to help the patients and it keeps the costs down. The buy in is a huge feature for the program.

Olivia Riddleman- Heathers group is a fantastic partner but it is costly to the UPMC. The minimum they pay is a quarter million but they still have gaps such as on weekends for dialysis or with the homeless population or patients who have no family to drop them off. If they came in on Saturday, there is no transportation and they must hold patients over the weekend. They like the partnership but it is expensive and there are still gaps. They are not able to quantify the results. They also have a problem with patients who have transportation but don't want they expect the hospital to cover it. There is area a lot of variables to this. There are the preventative care needs. There are tons of services which one is the priority. They have to weight all of the options. To find a solution is ideal, such as a school system.

Question- when you say "buy-in", are they actually paying for the service. Yes, they can "buy-in" for a year or a quarter. They keep track of the amount spent and Heather sends them a bill. There is no set fee; they just send in a report to track the spending. For example, say they send in $500, and then by May and they have already spent their $500, the facility can do an addendum with additional payment or they won't provide any more rides until the next year. The agreement is an MOU. The companies are generally the hospitals or the local doctor offices.

Dr. DeLeon- Basically, you are a vendor that provides transportation. The healthcare system must coordinate with you. You don't coordinate with MTA, etc. They do some outsourcing and they outsource with All Trans who is the local transit system. Dr. DeLeon indicated they are looking into something a bit broader. They have done a lot of research already.

Courtney- explains her work with HRDC model and they are working with Dr. DeLeon. The design was to become self-sustainable through the buy-in. The goal would be to get patients to

the appointment. They are now looking at how to tackle the transportation. It is a need for health and quality of life. The solution to solve transportation priority, particularly in the rural areas, is to partner with non-profits and with government entities and then the private providers to build out a continuum of services. Also, how they can utilize technology to make it happen. Lorena is participating and Julie is on the phone. Renee is also involved.

Dr. DeLeon indicated there are some efforts underway. There was a survey. Of the needs both medical and non-medical and they are working with Tripspark who has done this in other states.

There are a lot of money and resources already available but the question is how we can better utilize the resources available currently. There is a lack of coordination and the use of Uber to expand their network. When they began, they were very small but with the inclusion of UPM, the colleges and social services, they suddenly became very interested.

On-line, Ken noted his group ran a quick poll last year about what people know anything so they ran a pilot project last year called Lives United that partnered with Lyft and provided nearly 3,000 rides and they gathered a "ton of information" and now they have a much better sense of the need with about 18-20 data points for each ride. 25% were non ambulatory 52% were outside medical care. They are in the process to expand this service.

Yolanda went on to explain there were three primary focus areas which were described as

- FOCUS AREA I Coordination: There is a lack of coordination between Healthcare and Transportation Providers.
- Focus Area II industry characteristics: Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.
- FOCUS AREA III Unique patient challenges: non-emergency medical transportation provides unique patient challenges and coordination is critical for effective services.

Today we are going to study these three areas and Yolanda introduced Leslie Coker.

FOCUS AREA I: There is a lack of coordination between healthcare and transportation providers.

We already mentioned funding and the use of medical services. The majority of funding is scattered. There were many respondents that were unknown. When asked why is there such a large number of people who do not know, it was apparent that the respondents felt there is no single group or agency who has a clear role. It was not that they are not experts. There was a scattered response to who know is eligible for transportation.

White board exercise I: Coordination

If you were King for the day, how would you expand coordination between various agencies and various levels of government?

