Industry Standards & Best Practices

Coordination of Medical Transportation

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FOREWORD

This document is designed to compile Industry Standards and Best Practices in the Coordination of Medical-Based Transportation Services. The purpose of this document is to: assist in the identification of common issues, challenges and community needs that can be addressed through Coordination of Medical Transportation; identify what barriers to coordination might exist, and how to address them directly and/or work around them; identify and document effective case examples and case studies; identify indicators of success; and identify a common process for developing and implementing coordinated medical transportation services that work to: reduce costs, increase efficiency, and increase positive health outcomes and experiences for passengers, patients, transportation providers and medical facilities.

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INTRODUCTION

Industry Standards & Best Practices for the Coordination of Medical Transportation (IBCMT) is a set of steps designed for use by mobility management and travel training professionals, transportation agencies, medical staff, patient navigators, Medicaid brokerages, social workers and others interested in improving service coordination pertaining to medically related transportation.

IBCMT is intended as a framework to empower agencies, organizations and communities by promoting activities to: increase and share resources (including funding, staffing and information); fill gaps in transportation services; bridge jurisdictional and regulatory barriers (such as within counties, agencies and state/federal programs); address transportation for medical appointment needs for people who have lower income, but who are not on or eligible for Medicaid; find cost savings by reducing duplication of services; and more.

The Industry Standards & Best Practices for Coordination of Medical Transportation Framework: Steps Overview

The IBCMT Framework outlines nine (9) basic steps for successful coordination of medical (or other) transportation efforts.

- Identify and Articulate the Needs (Issues, Opportunities or Problems)
- Identify Stakeholders
- Form Partnerships
- Convene Partners
- Identify Barriers
- Brainstorm Solutions
- Identify Success
- Form a Written Plan and MOU's
- Follow-Up & Evaluation

The purpose of the steps is to provide a baseline set of activities that can be used to begin and launch successful coordination efforts. In addition, while the IBCMT framework was designed for the coordination of medical-based transportation services, it can also be used in other similar settings.

Typical scenarios in which IBCMT can be useful include at minimum:

- ***Promoting awareness of important issues and ideologies: 1) Acknowledging that people need access to basic healthcare; 2) Recognizing how lack of health care impacts quality of life; and 3) Understanding transportation must be a forethought in planning rather than secondary.***

- ***Addressing coverage gaps in regional transportation options (I.E. when an individual may not be able to make it the entire length of the trip using existing transportation options without additional coordination).***

- ***Taking advantage of innovation in partnerships, systems, funding and opportunities.***

Other scenarios may also include (in no particular order):

- Striving to increase "reasonable" options, particularly in rural areas, such as: length of ride; wait time; multiple transfers; decoding schedules; and making use of accessible technologies (I.E. addressing on-demand transportation that may incorporate a seven hour trip for a one hour medical appointment);

- Working to enhance the extension of high density population (urban) services to low density population (rural) service areas;

- Bringing opportunities to share new trends and identify how the industry is changing to local communities;

- Working to reduce fatigue of passengers on long-medical trips, and raising awareness of the impacts of emotional exhaustion on physical and mental health;

- Addressing a perceived lack of traditional resources;

- Addressing missed life-saving appointments that can be rectified by transportation and coordination;

- Being able to provide the most appropriate mode of transportation for the individual for the specific trip need;

- Inability to rideshare due to funding source restrictions;

- Medicaid versus Non-Medicaid;

- Cross-county connections;
- Promoting "people-first" policies;
- Addressing funding and agency mandates;
- Promoting compassion in the delivery of services (both medical and transportation);
- Bridging employment opportunities;
- Dialysis coordination;
- Encouraging scheduling priorities that promote rideshare;
- Raising awareness of the impact of siting facilities (I.E. siting medical and social service agencies away from existing transit services);
- Understanding that organizational culture impacts delivery of services/quality of health outcomes (I.E. customer/passenger-first policies versus profit-first policies);
- Ensuring information is available to community members.

The ICBMT framework includes some basic best practice foundations, and can also be altered or adapted to fit specific scenarios. This document outlines information and details for each step in the IBCMT process. In addition, this document provides resources and examples that can be useful in getting your own project started and achieving successful coordination efforts.

