



# *Rides to Wellness*

## **Executive Summit**

March 11, 2015

Summary of Proceedings

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## Preface

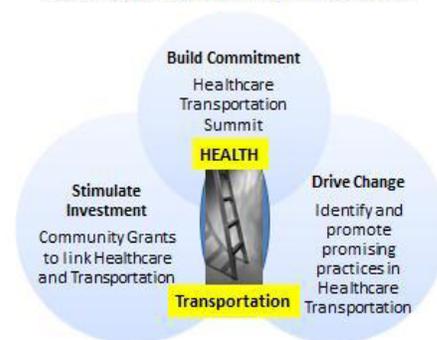
On March 11, 2015, a dedicated group of healthcare and transportation professionals gathered at [The Rides to Wellness Executive Summit](#) to explore strategies to eliminate one of the largest barriers to healthcare access for millions of Americans: the lack of transportation. The Rides to Wellness Executive Summit was hosted by the Federal Transit Administration (FTA) with the support of the National Center for Mobility Management and member agencies of the federal Coordinated Council on Access and Mobility, including the Departments of Transportation, Health and Human Services, and Agriculture. It was the inaugural event of the “Rides to Wellness” initiative the goals of which are to increase access to healthcare, improve health outcomes and reduce healthcare costs through improved coordination between the transportation and health/wellness communities.

The FTA launched Rides to Wellness in response to a call-to-action from U.S. Department of Transportation Secretary Foxx to build more “ladders of opportunity.” The Ladders of Opportunity program is a policy initiative that prioritizes investments in projects that improve the mobility of Americans, especially those from historically disadvantaged communities, to support greater economic opportunity and well-being.

Rides to Wellness furthers the Ladders of Opportunity program by increasing access to non-emergency healthcare services through a three-pronged strategy which includes building commitment, stimulating investment and driving change. The Executive Summit built commitment for the Rides to Wellness initiative by creating passion and momentum among key transportation and healthcare stakeholders to significantly advance healthcare transportation mobility.

Further, the initiative stimulates investment by providing grants that test community-based ideas, from providing transportation to post-hospitalization appointments to promoting preventative care, to improve transportation mobility. Rides to Wellness will ultimately drive change by promoting partnerships across the health and transportation sector, demonstrating the return on investment for the partnerships, and developing investments for community-based solutions.

### Three-pronged Strategy for FTA’s ACCESS TO HEALTH CARE TRANSPORTATION LADDERS OF OPPORTUNITY INITIATIVE



## Background

The implementation of the Affordable Care Act strengthened efforts to increase the U.S. population’s health and wellness, decrease the cost of care, and improve access to care—whether that is preventive care or care for acute or chronic conditions. Access to affordable healthcare

goes beyond insurance exchanges and expanded coverage; it also means being able to reach those destinations where healthcare is delivered.

There is a growing awareness within the health, medical, and long-term care communities that transportation services are a key component to achieving the goals of healthcare reform. There are two key aspects within the intersection of health and transportation: what is needed for an individual to access care; and what is needed to connect healthcare systems as well as build and sustain healthy communities.

Unsolved transportation barriers to receiving health care—whether due to long distances, a lack of available transportation, the cost of transportation, or another reason—can cause patients to defer care or miss appointments, ultimately resulting in greater medical costs and a lower quality of life. In 2007–2009, 11.4 percent or 25.3 million adults reported that they delayed getting medical care in the past year due to various logistical or structural factors, such as lack of transportation, long waiting times for appointments, and inconvenient office hours. Those with lower household incomes were more likely to report having delayed care as a result of logistical factors.<sup>1</sup> Indeed, a 2013 study identified transportation as the second most prevalent barrier to accessing health care services among underserved populations served by health outreach programs at Community Health Centers.<sup>2</sup>

## Purpose of the Summit

The Rides to Wellness Executive Summit brought together healthcare executives, transportation professionals, as well as medical transportation experts and policymakers to build understanding between the fields; to garner joint commitment to further action; and to identify success.