- Provide a common phone number, like 911 or 333, whatever, where people could call into and that dispatcher would know the resources and be able to direct the to the agency to provide the best resources
- Have a landing page for transit providers to go to and to allow them to know where the services are available – so it's just a google search to where the transportation
- All this ties together which leads to a coordinated software system and a coordinated fleet or system
- Has anyone reached out to Maryland 211? They do a lot of this services for other areas. They would be a natural choice
- Patients that need advanced care in Baltimore- We may be able to get them the first visit but we can't get them to the follow up care, the after care. One of the challenges that we have is that we need to transfer patients to UMD or Johns Hopkins for the patient this is OK but from the case management side, it is difficult for the follow up care, especially if it is surgery. We do not have services and we need to rely on the more collegiate areas. Even for follow up care. We can arrange for some video visits but it really boils down to connecting patients to the bigger hospitals. Follow up care with specialists is difficult and usually involves multiple visits. A statewide system, similar to a school system would be ideal.
- 211 an option but this presents challenges for the hospitals due to tracking with patients' outcomes. Many MCO (Managed Care Organization)[i] are looking at their own social determinants of need platforms. We start with a needs assessment first- Who needs the rides and where and what kind of transport (Wheelchair vs ambulatory). The funding sources need to be pooled together, based on the platform. And we can build a lot if we come together and streamline operations.
- Industry will have to play a role. Uber is not the only answer. Giving the entrepreneurial spirit in the rural areas is very good model to build a business- In the last month, was in three meetings that focused on transportation in three areas. Workforce is another area. Blueprint for America is important but needs transportation. There are coops, v-corps, maybe consolidating non-profits. We are not going to get the funding for the government only but we need to develop something that is not only to make money on the bottom line. There has got to be a way this generates income because funding is not quite reliable
- The Western Maryland regional subcommittees are getting back together again and regularly meeting. COVID hit but now people are beginning to meet again. More communication is needed. The Allegany County group is meeting tomorrow. That goes with the coordination piece and no need to rebuild the wheel. Maybe the Regional Coordinators can meet regularly to expand this effort. The Mobility Management from ACHC was put together from these coordinating meetings. For many grants, coordination is 50% of the grade. The mobility management at HRDC started including the one click one call. This would not work if everyone worked separately. There is no

Senior Rides program in Western Maryland because no one applied. It would be great if this program could begin here but it needs funding.

- The word is Coordination. If each of the Regional Coordinator Bodies (RCB) got together and develop one solo coordination body, they would be able to address the problem statewide. Each regional coordination body have a transportation plan which includes a medical component. Maybe get them together to create a State Coordination Body to discuss the various programs. This will take a little work.
- This was noted by others that this is a great idea. It was suggested that the RCB should begin this effort to bring together maybe through the SCATA grant.
- This is part of the challenge- Not knowing where to go- Maryland Physician's Care is the third largest MCO in the State. They own 85% of the market share in the Western part of the State. Trying to find out who is a challenge. Having the RCB get together is not enough- we need to have the medical groups come together. The division of funds in Maryland is challenging. Previously worked for a huge organization and this is the only State where the funding is divided by County. It was much easier when the $$ is sent to the MCO's and they could book the rides. They have to call multiple counties to understand the different standards.
- Regarding 211, western Maryland is situated between three states (Maryland, Pennsylvania and West Virginia). This is challenging to provide transportation for them. It's not just a State issue and there are challenges because of this. This is also the poorest and least educated county/region too. The Western Maryland terrain can be challenging as well by setting up barriers. There is a mix and it is difficult to provide these services.
- 211- thought they would connect patients to transportation.
- Statewide Coordination could be improved in Garrett County. They are looking for coordination between transit medical provider and patients should have coordination. Regarding 211- only a handful of people from Garret use it but if it is a statewide, patients are suspicious of the system. It is also inflexible. If it relies on a statewide, becomes very cumbersome. They reviewed other statewide programs and it always seemed it broke down somewhere.
- 75% of rides in Frederick County They did a great job in scheduling about 3,000 rides in 7 months and the data collection was amazing as well. The program is called "Unite the Ride" based on local capacity. (Ken)
- Global communication is needed- In Anne Arundel, they work with other agencies (transportation and office of aging) for coordination. They get a lot of calls from patients who are leaving the hospital and do not have a way to get home and maybe need wheelchair assistance. They try to coordinate with the social workers and dispatchers first by introducing themselves (meet at lunch, etc.) to help coordinate later with rides. It is also important to remember that folks do not feel like they are being shuttled around. There are trust issues, particularly with older patient.
- Regional Coordinators- one area that they could help is vetting software that works well together and with ease of sharing information. Maybe at the highest levels, we found these three options works best and this may help with funding. We have all these

independent entities and it is a nightmare getting them work together. This may help them fund rides.

