



Center for Health Systems Innovation

Transforming Rural and Native American Health



ROK-Net
RURAL OKLAHOMA NETWORK
A PRACTICE-BASED RESEARCH NETWORK

Free Rides: Patient and Clinic Benefits in a Rural Pediatric Clinic

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Abstract

In rural Oklahoma, lack of transportation is a significant barrier to health care. Rural patients, who are sicker (CDC), face an even higher burden of illness and disease with decreased access to care. Rural clinics, which are frequently financially fragile, in turn bear the brunt of lost productivity and interrupted workflow due to patients without transportation creating no shows, cancellations, rescheduled appointments, and late arrivals.

The Oklahoma State University Center for Health Systems Innovation (CHSI) partnered with a Rural Oklahoma Network (ROK-Net) pediatric member clinic to innovate and implement a rurally viable model for rural clinics to provide transportation to patients who need a ride to scheduled appointments.

Robust data about volume of transportation need, patient benefits and satisfaction, clinic workflow and financial implications were gathered. Both patients and the clinic benefited from the program. Transportation need was intermittent and by far greatest for sick patients. While all patients in need of transport had SoonerCare, SoonerRide restrictions such as a three day notice required for ride scheduling left patients, mostly sick patients, and patients with inability to predict their need for ride on the day of appointment without a ride to the clinic. Revenue collected for participant car far exceeded the cost of transporting them, creating a model for rural clinic transportation solutions where the clinic itself provides their patients a free ride.



ROK-Net Member, Children's Clinic Volunteered for Transportation Pilot, 2018

Background

CHSI partnered with Yellow Checker Co. (YCC) and the Children's Clinic to pilot the impact of providing non-emergency medical transportation to rural patients. The IRB approved Quality Improvement project was designed to discover how on-demand transportation could serve in deterring appointment scheduling related nuisances such as, no-shows, cancellations or delays. Along with providing a HIPAA trained driver and vehicle for two separate month long durations, YCC gave CHSI and the clinic access to their information system. Through this, clinic schedulers were able to double as dispatchers. CHSI had access to all metrics collected by the dispatching technology and the clinic provided appointment related material. Additionally, transported patients were surveyed to gauge satisfaction and benefit of the service. The pilot ran in two seasons on these dates: 05/10/17 – 06/07/17 & 10/23/17 – 11/17/17

Methods

The driver would travel to the clinic each morning and wait in the parking lot for rides to be scheduled. Front office staff of the clinic would offer same or later day rides for patients that called to schedule a doctors appointment. During the call, schedulers asked the patient, "Do you need a ride?" If the patient responded, "yes" the scheduler would check for eligibility and book the ride on the YCC platform 30 minutes before the scheduled appointment time. On the day of pick up, the driver would call/text the patient/guardian to let them know he is on his way. Additionally, the driver would call when he arrived. Once collected, background metric collection would commence. When the patient is dropped off at the clinic they are given a survey to fill out. In order, to schedule their return trip from the clinic the patient was to submit the completed survey to the front office and a scheduler would then book an immediate return trip.

Patient Data Collection Survey (Front Page)

Clinic Patient Data Collection Survey (Reverse Page)

As illustrated above, the survey entailed 10 questions (7 quantitative and 3 qualitative) for patients to respond to. The reverse side of the survey was for clinic staff to complete which included 5 questions along with additional details to be filled out. Surveys (n=35) represented 44 patient appointments.

Data was downloaded from the YCC platform and saved in an excel spreadsheet. Data from the survey was manually typed into an excel spreadsheet ensuring that survey data matched ride data.