To give Executive Summit attendees an introduction to the nexus between transportation and healthcare, the following background materials were provided prior to the summit:

- 1) [Expanding Specialized Transportation: New Opportunities under the Affordable Care Act](#)
- 2) [Non-Emergency Medical Transportation: A Vital Lifeline for a Healthy Community](#)

Participants were also given a pre-conference survey to help summit organizers craft the agenda and to ensure that the content reflected a valid picture of health and transportation needs and challenges. Twenty-two participants submitted responses to the following questions:

- 1) What are the key transportation-related needs of your organization or your organization's members (if applicable) related to healthcare access?
- 2) What are you or your members currently doing to address these needs?
- 3) What are the challenges that interfere with your organization or your organization's members addressing these needs?

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<sup>1</sup> Barriers to Care and Unmet Need for Care. Women's Health USA 2011. U.S. Department of Health and Human Services, Health Resources and Services Administration, 2011. <http://www.mchb.hrsa.gov/whusa11/more/hrsaprograms.html>

<sup>2</sup> Outreach Across Populations: 2013 National Needs Assessment of Health Outreach Programs. Health Outreach Partners Oakland, CA, 2013. <http://web.outreach-partners.org/resources/nna>

- 4) Are there any specific collaborations, partnerships and actions that you think would address these needs and challenges?
- 5) What is the industry of your organization and/or your organization's membership?  
(Select one: Healthcare, Transportation, Other)

The major topics addressed in the plenary sessions and breakout sessions are presented in this summary report following the same order as the conference program. These summary proceedings demonstrate the imperative for the transportation and healthcare industries to better integrate their resources to deliver the best patient care and experience possible.

## Welcome and Introductory Remarks

*Michael Melaniphy, President and CEO, American Public Transportation Association, Washington, D.C.*

Michael Melaniphy, President and CEO of the American Public Transportation Association, welcomed participants to the Rides to Wellness Executive Summit. During his remarks, he recognized the timeliness and importance of the conference and highlighted the critical role that public transportation plays as part of a healthy community system. Melaniphy noted that each year 3.6 million Americans miss appointments to healthcare because of the lack of transportation. He commended the staff of Easter Seals Inc., the Community Transportation Association of America and the Federal Transit Administration for bringing together leaders in the transportation and the healthcare industries with the aim of building partnerships and increasing access to healthcare. This, he said, will reduce overall healthcare costs that will lead to better outcomes for everyone across the country.

## Opening Plenary Panel – Federal Perspectives

*Moderator: Henrika Buchanan-Smith, Associate Administrator, Federal Transit Administration, U.S. Department of Transportation, Washington, D.C.*

Henrika Buchanan-Smith introduced the first plenary session of the day. She provided participants with a look at how federal agencies will meet the goal of ensuring that everyone has access to healthcare. Buchanan-Smith thanked staff at NCMM, APTA and FTA, especially staff at the Office of Transit Programs, including Jamie Pfister, Mary Leary, Danielle Nelson, and Rik Opstelten, for their work on the Rides to Wellness initiative. She acknowledged the passage of the Affordable Care Act, which has provided access to healthcare for millions more who did not previously have coverage prior to its enactment. Buchanan-Smith also described a new initiative with the Department of Veteran Affairs to introduce mobility management into their programs as a parallel effort which reinforced the importance of access to healthcare as a national issue.

*Therese McMillan, Acting Administrator, Federal Transit Administration, U.S. Department of Transportation, Washington, D.C.*

As the first panelist, Therese McMillan spoke about her excitement at how improved coordination of resources at the federal level, better leveraging resources, eliminating barriers, and making programs more effective will make the Rides to Wellness initiative a success. She provided an anecdote of a patient, “Nancy”, who needed to attend appointments with various



### Let's Consider Nancy

"Nancy has just been discharged from a long hospital stay, and now needs to get to weekly rehabilitation appointments, in addition to periodic tests. And she can't drive anymore because of the medications she is on. Now she learns she needs to have a specialty appointment at a different health care facility which is located far away from her regional rail service. Furthermore she needs to change her diet, needs fresh foods, and there are no grocery stores near to where she lives. **What is Nancy going to do?"**

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**Therese McMillan,**  
**FTA**

healthcare providers that are not easily accessible through current transportation options.