INDENTIFYING & ARTICULATING NEEDS

Needs can be identified by passengers, community organizations, hospitals, transportation providers, mobility management and travel training professionals, patient navigators, medical practitioners, patients, social workers and others. It can be as simple as a Mobility Manager noticing that moving a bus stop two blocks could increase accessibility for hospitals or major medical centers, or hearing a concern from a church member who lets you know that moving the Adult Day Health Program facility has reduced the ability for people to attend. It can also be as complex as a hospital's financial report revealing it is losing revenue due to patients missing appointments, or more importantly, a revelation from a local nurse noting a decline in patient health due to the patient not being able to access the pharmacy and grocery store. Needs can also arise from common barriers faced in the industry (see page 13).

Articulation of the need for IBCMT is important as a first step in coordination. It enables you to identify the benefit of the project to the community, passengers, funders and stakeholders. Further, it creates a baseline for identifying stakeholders and bringing together partners, funders and key players.

In articulating the need, it's important to create a case statement:

- Include data, such as surveys, medical reports, and other information that can help to back up and identify issues relevant to what you are trying to address.

- Focus on target populations rather than trying to solve all the problems at once.
- While starting small and targeting specific populations, increase awareness that a system designed to increase accessibility for one group often improves options for all people.
- Be prepared to answer any additional questions that might arise from potential stakeholders and partners.

- Practice! Having a verbal and written case statement can go a long way in gaining support for your issue(s).

IDENTIFYING POTENTIAL STAKEHOLDERS & KEY PLAYERS

Once you've created a case statement and articulated the need, it's time to identify all of the potential stakeholders and key players. Building community investment is a significant part of the project's success, including long-term sustainability, funding, and evaluating true benefit and satisfaction from the passengers, partners and communities the project is intended to serve.

According to one group, "ultimately, the entire community can be considered a 'key player'. Medical appointments, transportation services and quality of life issues affect and impact everyone in a particular region, particularly in terms of costs, time, energy and productivity."

The Industry Standards Coordination of Medical Transportation Work Group identified several common stakeholders and key players to consider. Creating a check-list of those most likely to be involved in your particular project is also helpful to getting started.

"At the very least, coordination of medical transportation should always include perspectives from passengers, patients and clients directly impacted by scheduling and transportation issues." – IBCMT Work Group

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Potential Stakeholders You'll Want to Consider Include:

- Accountable Communities of Health Coalitions (each region should have a local coalition per federal regulations), as well as other health, transportation or human services-based coalitions, including emergency management coalitions, such as the Regional Alliance of Resilient and Equitable Transportation (RARET) and the Coalition on Inclusive Emergency Planning (CIEP)
- Advocacy Groups & Organizations
- Aging and Long Term Care Agencies; Assisted Living Facilities
- Businesses and Chambers of Commerce
- City planners and engineers (particularly when talking about land use and medical facilities)

- Community and Social Services Agencies, including Community Action Agencies, community groups, and interested or impacted parties
- Faith-based agencies
- Families, friends and caregivers of impacted patients, passengers or clients
- Funders, such as grant-makers, donors and corporate sponsors
- Government leaders, including federal, state and local elected officials and decision-makers
- Health insurance providers and insurance companies, including Medicaid, brokerages and NEMT (Non-Emergency Medical Transportation) staff and representatives
- Health, hospital and medical staff, including staff responsible for appointments and patient coordination, patient navigators, first responders, doctors, nurses, administration and financial leaders, and key decision-makers
- Mental health agencies, including addiction services
- Mobility Management and Travel Training professionals
- Police and Emergency Services (First Responders)
- Transportation providers and agencies, including public transit agencies (including Boards or decision-makers), drivers, dispatch and scheduling personnel, Tribal transportation, medical transportation providers, and regional for-hire and community/accessible transportation providers, such as private and nonprofit paratransit, taxis and others
- Regulatory agencies that may be involved, including the State Health Department, Department of Human Services, Health Care Authorities, Veteran's Administration and the State or City Department of Transportation
- Residential Centers or group homes, such as those serving aging adults, people with disabilities and people with mental health diagnoses
- Specialized or Accessible Transportation providers in your area that might not already be connected to existing services or providers

There may be additional stakeholders related to Community/Accessible/Specialized Transportation and delivery of medical (and related) services that you may want to consider, including:

- Colleges/Schools
- Community/Neighborhood Organizations
- Child Care Facilities/Day Care/Foster Homes
- Department of Social & Health Services: Local
- Disability Organizations (See also Residential/Housing Services)
- Fire Department
- Food Banks & Pantries
- Jails, Prisons & Probation Offices
- Mental Health Organizations (See also Residential/Housing Services)
- Police Department
- Residential, Housing & Homeless Shelter Organizations
- Social Security Offices
- Transportation Organizations & Coalitions
- Vision and/or Hearing Services
- Veterans Organizations
- Volunteer Organizations

Once potential stakeholders have been reviewed, it's time to create a check-list to make sure those most relevant to the project are invited to participate.