- Tripspark was asked to join for this reason and is currently being used by MTA. Not a huge fan of for profit platform but an Idea is developing SBA loan programs and MCO would help. It's all about preventative management of health.
- Hospitals- when using multi transportation vendors, the contracts/MOUs can be challenging due to HPPA rules and this created a difficult task. Can not just give rides with the hospitals. The documents are incredibly challenging. Needed 8 signatures for the contracts for each hospital. Streamlining the contracts is important and should be completed. Why we have the care coordinator s to make the decision and it not as easy as it sounds.
- If dreaming big, could Maryland put the funds to provide a good public transit throughout the Counties that served a really broad medical transportation.

FOCUS AREA II: Focus Area II industry characteristics: Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.

WHITE BOARD EXERCISE II: Industry Characteristics

Compared to the medical community, what are some characteristics that make transportation or transit a needed component for a program? What holds them back?

- A lot of people don't know about the dental care problem in certain areas. There are not a lot of dentists in the rural areas. For example, there are only a handful of dentists in Allegany County and only 2 oral surgeons. Most of them have left. A lot of the population must go to Hagerstown or Baltimore. They are trying to work with this particularly for the Medicaid population. What happens is they will end up in the hospital emergency room with periodontal disease, root canal or abscess which ends up costing a ton of money.
- Eye care is a problem. There are very few in the rural areas and the dental care. There may be coverage but the providers are non-existent. Mental health is a revolving door and may not want the care, but patients who want to get care but can't, they will be a problem in the future. This is a great list, but we should focus on patients who want to engage. It is the prevention that is needed- annual wellness care for example.
- Ken Oldham. Surprised that rides to employment is not listed. In Rides United, half of the rides were related to employment.
- Public Transportation system have a real challenge by the Federal government to convert their vehicles to electric. This impact includes not only the buses but also the infrastructure that supports them. This will affect the routing because this will not be cheap.

- These challenges could also be considered an opportunity to look at the routes and the frequency, excess inventory and the use by the community. Don't know if there is a public system that meets all of the needs. Cannot be all on the public systems but a combination of all. Where do these resources go and how to shift them back to the community.
- It's not just transit that will be impacted by the conversion to electric but is also the systems while we are attempting to change. We are not sure how to. We will be "building the airplane while we are flying". The routes will be re-examined in any rate, because doing it the way now with a different technology, will be the biggest change since the old private companies were purchased. it will be different with a new
- They have not started talking about electric vehicles for Section 5310. This will be a challenge in the mountainous areas. The Coordination bodies will be a good source.
- It was noted that in American history, the industry is entrepreneurial and usually lead the way.
- This slide crystallizes the differences between healthcare transportation and transit. Transit tries to provide equity for access for all while medical transportation is very much focused on the patient. Is this correct?
- It is equity vs equality- Medicaid has limited dollars and they need to manage the entire population. What is the overall need and realize the structure.
- Adequate workforce is also a threat to transportation if there is a shift to electric, there will be a need for mechanics, for example. We see the same in healthcare – such as having dentists in the rural areas. This will need to be put on our list. The Regional Coordinators could be of help to bring together. Maybe we need to bring in Workforce Development to address this issue. We are looking at social drivers of health and healthcare. Healthcare is different from Health. Public health is about population and aggregate value based but the system is setup to that they serve people based on insurance. There are common characteristics that will have to consider in order to serve individuals equitably and get them need to be.
- Speaking on the MD primary care system- they have a set of patients to take care and then you have the metrics that they are responsible for. Don't want to represent UPMC as not compassionate. They know they need to spend time on patients who want to make the changes. There are a lot of barriers and frustrations and they have the budget systems. It is a balance to define what they will need to focus on. Sometimes they have to make some tough decisions. They want to help those who want to help themselves. Their goal in case management is to create that trust with the patient so they will participate. They follow up with each patient, etc. every single day. They get to a point where they say we can't do anything more. We should focus on those patients who want to change. They also focus on the family unit as well.
- Health Savings account- Can they be used for transportation (no)
- At FQAC[ii] ("Federally Qualified Health Center") - FQAC had transportation for their services. One of the things missing is more healthcare providers. We need to get more healthcare providers to give feedback. Mt Laurel, an FQAC, only had transportation for their patients which was tricky. They were able to transport patients to their

appointment but they were also able to transport patients to their specialists as well. This organization had over 10,000 patients and they were able to take them to out of the region. Federal response is not necessarily the answer but it is something to include.