With this example, McMillan illustrated two key goals for summit participants as 1) the need to define the broader objectives of where participants want to get to and then identify the many ways to get to that goal; and 2) the need to explore and identify partnerships between healthcare and transportation. She also provided a background on the decision to launch the Rides to Wellness initiative as part of U.S. Department of Transportation Secretary Anthony Foxx's Ladders of Opportunity program. The principles behind the initiative are that basic rights like access to health care cannot be taken for granted, and that there needs to be a greater focus on disadvantaged communities.

McMillan pointed out that difficulties associated with chronic conditions represent up to 80 percent of healthcare costs today, in excess of \$2.1 trillion dollars.<sup>3</sup> Costs manifest in many ways including unnecessary readmissions to hospitals that cost Medicare \$15 billion annually.<sup>4</sup> For

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<sup>3</sup>Centers for Disease Control and Prevention. Chronic diseases: the power to prevent, the call to control, at-a-glance 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2009.)

<sup>4</sup> National Priorities Partnership. Compact Action Brief: A Roadmap for Increasing Value in Health Care. November 2010. Retrieved from: <http://www.nationalprioritiespartnership.org/>

example, hospitals in Illinois were fined \$16 million dollars for this issue.<sup>5</sup> And if one puts off going to a doctor's office that puts pressure on the healthcare system as well. Hence, she stressed, it is in everyone's best interest to see that the healthcare systems works to protect taxpayer dollars.

McMillan provided examples of where transportation links to health care were weak at one point, but have successfully implemented strategies to improve access. In Texas, DART, using technology to drive change, set up a kiosk at a hospital so patients can schedule return rides home onsite. Lane Transit in Oregon provides both ADA and NEMT transportation through a coordinated center, which has lowered overhead costs. Finally, Madison, WI, created a timesharing program, making trips to and from dialysis more flexible.

*Kathy Greenlee, Administrator, Administration for Community Living (ACL), U.S. Department of Health and Human Services, and Assistant Secretary for Aging at the U.S. Department of Health and Human Services (HHS), Washington, D.C.*

**“I find transportation to be one of the most challenging policy issues I’ve ever encountered. It is, and I’ve said this before, the only one that scares me.”**

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Kathy Greenlee,  
U.S. Department of Health and  
Human Services

Kathy Greenlee described how the Administration for Community Living (ACL) at the U.S. Department of Health and Human Services works with different stakeholders, including Centers for Independent Living, state disability councils and Aging and Disability Resource Centers, as advocates for accessible public transportation to help people with disabilities and older adults in all aspects of living. Greenlee captivated audience members with her opening remark that, “I find transportation to be one of the most challenging policy issues I’ve ever encountered. It is, and I’ve said this before, the only one that scares me.” The reason for this, she said, is because “she does not know transit.”

However, she noted that she does not need to, she and her colleagues simply need to know their transportation partners. Throughout her presentation, Greenlee highlighted a common refrain from speakers at the summit: there are benefits that come from breaking down silos. Accordingly, Greenlee shared that ACL is working on a joint proposal with FTA and with the Health Resources and Services Administration to better connect community health centers to community transportation resources, improving access to their services. Greenlee subsequently ended her presentation by telling the audience that transportation and healthcare professionals must stop being afraid to talk more and figure out how to share resources.

*Audrey Rowe, Administrator, Food and Nutrition Service (FNS), U.S. Department of Agriculture, Washington, D.C.*

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<sup>5</sup> *HFS to collect \$16.3 million from IL hospitals to reduce potentially preventable readmissions.* State of Illinois, Department of Healthcare and Family Services. September 2014.  
<http://www3.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=1&RecNum=12602>

The U.S. Department of Agriculture has a unique interest in improving transportation mobility. Audrey Rowe reiterated earlier statements about the need for better coordination across agencies but called out her program’s mission to provide meals to school-aged children during the summer. “We have to be able to feed kids during the summers. Can you help us?” Rowe said.