My Project Check-List (Sample)

Individuals or Groups Impacted/Potential Stakeholder or Partner	Local Organization (Specific)	Contact Information
 **Patients, passengers and clients directly impacted by scheduling and transportation issues.**		
☐ Accessible/Specialized Transportation Provider (for-profit)		
☐ Aging Adults Service Providers		
☐ Assisted Living Facilities (All)		
☐ Brokers – Medicaid		
☐ Hospital		
☐ Mobility Manager and Travel Trainer		
☐ Transit Agency		

FORMING PARTNERSHIPS

Once the stakeholders and key players have been identified, it's time to consider forming partnerships. Partners are those who are able and willing to invest time, resources, and when appropriate, funding or other tools to address the community need. This means they:

- Have an investment and are committed to addressing the need and developing a solution;
- Are able to bring something to the table, such as time, expertise, funding, resources, transportation (buses), staff support, or logistical support;
- Are willing to sign on to a Memorandum of Understanding (if needed).

Some key "do's" for forming partnerships include:

- Network frequently to raise awareness of the issue. Talking points will help get the right people aware and involved, even if not right away. Constant "networking" and discussion of the issue will pay off. There is always an opportunity to meet or find someone who might be invested who might not have been on your radar.

- Ensure the time and opportunity to find the "right person" in an organization. Ask questions (I.E. Who should I talk to about X? Use of "trial and error" to find the right people is a practical approach).

- Be sure to consider "non-traditional" partners, such as 2-1-1, AIDS benefit houses, resettlement agencies and others, to expand who may be able to invest as a partner in the project.

While many individuals and agencies may want to support your efforts and find a way to address the issue, participants should be cautious when making commitments.

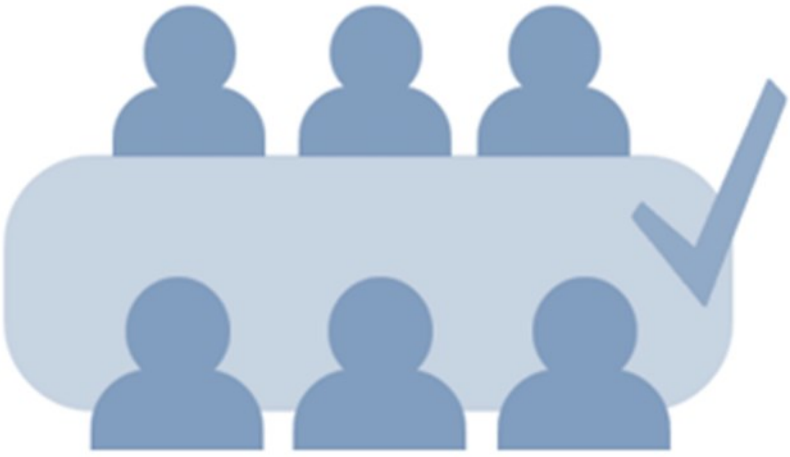
- Ensure the potential partner is able to make a commitment on behalf of themselves or their agency, or clearly communicates the time and steps they need to take to do so.

Though not all stakeholders and key players will be active partners, there should always be a mechanism to keep the stakeholders and key players informed, regardless of their level of partnership. For example, adopting a process for how passengers will be informed of new routes, or how patients will be made aware of new scheduling opportunities, should be an important part of moving forward.

CONVENING PARTNERS

Once the partners (or potential partners) have been identified, it's time to bring everyone to the table to begin developing a plan or course of action. These key tips can be used to establish a successful convening:

- Host regularly occurring or scheduled meetings (rather than sporadic).
- Maintain the ability to have in-person and teleconferencing meetings when needed.
- Ensure basic comforts, such as drinks and snacks. This goes a long way in building relationships.
- Consider a neutral facilitator. This helps to ensure the process is free of bias.
- Ensure the opportunity to bring everyone back to the need, purpose and mission of the project. Check-in frequently with one another to make sure all are on the same page and the project is on the right path.
- Don't be afraid to "go down the rabbit hole" sometimes. Just don't get stuck in the "weeds".
- Build and nurture trust in the partner relationships. It is critical to long-term success.
- It's important to understand how to deal with "competition" in a relationship setting. Build trust by acknowledging when competition or trade secrets might have to be present, and navigate around those. Acknowledge conflicts and work around them towards the project goals.
- Make sure there is room for compromise.
- Focus on strengths of the group and coalition.