- MHA (Maryland Hospital Association) had some preliminary discussion on workforce. If you notice the trends in the Eastern Shore and Western Maryland, they lose people for services how are they going to provide services if they are not there? At Mt. Laurel, they were not able to find a driver for months. AT MHA, they considered working with the Chambers to find people to fill these jobs.
- MD Physician Care – owned by several 4 organizations but finding drivers was hard to find. At Meritas, they cannot find drivers. Once you are certified in uber, you can use it for everything which gives more monetary options. Using uber is an option. Was Vice President for Digital Health Strategies and operation for United Health. Digital health has been looked at from State to state for years.
- Workforce. Consider having a cooperative to make the position more interesting. Instead of being a "driver", entice them to see the role different. Electric car vs driver career needs to be more interesting such as co-ownership. It might be marketing too such as ownership to entice them into the roles
- Washington County has a lot of Amazon driver options. And this is difficult to keep drivers because they make more money than NEMT drivers and the boxes don't talk back.
- College students may not be able to work a traditional job but they may be able to work with non-traditional types of jobs. There is flexibility and may help with marketing. These non-traditional opportunities would help.
- Medicaid does cover transportation on the weekends but the local contractor may not cover transportation on Saturday due to limitations placed by the provider. This is a problem. A rideshare may be a possibility.
- Rob from Ocean City noted that some of the drivers are getting priced out. Thinking about the changes, this will impact.
- Lyft and Uber are critical part in certain communities- Their data with Ride United uses work in urban but not in more rural areas. They are effective in urban but there are serious gaps in the rural area. There are gaps with wheelchair and no ambulatory.
- The different rules that affect drivers in Communities that cross state lines create other challenges
- Policies need to catch up with the times- uber and lyft cross state line and our policies need to catch

Compared to the transportation community, what are the characteristics that make healthcare industry a needed component for a successful program? What holds them back?

- UMD Shore Regional noted that they went through 2 companies in Chestertown – both promised to look at the infrastructure by looking at what was pre-existing and they came back to say you don't have any infrastructure. Caution those to look at outside sources because you may not find any.
- Transit agencies that have the capacities. One of the members who was working with a 3rd party had a difficult time with finding a contractor. They looked like they were being "paid with Confederate money". They could not find anyone who would be willing and able to do it. If you are not using the resources that are currently available, that is foolish, but it is also unreasonable to expect service that are not available.
- When talking about medical transportation, when a rural patient is in need, they could not use the service Dialysis center must participate in meaningful conversation about coordinating is important. For example, where are the facilities located in relation to transit sites? The facilities should be placed in area where they are available. There should be a recognition that these decisions have huge effects on transit systems. It's not convenient for the patient and for the transit. Talking with the Transit and understanding what they need about the way the rides are scheduled, should not come as a surprise and is a low hanging fruit.
- Education is important. A lot of the population are not comfortable telling the healthcare provider to ask for a different appointment. This can be critical because they will need to make sure they have the transportation with transit. The provider could reframe help by adding when they are looking at the calendar.
- It was noted that FQAC will evaluate their proposed location and consider transit but private sector does not (Dialysis). What is the regulation for the certificate of need (parking, etc.)
- One thing we have going on our side is Care coordination. The managers and community health workers- where do they come from, who funds them and do they need help. Its OK to say no.
- There are unique patient characteristics that add to the challenges and need to be thought about.

FOCUS AREA III Unique Patient Characteristics: Non-emergency medical transportation provides unique patient challenges and coordination is critical for effective services.

WHITE BOARD AREA III: Unique Patient Characteristics

What makes NEMT passengers different from other passengers?