Transportation has become a huge issue in delivering meals and the agency is trying to close the gap between the 21 million children each day who get lunch during the school year, the 10 million children a day that get breakfast as well, but only 3.8 million who can access those same meals during the summer. Rowe described the program’s mobile feeding models, which use school buses and available church vans, and then load them with coolers and take them to communities where children are located. She also mentioned local programs that integrate different transportation options to bring meals to children including “Call to Ride,” in Effingham County, IL, in which children and families register and receive free passes to ride through the counties public transportation system to access meal sites. In Huntsville, AL, the City also offers free rides to summer sites.

**“We have to be able to feed kids in the summer. Can you help us?”**

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Audrey Rowe,  
U.S. Department of Agriculture

Rowe called on participants to share any additional resources that would help mitigate the issue of child hunger and suggested that if vans are moving people to healthcare appointments, there could be a feeding opportunity that could be added in that mix of services. Her remarks highlighted the importance of ensuring all have access to healthy food as part of staying and/or getting well; such as eliminating food deserts.

## Second Plenary Panel – Transportation and Healthcare Perspectives in Access to Care

*Flora M. Castillo, Board Member, New Jersey Transit Corporation and Vice President of Marketing and Business Growth, PerformCare, Philadelphia, PA*

Flora Castillo introduced the second panel session to demonstrate how members of the transportation industry can work with partners in the healthcare community to help people gain access to critical services. Speakers gave brief presentations on programs and initiatives their organizations are implementing to solve this issue.

*Tyler Norris, Vice President, Total Health Partnerships, Kaiser Permanente, Oakland, CA*  
*“The Importance of Transportation Access in a Changing World of Healthcare”*

There is a strong link between healthy people, healthy places and a healthy economy, which is at the core of Kaiser Permanente’s mission “to provide high quality affordable health care, and to improve the health of our members and the communities we serve,” remarked Tyler Norris to kick-off his presentation.

Kaiser Permanente used demographic information to highlight the relationship between chronic diseases and influences and risk factors such as environmental and social factors including economic conditions as well as personal behavior and family background. Norris' presentation outlined how a cross-section of the population density of specific communities and locations, the prevalence of chronic conditions, and the location of medical facilities and their proximity to public transportation has effects on health. Norris highlighted a trend with respect to how medical care can be accessed, which has transitioned from nearly 100 percent requiring medical office visits in 2003 to 50 percent office visits, 30 percent via secure email and 17 percent via telephone in 2013. This trend is extending the medical delivery system while also empowering individuals to make different choices, based on their respective situation. Norris summarized his message for the audience by saying, "If successful, what we all hope to do is to be able to make the case for how equitable, accessible mobility is a key determinant of the health of people."

**"If successful, what we all hope to do is to be able to make the case for how equitable, accessible mobility is a key determinant of the health of people."**

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Tyler Norris,  
Kaiser Permanente

While many of the attendees were government officials, Norris assured the audience that improved access to healthcare was a priority for private-sector health insurance companies like Kaiser Permanente, "We don't make money when somebody gets sick. We don't get paid for that," he concluded.

*Maureen Pero, Vice President, Federal Affairs & Policy, CareSource, Dayton, OH*  
*"Voice of the Customer/Patient in the Paradigm of Person-Directed Mobility and Healthcare"*

**“When you think about a partnership from a transit authority with someone who’s a Medicaid provider, you need to think about what the Medicaid provider is being incentivized to do.”**

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Maureen Pero,  
CareSource

**“We think transportation... needs to be seen as part and parcel to the healthcare benefit. We also think it should be expanded to include addressing some of the social determinants of health.”**

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Maureen Pero,  
CareSource

Maureen Pero began her presentation by highlighting how unusual it was for a staff person at a Medicaid managed care organization, CareSource, to be invited to speak to the transit community. CareSource is a full-service managed care provider to over 1.4 million customers in Ohio, Kentucky and Indiana. The company provides a full range of managed care services spanning from wellness to catastrophic and end of life services representing all age groups. Their bottom line goals are: improved health for its members and communities, improved quality and experience of care, and a decreased per capita cost. The company recognizes that to meet that goal is greater than just providing health care.