Avoid these common pitfalls:

- **Meeting for the sake of meeting.**
- **"Parking Lot" conversations or having separate meetings outside of the whole group.**
- **Jumping to conclusions too fast (take the time to plan).**
- **Putting "guilt trips" on partners.**

IDENTIFYING RULES, REGULATIONS AND BARRIERS

One of the most critical aspects in coordination of medical transportation is identifying what barriers, obstacles, rules and/or regulations might impact your project or might have caused the issue or need you are trying to address. It's also important to get all of the perceived roadblocks on the table, so that they can be addressed. Common barriers you and your partners may encounter in the coordination of medical transportation, include (in no particular order):

- Conflicting policies, rules or regulations
- Technology and lack of technology for coordination
- Challenges in hospital or transit scheduling
- Riders who need Personal Care Attendants and don't have them
- Challenges with the accessibility of the physical infrastructure (built environments) such as sidewalks, crosswalks, paths, buildings, etc.
- Lack of knowledge and awareness among passengers, clients, hospital and social service agency professionals regarding available transportation options
- Political uncertainty or pressures
- Fear of liability among transportation providers, medical providers, and funders
- Language barriers, including technical (I.E. medical jargon versus transportation jargon) and cultural
- Lack of existing collaboration between transportation agencies (including for-hire, nonprofit and transit) and hospitals in matters of scheduling of transportation and patients
- Requirements from regulatory agencies, insurance agencies or different jurisdictions
- Contract and funding source limitations, including rideshare limitations
- Territorial or ownership issues, including addressing the mindset of "this is the way it's always been"
- Health Insurance Portability & Accountability Act (HIPAA) and other confidentiality requirements
- Variances in the transportation industry, including: pricing strategies; driver qualifications; and adequate training for drivers

- Lack of existing collaboration among community partners, local governments, funders and other stakeholders
- Challenges in the transportation industry, including: lack of providers and drivers; increasing cost of providing service for small providers; raising wages and increasing benefits (i.e. cost of health insurance)
- Boundaries and jurisdictional issues, including counties, Tribes, cities, state and federal
- Inherent challenges in rural areas, including: distance between services; availability of services; number of people; pricing; and not enough transportation options in rural areas
- Population disparities, including: language, age, income, health, etc.
- Limited use of existing options
- Profit margins
- Addressing issues when individuals feel like they can only use one type of transportation
- Inability for passengers to obtain other important resources (such as pharmacy, groceries or social supports) as part of traditional Medicaid transportation
- Viewing barriers as insurmountable roadblocks
- Patient fear and uncertainty, including not knowing what transportation options are available, what services are available, and not knowing what to expect
- Driver frustration or compassion fatigue
- And more!

Knowing the barriers, rules and regulations allows the group to focus both on what needs to be addressed and what *can* be done. Once the barriers have been identified and partners are committed to moving forward with a solution, it's time to consider various options.

Brainstorming while identifying barriers, obstacles, rules and regulations (without expectations) allows for creative solutions, such as using buses from the transit system to support a local nonprofit organization, or engaging in schedule coordination between hospitals, clinics and various transportation providers. It's important to remember that barriers, rules and regulations also provide an opportunity to be innovative.

BRAINSTORMING SOLUTIONS

Once the group identifies barriers, rules and regulations, you can identify what can be addressed, and what to work around. Exploring the barriers, obstacles, rules and regulations allows you to refine the need you are trying to address and to prioritize. Some questions to help guide this process include:

- What are the relevant barriers, rules or regulations?
- What barriers, rules or regulations can be addressed immediately?
- What barriers, rules or regulations can be addressed short-term?
- What barriers, rules or regulations can be addressed long-term?
- What barriers, rules or regulations cannot reasonably be addressed at this time?
- What barriers, rules or regulations cannot be addressed at all?

The IBCMT Work Group found that most barriers can be addressed through collaboration, innovation and willingness of partners to explore uncharted territories. Those that cannot be addressed can almost always be worked around. Below are some tips for your brainstorming process:

- State, federal or funding source regulations are most often long-term barriers or those that must be worked around.
- Identify and document issues with regulations and laws, so they can be addressed over time (in some cases, the issues *can* be addressed simultaneously).
- Assess the regional transportation options to provide a clear idea of what's readily available.
- Ensure partners are willing to set aside the, "It's always been this way" mindset. This can be accomplished by setting aside expectations and looking for opportunities to improve current policies, systems and practices. In addition, this type of partnership (coordination of medical transportation) specifically opens opportunities to engage grants and the creativity of both medical and transportation providers. Promote the ability to adapt.