- One of the challenges is that many medical care providers don't have the staff to follow up with booking and they contact the MCO.
- Medicaid forms are very difficult to complete. Many Medicaid patients don't have the technology (printer, internet, a phone or don't want to use. It is challenging for phone use, providing copies and it is very difficult. A lot of times they will just give up. There are language barriers and basic literacy issues. They are not with people who can help them. Many times, the patient will just give up.
- If you get the patient to the appointment, can they get home and will they be able to get their prescription? If prescriptions say they need to take with food, will they get the food? But the provider can only go to point a to b. Multiple
- Probably the majority is the illiteracy, technology problems etc., Garret and Allegany are different from the rest of the state due to patient technology levels and geography. Must keep this in mind to help people who do not have these services. Patient do not want the technology and certainly do not understand it. They will send care managers to their homes because they have these challenges. They developed a "Remote Patient monitoring" program, they used equipment to be used with a land line because the patients do not have this technology.
- They received funding by the MD Department of Aging agency and First Energy Corp, they were able to provide tablets, Wi-Fi connections to the vulnerable citizens but it was changing a mindset and some were hesitant. Because of the isolation, people were prematurely placed in facilities. There is a need for education how to utilize. But the process was a challenge.
- Community health workers are saints and are the most important ones for coordinating for care for this population. The care managers are focused on what is billable. They will focus on diabetes, heart issues, anything that the physicians can bill. Community Health Workers are not reimbursed in the State of Maryland unless part of a PCP (Primary Care Physician) program. Other than that, it is the MCO's which is funded by grants. There is a group who are working on a bill to introduce to reimburse them which will be a lynchpin to support coordination of services. This is a major issue.
- Affirmed that Community Health Workers are needed. They are the eyes and ears for referrals. We could not have our service without the community services.
- On the digital literacy service side, the University of Maryland Extension is currently hiring 10 navigators/educators and a Director. They are struggling to find people especially in the rural areas.
- It should be pointed out that non-emergency patients are different. They may be very sick and will need more services (wheelchair) than other users. They may be

recuperating from Chemo, dialysis, etc. They may need assistance beyond a wheelchair. Addiction and behavior health patients may need additional services.

- There are also patients who need preventative care. There are other means to transport some of those that more challenging populations or with more critical health needs that require some of the mobility aids and door to door service but which are probably better suited for some of the community-based providers that have that specific training then and then some of the public transit or some of the private providers.
- There are many kids who need services – the majority need basic care- pregnant lady who needed transportation with kids and they CAC helped. Elderly may need help as well.
- We have 251,000 Medicaid members that we ensure across Maryland who need transportation. The majority of the people that we're talking about are people who need basic care they need basic transportation.
- Partners In Care in Pasadena have a volunteer-based program where we rely heavily on volunteers and part of that is for transportation. They will make accommodations where an individual leave that appointment they may need to stop by a pharmacy or even Walmart where you can buy groceries get your pharmacy
- coordinate and if you can reach out and build those bridges, you're going to be more successful
- There are several different grants that are affected including the senior rides program, Section 5310. Senior Rides has only $187,000 for the whole state
- Nan Man from Senator Van Hollens Regional Director which includes Carroll County to Garrett County please contact me always when you need some help federally you opened my eyes to a problem that I knew existed but I did not know how in depth. The problems open up like a domino effect and they are readily available to assist all of agencies with how we get a program up and running for rural America
- Next and final round table meeting will be on November 17th 2022 which is also national rural health day we will hold that meeting at on the Maryland Department of Agriculture at 50 Harry 50 Harry S Truman Parkway in Annapolis is that correct I think the it's that's going to be a full more of a full day meeting from 10:00 o'clock to 2:30 registration starts at 9:30.
- Homework: send your thoughts ideas first. Areas to include recommendations, continue the resource identification, ideas on sustainability, Vermont elders and persons with disabilities program manual and background check policy

[i] MCO stands for Managed Care Organization. For further information, see https://www.medicaid.gov/Medicaid/downloads/maryland-mcp.pdf

[ii] "Federally Qualified Health Center" for more information https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/md/