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## MEETING NOTES

December 2, 2020

Remote Zoom Call

Partners: Aaron Flaster (Community Collaboratory), Aaron Morrow (Public Policy Advocate), April Clements (Seattle Cancer Care Proton Therapy Center), Belina Van (Catholic Community Services), Kim Pearson (Puget Sound Regional Council), Jon Morrison Winters (Aging and Disability Services), Judy Brown (UW Medicine Northwest), Lisa Hirohata (Kaiser Permanente), Mark Smutny (Sound Generations), Marlee Fischer (Seattle-King County Public Health), Michelle Welker (Seattle Children's), Muna Houssen (King County Public Health), Myani Guetta (HealthierHere), and Viviana Lopez (King County).

Staff Support: Cassidy Giampetro, Dean Sydnor, Bebhinn Gilbert, and Staci Sahoo

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## WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

The meeting began at 9:35am. All attendees provided introductions.

Attendees were encouraged to share important announcements at the beginning of the meeting in case time for roundtable sharing was cut, which it was. Announcements shared include:

- Judy Brown shared that Northwest Hospital is filling up due to COVID cases and cancelling some overnight stays as a result.
- Kim Pearson shared that the Puget Sound Regional Council is working on updating their regional transportation plans by updating their inventory of services and through identifying needs and gaps. The [inventory of services survey](#) will be open until February 21<sup>st</sup>. PSRC is partnering with Hopelink to implement the survey.
- Aaron Flaster shared about a new RFP focused on streamlining the referral process. He is looking to chat with folks interested in developing a solution for this opportunity. He shared [the link](#) and encouraged people to reach out to him if interested at [aflaster@communitycollaboratory.com](mailto:aflaster@communitycollaboratory.com).
- Mark Smutny shared that the Sound Generations Hyde Shuttles have signed a contract with the Humana Corporation to provide services to high-risk individuals.
- Aaron Morrow shared an article about Hopelink in the Seattle Times, [visible here](#).

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## UPDATE: THE CARE MOBILITY REWARDS PROGRAM + NEXT STEPS

The Care Mobility Rewards Program was a joint project between the Access to Healthcare Committee and South King County Mobility Coalition. It offered incentivized transportation for medical- and wellness-related rides for patients with a high-risk of hospital readmission upon discharge, with the goal of reducing hospital readmission rates. The grant comes from the Community Transportation Association of America (CTAA). For this pilot, the program worked with Valley Medical Center to enroll patients and Hopelink Transportation Brokerage to provide rides. To learn more about this program, view the [Care Mobility Rewards Program Overview sheet](#).



The grant ended on November 30<sup>th</sup> and the internal Hopelink Mobility Team is now producing an Evaluation Report on findings.

Cassidy shared key pilot metrics on enrollment, trips, and draft readmission data. View these measures in [the meeting slides](#).

As far as the future of the program and its findings, the following was shared for next steps:

- A conversation will be facilitated between Valley Medical and Hopelink's Non-Emergency Medical Transportation Brokerage to discuss a long-term program, and to hand-off the program away from Hopelink Mobility Management.
- The Evaluation Report is in process and will be shared with the Access to Healthcare Committee. This report will be an advocacy tool and guide for future discussions around a program and this topic.
- Lessons learned, as outlined in the Evaluation Report, will be integrated into Committee priorities and future needs considerations.

After the presentation, Committee members asked the following feedback:

- How can this program serve patients who need transportation to follow-up care but are not enrolled in Medicare?
  - While this program focused on serving Medicare patients, scaled programs instigated by hospitals are open to serve whatever patients they see fit. The Medicare criteria for this pilot was mostly related to achieving the most tangible return on investment as related to Medicare readmission penalties; however, in sustainable programs where hospitals secure their own funding for a program, they are able to discern what riders they will cover and for who – including beyond Medicare patients.
- What does funding exploration look like for program expansion?
  - We don't see Hopelink Mobility Management as being the main arbiter of the program moving forward, although we do have a place in advocating for programs that strengthen the connection between healthcare and transportation further. Instead, considerations of funding, including exploration of grant opportunities or budget allocations, will come from hospitals looking to implement this program. Our Evaluation Report should show the value of cost-savings in bringing in a program like this that can appeal to ROI for hospital adoption.

For more questions on the Care Mobility Rewards Program, contact Cassidy Giampetro at [cgiampetro@hopelink.org](mailto:cgiampetro@hopelink.org).

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## **DISCUSSION: COMMITTEE PRIORITIES AND 2021**

With the closing of the Care Mobility Rewards Program and beginning of the year, the Committee was well-poised to have a discussion about upcoming priorities. This discussion served as an opening conversation on what the Committee is looking to do in the new year.

To start the conversation off, the group was asked the following question to get them thinking:

- How can mobility boost health outcomes during, after, and beyond COVID?