"Too often partners can get stuck on trying to change regulations first. They get stuck because the process is lengthy. Identify the regulations, and then see what other opportunities exist. Don't get stuck on them."

– IBCMT Work Group

- Bring in "human centered" designed philosophies, along with "universal accessibility", and "transportation first" models. Ensure the inclusion of rider, passenger, transportation provider and medical provider perspectives.

- Address profit margins by exploring "people-first" policies.

- Utilize "travel training" and "travel options counseling" to help address perceived entitlement issues (I.E. passengers may feel only one type of transportation will work for them).

- Address political pressures and uncertainties by recognizing the political and/or possible uncertainties, and then moving forward regardless. While X may happen, it also may not.

- Encourage cross-jurisdictional agreements between political entities, including PTBA's in Washington State, and other types of governmental agreements. Brokerages, hospitals and transportation providers can also enter their own coordination agreements. Many are willing given the right case statement, incentive and data.

- Redesign promotion and education strategies to increase the awareness and use of existing transportation options. Use these tools to help create and promote realistic expectations to erase passenger uncertainty regarding waiting times, transportation options, scheduling and ultimately, getting their health needs met.

- Work with local Regional Transportation Planning Organizations (RTPOs) and Metropolitan Planning Organizations (MPOs) to help coordinate activities in line with the region's Human Services Transportation Plan (HSTP).

- Address compassion fatigue among drivers and customer service issues in the transportation industry by promoting organizational cultures that embrace self-care, wellness training and resources for their employees, as well as mission driven philosophies.

- Leverage the ability to group like-trips (such as Dialysis trips), which can result in positive outcomes, including community-building as well as informal and formal support networks.

- Encourage a "Transportation First" model in all networking interactions and presentations to help remove transportation as an afterthought. Encourage planners, policy-makers and those in the helping fields to include a "Transportation First" model alongside "Shelter First" or "Employment First" models.

- Provide information to medical providers, transportation providers, decision-makers and elected officials about the impact of transportation on health and well-being, including opportunities to improve services.

- Focus on the ability to coordinate time/schedules among transportation providers, hospitals, and other health care providers, including Methadone clinics, Mental Health Clinics and more.

- Explore and support options for driver retention and training support. Support your local drivers!

- Encourage simple solutions, and encourage "feet on the ground" participation (I.E. driver perspectives, those of Mobility Managers, and others who may see the practical working of a system).

CASE STUDIES & EXAMPLES

In addition, several communities in Washington and Oregon have already implemented IBCMT-type projects. These projects have noted successful outcomes that can be duplicated in other regions. Case examples include transit agency-led initiatives, such as Whatcom Transit Authority, as well as nonprofit-led initiatives, such as People for People and Hopelink.

Included in this document are some practical solutions and case examples from those who are already practicing in the field in Washington and Oregon. The following nine (9) case examples are presented in alphabetical order by lead agency, and are intended to provide you with real, practical ideas for use in your planning efforts:

CASE STUDY 1: CHERRIOTS

The transit agency in Salem, OR began providing transportation to people in specific regions on certain days of the week (I.E. NW Region on Wednesday and SW Region on Tuesday). The transportation is open to aging adults and people living with disabilities, and no eligibility screening is implemented. The transportation is able to bring people from their homes to the city's hospitals, shopping districts and more.

The new system potentially allows for agencies (including hospitals, social service agencies and others) to schedule appointments based on address. It also allows for the possibility to work around confidentiality and rideshare restrictions.

CASE STUDY 2: COAST

The COAST program developed a "Passenger/Driver" pairing model. Each passenger (rather than trip) is assigned to a specific driver, and routes are developed in line with passenger needs and destinations.

This model allows for several potential positive outcomes, including the ability: to be flexible with scheduling or sudden changes; for the driver to be part of the patient/passenger's overall support team; to promote streamlined services; and to work in volunteer or formal settings (Paratransit, For-Hire, etc.). In addition, the model creates opportunities to address issues such a driver compassion-fatigue, and increased customer service satisfaction.

CASE STUDY 3: DUNGENESS LINE

The Dungeness Line is a private company providing one-way and round-trip trips to fixed route destinations, including medical centers, the airport, and other major hubs. As a private transportation agency, the Dungeness Line is able to operate in multiple counties and jurisdictions, and provides fixed route stops in several areas across county-lines.

