King County
MOBILITY COALITION
Access to Healthcare Committee

MEETING NOTES
August 2nd, 2017
Seattle-King County Public Health

Participants: Aaron Morrow (KCMC Member), Bill Woolley (Hopelink), Dorene Cornwell (KCMC Member), Hollianne Monson (Catholic Community Services), Jennifer Bergstrom (Swedish Optimal Aging), Jennifer Covert (Public Health), Jon Morrison Winters (Aging and Disability Services), Julie Povick (Seattle Children's Hospital), Kris Van Dyke (Hopelink), Lisa Toner (Valley Medical Center), Michelle DiMiscio (Public Health), Mona Chambers (Harborview), Penny Lara (King County Metro), Ray Krueger (Hopelink Travel Programs Volunteer), Ryan Acker (CTANW), Sheryl Gross-Glaser (CTAA), Zoë Jorna (Hopelink)

Staff: Staci Haber

WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

The meeting began at 9:30am. All attendees provided introductions.

Youth ORCA Cards
Penny Lara (King County Metro) announced that so far, 5000+ students have received a free ORCA card during the summer pilot project.

ORCA LIFT Pilot
Jennifer Covert (Public Health) announced a pilot with White Center Community Service Office (CSO) to issue ORCA LIFT cards to EBT-qualified clients.

Accountable Communities of Health – Medicaid Waiver
Michelle DiMiscio (Public Health) has been working with the Chronic Disease Design Team for the ACH Medicaid Waiver. This team received a great score and will hopefully be selected once the project scope is finalized. Staci Haber acknowledged transportation has come up in some of the design team project scopes.

SKCMC Volunteer Driver Summit
The South King County Mobility Coalition has solidified a date and location for their Volunteer Driver Summit. The event will be on October 25th at Kent Commons. Staci Haber mentioned the event is based in South King County but all are welcome. Please distribute the flyer to anyone you believe might be interested.

Chicken Soup Brigade
The Chicken Soup Brigade is providing nutritious meals after individuals are released from the hospital. While these meal deliveries take place, the social workers also ask what additional referrals or services may be necessary.

Our Committee
One of the purposes of our Access to Healthcare Subcommittee is to serve as a resource database. If you come across any data related to health and transportation, we ask that you please share it with the committee. Please also advertise this committee to anyone you think may be interested.

UPDATE: TRANSPORTATION TIPS FOR MEDICAL FACILITIES TASK FORCE

The committee is creating a how-to guide for the transportation tips for medical facilities to help increase client mobility. We are currently working on the outline for the how-to-guide and the task force would appreciate your feedback.

BRIEFING: CTANW INDUSTRY STANDARDS – COORDINATING MEDICAL TRANSPORTATION

Ryan Acker from Community Transportation Association of the Northwest (CTANW) attended the meeting to provide a briefing on coordinating medical transportation. CTANW created a guide of best practices and standards for coordinating medical transportation. Ryan walked us through the document and referenced several pages.

- Page 7 – Identifying & Articulating Needs. This page of the document discusses how to identify needs and develop coordination efforts.
- Page 13 – Identifying Rules, Regulations, and Barriers. This portion of the document provides you with ideas of possible obstacles that might impact your coordination efforts. Ryan mentioned success is either gained by dealing with the challenges or working around them. Most people work around the barriers and regulations.
- Page 15 – Brainstorming Solutions. Ryan highlighted that we must set aside the "this is the way it has always been done" thinking. Sometimes we have to change the rules or work around them.
- Page 18 – This page highlights success stories from multiple regions.
    - Case Study 1: Cherriots
        - This transit agency took a new geographical approach. They separated the town into quarters and then provided demand response to a particular quarter on certain days. (i.e. NW Region on Wednesday and SW Region on Tuesday).
    - Case Study 2: COAST
        - COAST took a new approach and developed a passenger/driver pairing model. Instead of pairing a passenger with a route, they paired the passengers with a driver. This approach created a commitment to the outcome of the patient, and allowed for more flexibility with stops on the way home.
    - Case Study 3: Dungeness Line
        - Dungeness Line is a great example of a provider that can get around various regulations. As a private transportation provider, they are able to operate in multiple counties and jurisdictions.

- Case Study 4: Hopelink
  - After a local hospital identified challenges with discharge times, Hopelink and the hospital worked together to set a common pick up time and location.
- Case Study 6: King County Mobility Coalition (KCMC)
  - In order to fill a gap of critical resources and information needed by patients and passengers, the KCMC created a Transportation Tips handout. This map identifies transportation options to and from medical centers.
- Case Study 7: People for People
  - People for People started a shuttle from Yakima to Moses Lake to help alleviate the challenges individuals were facing to get to medical appointments.
- Case Study 8: Ride Connection
  - Ride Connection worked specifically with the dialysis center to help smooth the issue that accompany transportation after dialysis appointments.
- Case Study 9: Whatcom Transportation Authority
  - When transportation to the Adult Day Heath Programs became difficult, Whatcom Transportation Authority facilitated a partnership between a local faith-based establishment and the health center. Whatcom Transportation Authority donated a bus so people could gather at a pick-up/drop-off point and transport people by bus.

The committee thanked Ryan Acker for sharing!

BRIEFING: SAFE HARBOR RULING

Sheryl Gross-Glaser presented to the committee about the Safe Harbor Ruling and how it can support transportation by allowing healthcare facilities to offer and fund transportation for their established patients.