CareSource provides transportation to their members, including longer distance trips (over 30 miles) and under 30 miles, and 30 one way or 15 round trips per year. The modes they offer include taxis, bus passes, and mileage reimbursement, based on individual needs. Pero advised the audience that, “When you think about a partnership from a transit authority with someone who’s a Medicaid provider, you need to think about what the Medicaid provider is being incentivized to do.”

CareSource initiated a population based clustering model using claims and enrollment data to segment their members into specific groups that they identify as personas. They then launched services for members based upon the persona in which they were identified. Pero noted that there are a full range of life services which impact overall health such as child and adult care, behavioral counseling, stress management and linkages to jobs and job access that needs to be understood as well.

CareSource established their program having completed extensive surveys of the nine groups of personas and their needs. From their surveys, personas with the highest need for transportation were those with “complex but managed” or “complex” medical portfolios. From those surveyed, it was noted that 87 percent of the respondents think that the transportation service should include the ability to have secondary stops including pharmacies, and other life necessities. CareSource is committed to working with their counterparts in the transportation sector. “We think transportation... needs to be seen as part and parcel to the healthcare benefit. We also think it should be expanded to include addressing some of the social determinants of health,” Pero said.

*Matt Hansen, Manager Customer Communications and Services, King County Metro, Seattle, WA “Where Collaboration across Health and Transportation Works”*

**“We know that transit is not an end in itself. It’s a means to an end. It’s a means to work, it’s a means to school, appointments, healthcare, and the low-income fare was a commitment to social justice and equity”**

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Matt Hansen,  
King County Metro

As the final panel speaker of the Executive Summit, Hansen described the work leading up to and the implementation of the Orca LIFT reduced fare card in King County, Washington. The OrcaLIFT card provides reduced fares on the Seattle Metro Buses for qualifying individuals and households which earn less than double the federal poverty level. The card also enables discounted access not only to King County Metro but also Kitsap Transit, Sound Transit, Metro Water Taxi and the Seattle Streetcar.

Hansen reiterated the need for the health and transportation sectors to work together to support social justice and equity issues. “We know that transit is not an end in itself. It’s a means to an end. It’s a means to work, it’s a means to school, appointments, healthcare, and the low-income fare was a commitment to social justice and equity”

The program was developed in partnership with social service agencies, health clinics and the same network of agencies responsible for signing up individuals for the Affordable Health Care program.

## Executive Exchange

*Introduction: Bruce Robinson, Deputy Associate Administrator, Office of Program Management, Federal Transit Administration, Washington, D.C.*

Bruce Robinson introduced the second section of the program. After the presentations, Summit attendees broke into groups to workshop a series of questions. There were ten tables of participants; each table included one person taking notes and one discussion facilitator. Several tables recorded their comments in detail and specifically addressed each of the questions. Other tables approached the questions from more general perspectives.

*Facilitator: Marlene Connor, Principal, Marlene Connor Associates, LLC, Holyoke, MA*

Marlene Connor led an executive exchange in a roundtable session format to offer more opportunities for learning and professional exchange among participants. This format was designed to gather information to help FTA in the development of the Rides to Wellness Initiative – especially in the selection of next steps and major activities.

Participants discussed the following questions:

1. Given the importance of access to health care by ensuring mobility/transportation availability for people, what are the key needs you see from your organizations' perspective associated with connecting health care and transportation?
2. What challenges do you see in addressing these needs?
3. Are there any collaborations and partnerships we can create to address these issues and needs?
4. What specific actions or solutions can we take together to address these issues and needs?

**The report out from the break-out groups in the Summit shared the following themes and perspectives:**

**Better coordination is needed.** Coordination is essential to ensuring caregiver and patient mobility needs are met with transportation options, with a focus on high risk and under-served communities. Such coordination requires information sharing and involvement by key stakeholders.