Private providers can sometimes be more flexible in rules and regulations, and can also be a partner in the delivery of other services, including non-emergency medical trips. Private providers can also partner with brokers, nonprofits, municipalities, and other government agencies. This model demonstrates the ability for private providers to go around political boundaries, make use of different funding streams, and to potentially avoid confidentiality restrictions.

CASE STUDY 4: HOPELINK

The local hospital identified challenges with discharge times and arranging transportation. Hopelink worked with the hospital to establish a pick-up time each day at 3:00p. Doing this allowed the hospital to arrange discharge times in line with a reliable transportation schedule. The hospital also agreed to staff a "waiting room" which would allow for discharged passengers to wait in comfort.

Setting a fixed schedule or scheduling policy helps to create reliability and reasonable expectations for systems (medical and transportation) and passengers. In this example, both the hospital and transportation providers were able to create a more stable and reliable discharge service. Because of this, passengers were able to make better arrangements and have practical expectations regarding their transportation needs and medical discharge concerns.

CASE STUDY 5: HUMAN SERVICES COUNCIL

Human Services Council's Mobility Management team identified C-TRAN's fixed route service passed several medical centers on the way to the local college. Working together with C-TRAN and the college, the fixed route bus stop was moved just a few blocks and was better able to accommodate the medical centers with only a slight reduction in the college transportation route. Moreover, the move was supported by the campus.

The Mobility Manager was able to quickly identify a potential issue and solution. By working with the local transportation agency and the college, the issue was able to be quickly resolved. Moreover, the ability to engage the college and transit system allowed for the campus and C-TRAN to invest in a move that was deemed positive for the community as a whole.

CASE STUDY 6: KING COUNTY MOBILITY COALITION

The King County Mobility Coalition (KCMC) identified information and resources as a critical need among passengers and patients. Working with the transit agencies and transportation providers, the KCMC developed a map that specifically identified transportation options to and from the major medical centers.

This study shows a quick and practical method of enhancing customer, passenger and patient awareness of transportation options. In addition, the resources were able to be used by patient navigators and hospital scheduling staff to help patients understand their transportation options when setting appointments.

CASE STUDY 7: PEOPLE FOR PEOPLE

Getting people to and from medical appointments was challenging in Moses Lake, particularly because the main hospital was located in another city. In addition, many people needed to access basic adjacent medical services, such as picking up groceries and medications, which were not always covered under Medicaid-based transportation services.

People For People identified several partners, and implemented a fixed-route Health Shuttle that travels a broad area (including clinics, the Veterans' Center, the hospital and pharmacies) twice per day. Other providers, such as brokers or transportation services, can arrange pick-up/drop-off from one of the Health Shuttle stops which ensures passengers can get their additional medical-related needs met during their appointments, particularly when arranged through Medicaid Transportation.

People For People also worked directly with Seattle Children's Hospital to address/identify long-distance transportation for Medicaid-eligible patients and the availability of vehicles in the area for daily discharges. People For People established "lodging" options for Medicaid-eligible patients that require out-of-area treatment for extended periods of time. Further, People For People shares information/inspections with other agencies who may wish to utilize a similar approach.

These partnerships addressed contract requirements and regulations by providing a service that was able to work within the various boundaries. The projects added efficiency to both the transportation and local medical systems. In addition, their partnership with the hospitals created long-lasting relationships and increased sustainable funding for the transportations services.

CASE STUDY 8: RIDE CONNECTION

It was particularly difficult for patients to navigate transportation after dialysis appointments, so Ride Connection set up a transportation system with the Dialysis Center specifically. As a result, patients made their regular appointments more frequently, appointment scheduling became easier, and patients began to build community and support opportunities among themselves. Patients were able to share rides, and coordination was able to involve volunteer drivers.

This project really highlighted the added benefits of transportation coordination, including the ability to create informal social and support networks among patients, and increase overall quality of health for patients utilizing coordination of medical transportation services.

CASE STUDY 9: WHATCOM TRANSPORTATION AUTHORITY

In Bellingham, WA, the local Adult Day Health Programs (ADHP) was located in the hospital and was easily accessible by fixed route transit services in the middle of town. Historically, transportation to and from the ADHP was efficient and dependable. When the ADHP had to move, the agency selected a site several miles away to save on initial costs. Unfortunately, it was not on the existing fixed route. This made transportation to appointments and to the ADHP challenging, and negatively impacted opportunities for passengers and patients.

Whatcom Transportation Authority (WTA) was able to facilitate a partnership between a local faith-based organization, the ADHP, and WTA to establish a common pick-up/drop-off point on the fixed route. In addition, Whatcom Transportation Authority was able to donate a large bus to help with transportation. This allowed for people to gather at the pick-up/drop-off site, and then be transported with a single bus to and from the ADHP.