- Anti-kickback statute – 42 USC § 1320a-7b(b) –The federal Anti-Kickback Statute ("Anti-Kickback Statute") is a statute that prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business. The Anti-Kickback Statute is broadly drafted and establishes criminal and civil penalties for individuals and entities on both sides of the prohibited transaction. Some intent is required, but not knowledge of specific legal provisions
- This ruling was designed to help reduce the barriers of healthcare coordination, and transportation becomes a part of that.
- The ruling is over 100 pages.
- Transportation is a broad category including transportation network companies (TNCs), door-to-door, demand response, fixed route, shuttles, between healthcare facilities, etc.
- The terms "local" and "patient" differ than that of common use.
  - Local is within 25 miles in an urban setting and 50 miles in a rural setting.

    - Patient refers to anyone who has a doctor's appointment. This does not apply to caretakers, family, or visitors.
- You have to spread the word discretely but be consistent and thoughtful. You cannot advertise it as "if you are my patient you get the added benefit of transportation."
    - It is not marketing if you are asking if the patient has a reliable mode of transportation.
- There are no established eligibility requirements for patients to ride the shuttle. You have the option to make it open to the public, but you cannot advertise or market it to the public.

Jon Morrison Winters (ADS) acknowledged lawyers tend to be part of the conversation later in the process of establishing a service. Since King County and this Committee are at the beginning stages of coordination and innovation, what does this mean? Sheryl reiterated this ruling and understanding the legal implications is good knowledge to have in your toolbox when working with healthcare facilities. Sheryl stated that as a healthcare provider, they are generally coming to the table for a financial incentive, but overall it's still easier for them not to get involved in transportation because there are no hoops to jump through if they do nothing. On the other hand, it's an excuse to not do anything. Now we, the Committee, know transportation coordination is possible. Healthcare attorneys in the Seattle area may be able to help offer guidance on this ruling and discuss a prototype plan.

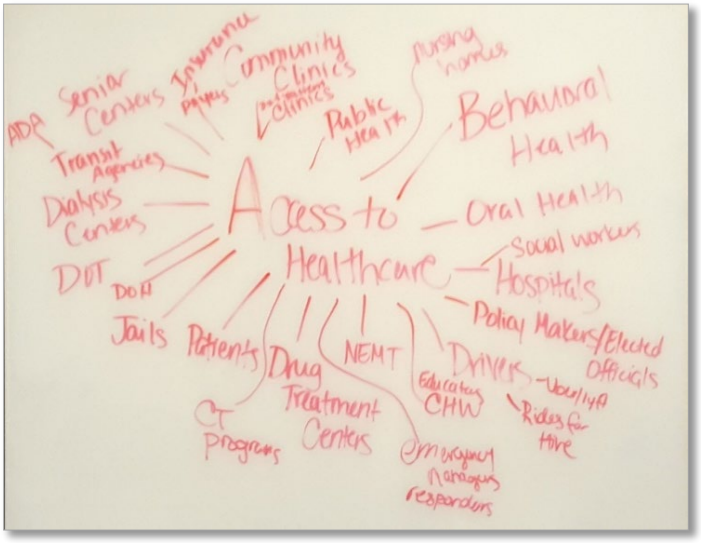
Since the ruling is very heavy on the jargon, Sheryl offered to work with anyone interested in learning more about the ruling, though she cannot give legal advice. Sheryl can be reached at grossglaser@ctaa.org. Julie Povick (Seattle Children's) acknowledged she works within these regulations and constraints every single day and is very familiar with these kinds of requirements. Julie offered to be a resource to other Committee members should they have any questions or would like to consider starting up a service based on this ruling.

The committee thanked Sheryl!

DISCUSSION : COMMITTEE STAKEHOLDER ANALYSIS

Staci Haber mentioned to the committee that making change starts by having the correct people in the room. The group began by brainstorming stakeholders they think should be involved. The list is as follows (in no particular order):

- Hospitals
- Social Workers
- Behavioral Health
- Drivers
- Drug Treatment Centers
- Rehabilitation Centers (prison/jail)
- Senior Centers
- Dialysis Centers
- Community Clinics
- Oral Health Providers
- Public Health
- Transit Agencies (paratransit too)
- State/Local DOT
- NEMT
- Patients (riders)
- Municipalities (elected and non elected representatives)
- Insurance Agencies
- Community Based Transportation Programs
- Community Health Workers
- Department of Health
- Assisted Living Facilities
- Emergency Managers



After the group finished brainstorming, Staci asked the group to please write down any contacts they believe could fill the previously listed positions. Jon Morrison Winters suggested forming smaller groups or task forces for projects may be helpful if we expand the committee. Staci replied that she will add it to the agenda for the next meeting.

ACTION ITEMS

- *Jon Morrison Winters* will send the Northwest Universal Design Council's July Access to Healthcare Forum talking points to the Committee;
- *Staci Haber* will follow up with the Transportation Tips Task Force to schedule the next meeting;
- *Staci Haber* will add a work plan discussion to the next agenda; and
- *Committee Members* will send Staci any relevant data or resources pertaining to the importance of transportation to healthcare.

NEXT MEETING

Wednesday, October 4th from 9:30am to 11:00am at Seattle-King County Public Health, Room 115

ACCESS TO HEALTHCARE CONTACT

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