Members used a Menti live-response tool to submit words into a word cloud as their response. At the end of the activity, this is what populated the word cloud:



# How can mobility boost health outcomes during COVID?



The words “vaccine”, “safety”, “independence”, “essential”, and “access” were shared more than once, with some other responses being: safety, delivery, food access, physical therapy, cancer treatment, decrease isolation, social service access, essential work, mental health, independence, social determinants, COVID testing, less exposure, accessibility, chronic conditions, access to medical, prevention, support, proactive health, connect to care, food insecurity, and SDOH support.

[View the meeting slides](#) to see the continuing part of the conversation, where the group reviewed what projects were elevated at the beginning of 2020, what needs emerged during 2020, and then what the King County Mobility Coalition is already doing related to these needs.

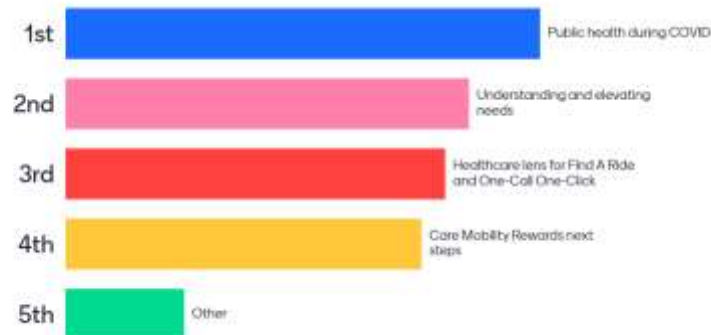
Compiled from this, projects fell into four major categories:

1. Understanding and elevating needs
  - a. For example, impacts of COVID through storytelling
2. Public health during COVID
  - a. For example, the safety of shared transportation
3. Care Mobility Rewards Program next steps
  - a. For example, analyzing Medicare gaps and strengthening the transportation/hospital partnership
4. Contributing a healthcare lens to Find A Ride and One-Call One-Click
  - a. Ensuring these tools are useful for healthcare workers and the perspective of healthcare stakeholders are included

The group was then asked to use another Menti tool to rank the above four topics for Committee priorities. An “other” option was also listed. The results are shown here:



# What type of project is the Committee looking for next?



The rankings are as follows:

1. Public health during COVID
2. Understanding and elevating needs
3. Healthcare lens for Find A Ride and One-Call One-Click
4. Care Mobility Rewards Program next steps
5. Other

Multiple attendees shared that it was hard to rank between the items, and that their intentions for ranking were somewhat overlapping between project categories. Attendees were asked to provide context to their rankings. The following insights were shared:

- Someone who ranked “Understanding and elevating needs” first shared that they, as someone who works with first responders of low acuity patients, appreciate understanding needs through this Committee to gain their own understanding of what kind of work and gaps can be done within their channels versus collaboratively through other partners.
- Someone who “Public health during COVID” first shared that they feel understanding data during the new COVID will be important to see how needs have changed compared to the initial COVID impacts. They also shared there is room to understand needs to support a potential vaccine.
- An attendee who selected “Care Mobility Rewards Program next steps” as their first choice shared that, as a hospital staff, they have trouble getting clients to follow-up appointments and see this as a large need. They also see the desire to decrease preventable readmissions as an important impact during COVID when hospitals are at capacity and strained.
- Someone who chose “Other” said they are really interested in how the Committee can assist in getting people to vaccines – including who we could work with transportation-wise to get people to vaccine sites. They were also curious about what major players were important to talk to in order to voice concerns about equity and transportation considerations.
- Another attendee who selected the “Other” option believes searching for sustainable funding options is necessary to explore. They see a large gap for those who can afford to pay for transportation and social services and those who cannot. The cuts transit agencies are experiencing and their shrinking tax revenue raises critical concerns.
- Someone shared that they think the Committee should consider the way information is shared and presented through cultural and language lenses. They provided the example that in certain



cultures, females are uncomfortable with being alone in a vehicle with a male driver. These kinds of considerations need to happen when providing training or offering solutions. They also feel communication across cultural barriers can make trips less intimidating and increase the feeling of safety and access.

- Another attendee affirmed this, sharing that older generations experience more language and cultural gaps.

If you would like to provide feedback on Committee priorities, contact Cassidy Giampetro at [CGiampetro@hopelink.org](mailto:CGiampetro@hopelink.org).

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#### **ACTION ITEMS**

- Cassidy to share Evaluation Report with Committee once it is finalized.
- Committee members to reach out to Aaron Flaster for interest in new referral RFP.

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#### **NEXT MEETING**

February 3<sup>rd</sup>, 2020 from 9:30am to 11am, Zoom

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#### **ACCESS TO HEALTHCARE STAFF SUPPORT**

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