This project highlights the ability to share and leverage resources (such as a bus or church hall) to reduce costs and promote efficiency. In addition, the project highlights the importance of working with non-traditional partners to reach a common goal.

Successful models prioritized the following in their approaches:

- **Scheduling Coordination** – Whether adopting a schedule for the transit agency or utilizing a standard discharge time, many agencies identified success by coordinating schedules in some way. Nearly all of the cases studied incorporated some kind of schedule or route coordination.

- **Securing Innovative Partnerships** – Whatcom Transportation Authority, People For People and others noted the importance of key partnerships consisting of several major organizations/players that helped to create initial investment and in turn, longevity. The projects all had multiple champions, including patients, passengers, hospitals and transportation agencies.

- **Innovative Solutions** - Successful models also noted that identifying barriers and working around them helped to create innovative solutions. These models also noted the importance of including "practical solutions" from drivers, passengers and those "on the ground", as well as "scalability", as an important parts of developing long-term success.

- **Unintended Outcomes** - Keeping an eye out for positive community and health outcomes also played a major role in community investment (such as a chance for the community to be involved and support the projects or informal support for passengers or drivers), including opportunities to attract multiple funding partners/sources for sustainability.

When developing your own brainstorming session, it may be useful to use a grid or worksheet to keep things together.

My Project Solutions (Sample)

(Insert the Need, Issue or Opportunity to be Addressed)	
Potential Barriers, Rules and Regulations?	Immediately? Short-term? Long-term? Cannot reasonably be addressed? Being addressed by someone else?
Potential Solutions/Actions for Your Project	

Once barriers and solutions have been identified, a plan will start taking shape, but in order to put things together, it's important to develop a shared goal or vision of what success will look like for the project. More importantly, it's time to decide how you'll measure that success by identifying the positive outcomes of your project.

IDENTIFYING OUTCOMES OF SUCCESS

One of the key ways to articulate your outcomes is by saying: A key result of our project will be (fill in the blank).

Some common outcomes or indicators of a successful coordination of medical transportation project might include:

- Consistent, reliable transportation that sets reasonable expectations for passengers, transportation providers and health care agencies (along with other stakeholders)
- Sustainability (I.E. the ability to last into the future)
- Cost reduction (I.E shows some efficiency indicator)
- Increases driver compassion (I.E. Drivers are a partner in the transportation coordination process)
- Sustained engagement of community or community investment
- Credibility, stability, builds a track record of success
- Flexible, nimble, adaptable programming
- Passengers, providers, communities and stakeholders are aware of the programs and services
- Passengers, providers and others are "ambassadors" for the program
- Improved health outcomes, including:
    - ⇨ Reduced isolation
    - ⇨ Community building
    - ⇨ No or decreased missed appointments, medicines
    - ⇨ Passenger comfort/satisfaction
    - ⇨ Improved mental health

It's important that success can be measured in a number of ways, including statistically. For example:

- 25% fewer missed appointments
- Increased use of services
- Increased customers satisfaction
- 10% cost reduction in transportation for medical appointments in the region
- Increase in health indicators for passengers
- Driver/Provider engagement is increased

Outcomes of success will look different for each project, and it's important for the project partners to guide this process. Be sure to consider passengers, patients, funders, stakeholders and other key players when determining the final success measurements.

FORMING A WRITTEN PLAN AND MOUs

After the partners have identified the outcomes or indicators of success, it's time to put the project in writing.

Often, a single plan can be written. At minimum, the plan should include:

- A lead agency (Which agency will be the convener of the partners moving forward?)
- Partner roles and responsibilities (Who will be responsible for what part and when?)
- A timeline (What are the key deadlines for implementation?)
- Clear, shared expectations (Identify what the project will and won't do.)
- Periodic measures and indicators that identify success and also keeps everyone on track
- Communication protocols (Who will report what to who and when?)

Agencies committing time, resources and/or funding should consider a formal Memorandum of Understanding or MOU. This document will specifically spell out the actions each organization is expected to do and when. Generally, MOUs are simple and straight forward documents that explain specific steps. For example:

- This is an agreement between Agency A and Agency X.
- Agency X will provide a bus service that goes from Point A to Point B Monday through Friday from 9-5, and will operate the service in accordance with best practices. Agency X will ensure stops at Agency A each weekday at 10:00a and 2:00p.
- Agency A will ask patients about their transportation needs when scheduling appointments. Agency A will coordinate patient appointments between 10:00a and 1:00p Monday-Friday for those who use transit.