Coordination between healthcare and transportation is supported by:

- federal level coordination;
- regulations and policies that incentivize at the local level;
- flexibility in federal funding to support a coordinated approach
- defining “medical transportation” to reflect a comprehensive approach to healthcare access;
- coordinating cost sharing for trips; and,
- cross-training professionals from both sectors to increase knowledge of both healthcare and transportation.

**Mobility saves money.** Participants noted that while the consequences of not accessing healthcare are understood outside of the healthcare and transportation industries, the economic imperative for making changes has not been effectively demonstrated. In some instances, the cost of funding transportation for preventative and follow-up care are less costly than the expenses are incurred without from skipping these appointments. As a next step, more research is needed to understand how access to transportation also means healthy outcomes and cost avoidance to secure funding for mobility programs in the future.

**New technologies should be embraced.** Participants identified new ways in which technology can be utilized to improve access to healthcare. Examples included training healthcare providers to use applications to determine a patient's best transportation options or investing in technology which can support flexible or demand-responsive services. As technology continues to transform the healthcare and transportation sectors, it also has the potential to bridge the gap between them.

**This issue needs greater attention.** The summit represents a piece in a broad initiative to reform transportation access to healthcare. Healthcare needs to be seen holistically to include offering affordable, reliable transportation to ensure access to care, and supporting services. However, spirited dissemination of this message after the summit is key to ensuring that it is realized.

Throughout the summit, participants expressed new aspirations and a vision for the future of healthcare mobility. Now the challenge is to translate that vision into practice that will result in it becoming commonplace for patients across the country.

## Additional Points raised during the Exchange



- We need to be asking "why did this person miss their appointment?" instead of simply rescheduling another appointment.
- Change the definition of medical necessity to be more focused on health.
- Transit needs to work with social workers/navigators to coordinate transit trips. They can be the liason between transit and medical providers.
- People should have access to more than just doctor's appointments as a part of "medical transportation."
- Even though we're transit, we need to look at shared goals with other community programs.
- Land use issues are very important and a barrier. Reducing trips is essential.
- Some parents need to choose between taking a day off from work or taking their child to a doctor. This causes a problem in the system even when public transit options are available.
- Establish a federal clearinghouse that includes information on all federal grant options across agencies and identify which can be used as matches.
- Complexity of the systems is a huge challenge for both providers and riders.
- Transportation and the medical field need to learn how to "speak each-other's language" to help foster a good relationship of mutual understanding.



"We need to educate each other on what we see happening in our own programs and offices, in our policy areas, both in the government and in the private sector."

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Therese McMillan  
Acting Administrator, FTA

## Post-Exchange Discussion and Closing Session

Therese McMillan, FTA's acting administrator, closed the Executive Summit by highlighting common themes and questions asked during the conference.

She emphasized that access to healthcare is the larger issue: we need to keep people healthy and when they are sick, we must ensure they can get to treatment. She also remarked that in order for there to be real coordination, the transportation and healthcare industries need to incorporate new tools and put in place new metrics.

McMillan noted the need to make the business case for coordinating healthcare and public transportation, integrating resources and offering better information on mobility options to healthcare, by demonstrating that increased transportation options saves money for all.

Finally, she underscored how critical mobility management is, and the ability to anticipate, not only react, to transportation needs.

## Closing Statement

As Therese McMillan's remarks during the closing session noted, the Rides to Wellness Summit highlighted how lack of transportation mobility options are barrier to healthcare and that public transportation can help breakdown this barrier. This summit was a key first step to bring transportation and healthcare stakeholders together to find solutions to these barriers. Participants and speakers throughout the summit noted the importance of coordination among the healthcare and transportation industries, the need to integrate a variety of transportation options when planning new healthcare facilities, and the value of quantifying cost savings from better access to transportation. These are all fundamental to making the Rides to Wellness initiative a success.

These insights will inform the continued growth of mobility management and how this intervention can add value to building cross-industry partnerships. Practitioners can adapt the lessons learned in their own communities. Feedback from the summit will provide a foundation for better relationships and future dialogues between the transportation and healthcare industries to enhance mobility services for improved health.