Data Collection Spreadsheet (Note: Some columns were hidden to protect confidential information)

Results and Findings

Free ride program days where at least one patient transported.	78%
Average number of patients on those days that needed a ride	2
Most Patients transported in one day	4
Average mileage transported to the clinic	3.18
Total miles transported, both phases (31 more miles in fall vs spring)	213.38

Visit Types (EHR)	Transported patients in 31 days.	44
Sick child	Categorized "sick" by office visit type (sick, well, new, ADHD, Lab)	71%
New Pt. Well	Medicaid primary payer	96%
Lab	Paid Claim with Medicaid	100%
ADHD	Round trip transportation	91%
Sick child (hospital followup)	Different diagnoses	84
	ER visits of transported patients during entire duration of program: SUNDAY visit to ER	1
	No-showed a free ride	0
	Ambulatory, no disability transportation requests	100%

Alternate Rides Available	Service Utilization Time	Families transported	25
42	29	Had missed appointment previously due to no ride.	100%
2	15	Had no alternative ride by appointment (2 of 44 did.)	96%
		Of transported patients reported missing appointments in the past due to no ride	100%
		Morning Transportation Need	66%

Intermittent Need: "Never, Occasionally, Rarely"	55%
Regular Need: "Frequently and Always"	45%
Single Utilization Patients (21 of 25)	84%
Multiple Utilization Patients (4 of 25)	16%

Solution: Dedicated Car

2 Patients/Day (study result)	
Dedicated Transportation Clinic Economics	
Days transported	20
Business days in month	20
Days transported per month	78%
Expected days	15.60
Clinic return on investment (transportation only)	
Expected days	16
Patients transported per day	2
Revenue captured per patient	\$ 96.72
Monthly income enhancement	\$ 3,095.04
Transportation cost	
Expected days with transportation cost	20
Transportation and platform cost per day	\$ 160.00
Monthly expense	\$ 3,200.00
Monthly net income benefit	\$ (104.96)
Yearly net income benefit	\$ (1,259.52)

3 Patients/Day (study result)	
Dedicated Transportation Clinic Economics	
Days transported	20
Business days in month	20
Days transported per month	78%
Expected days	15.60
Clinic return on investment (transportation only)	
Expected days	16
Patients transported per day	3
Revenue captured per patient	\$ 96.72
Monthly income enhancement	\$ 4,642.56
Transportation cost	
Expected days with transportation cost	20
Transportation and platform cost per day	\$ 160.00
Monthly expense	\$ 3,200.00
Monthly net income benefit	\$ 1,442.56
Yearly net income benefit	\$ 17,310.72

Solution: Pay Per Ride

2 Patients/Day (study result)	
Individual Ride Transportation Clinic Economics	
Days transported	20
Business days in month	20
Days transported per month	78%
Expected days	15.60
Clinic return on investment (transportation only)	
Expected days	16
Patients transported per day	2
Revenue captured per patient	\$ 96.72
Monthly income enhancement	\$ 3,095.04
Transportation cost	
Expected days	16
Patients transported per day	2
Transportation cost per patient	\$ 19.44
Monthly expense	\$ 422.08
Monthly net income benefit	\$ 2,672.96
Yearly net income benefit	\$ 28,672.52

3 Patients/Day (study result)	
Individual Ride Transportation Clinic Economics	
Days transported	20
Business days in month	20
Days transported per month	78%
Expected days	15.60
Clinic return on investment (transportation only)	
Expected days	16
Patients transported per day	3
Revenue captured per patient	\$ 96.72
Monthly income enhancement	\$ 4,642.56
Transportation cost	
Expected days	16
Patients transported per day	3
Transportation cost per patient	\$ 19.44
Monthly expense	\$ 933.12
Monthly net income benefit	\$ 3,709.44
Yearly net income benefit	\$ 44,513.28

Conclusion

- Transportation need is less visible on a daily basis "drip, drip, drip" but adds up significantly and is decreasing both capacity and revenue in rural clinics.
- OK Medicaid transportation solutions do not serve over half of the ride need: intermittent.
- OK Medicaid transportation gap in pediatric care impacts sick children by the greatest extent.
- Patients without transportation who receive timely primary care do not seek care at the ER.
- Rural voice for transportation is needed.
- Providing free rides in this clinic showed tremendous positive revenue potential, especially on pay per ride basis.
- Revenue justified and influenced clinic to pay for free rides for their patients