MOUs can be simple documents, and are intended primarily to help ensure everyone is on the same page. In most cases, MOUs can be updated by either partner when notice is provided and consent is given by the other partner(s).

Once the plan and MOUs are in place, it's almost time to launch the project.

FOLLOW UP & EVALUATION

It's exciting to launch a new project and to put the coordination efforts into place. However, planning for follow up and evaluation is one of the most crucial steps to a successful project.

PLANNING FOR FOLLOW UP

Once you've got a great plan and solution in place, now you'll need to make sure everyone knows what's supposed to happen, and whether or not everything is going as planned.

- While decision-makers and planners are often involved in the creation of the plan or MOUs, it's important that everyone involved in partner agencies know about agreements, processes, projects and MOUs in place. If the receptionist or discharge planner isn't aware of the new system, it can easily fail.

Checking in with partners frequently, especially at the beginning, helps to ensure things are going well.

- Once the project is launched, it's important to continue frequent meetings of the partners to gauge its success by monitoring progress, contract items and money when needed. These meetings should focus on the outcomes or indicators of success, MOUs and action items laid out in your plan.

- Communication is critical, especially at the beginning. The ability to address problems or issues is much easier when identified and brought up in a timely manner.

Planning for long-term success also includes documentation and succession planning.

- Document progress, and be sure that all players are encouraged to be honest and up front with successes as well as failures.

- Identify how information will be passed along to others within agencies, such as when staff changes or partners change.

Don't be afraid of stumbling blocks.

- One key to success is to see pitfalls and failures as opportunities to change issues, rather than as permanent failures. As one partner put it, "Fail often and fast, so that you can get to work on better, more successful methods."

PLANNING FOR EVALUATION

Evaluation helps to ensure the long-term success of the project, as well as whether or not it's resulting in the intended benefits.

- Have a feedback loop for stakeholders and groups originally intended as beneficiaries of the project. Quarterly (or more regular) opportunities for communication help to ensure stakeholder engagement and the ability to receive crucial feedback.

Evaluation also allows you and your partners to know when to continue without change, increase support, change methods, or to conclude the partnership if/when the outcomes have been achieved.

- Plan regular intervals for formal evaluation, such as annually or bi-annually.

- Use your indicators of success and MOUs to help outline and guide evaluation methods (which may include surveys, and check-lists).

- Consider the following baseline questions: Are projects getting done on time, and per your agreements? Are the intended outcomes coming to fruition? Are there any adjustments needed? Remember, evaluations are designed to improve success, not hinder it.

- Identify how to know if/when the project or partnership is no longer needed. In some cases, new technologies or new solutions may arise, and projects are able to be shifted, scaled back or realigned at some point in the future. What steps will be taken to ensure continuity of addressing the need? If the project is still needed, identify potential opportunities to bring in additional support or partners.

Once you've completed your follow up and evaluation plans, it's time to launch your project.

- Having a successful project not only supports your community and local agencies, it can also benefit other agencies and communities who may be looking for guidance or partners.

- Be sure to consider your marketing and outreach plans so that your patients, passengers and communities know about your great new opportunity.

RESOURCES & LINKS

To learn more about potential partners, training opportunities and assistance with facilitation in Washington or Oregon, please contact Community Transportation Association of the Northwest at info@ctanw.org.

Be sure to also sign up for the CTANW Weekly DIGEST by visiting www.ctanw.org to learn more about the Annual CTANW Presents: Mobility Management & NW Travel Training Summit, as well as other education and training resources.

Those who have been practicing in the field can also provide you with a great deal of guidance.

- CTANW hosts an online directory of regional Washington and Oregon Mobility Managers and Travel Trainers. Find a regional contact in your area by visiting our website at www.ctanw.org.

- The following individuals have also offered to provide additional support regarding the projects identified in this document:

  COAST | Karl Johanson | karlmjohanson@gmail.com
  Hopelink/KCMC | Staci Haber | shaber@hopelink.org
  Human Services Council | Colleen Kuhn | colleenk@hsc-wa.org
  People For People | Renee Biles | rbiles@pfp.org
  Whatcom Transportation Authority | Janet Malley | janetam@ridewta.com

These national agencies can also provide additional resources and consulting:

- National Center for Mobility Management | www.nationalcenterformobilitymanagement.org

- Easter Seals Project Action | www.projectaction.com

For more information, or assistance in finding additional links, resources, contacts or tools, please contact Community Transportation Association of the Northwest at www.ctanw.org or info@ctanw.org.