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## Project Description

I wanted to address transportation barriers to help patients access needed health care. I believed we could do this through a pilot collaboration with a community transportation provider.

### Problem Statement:

In a survey of 626 MCC patients done in 2016, transportation was identified as one of the top concerns of patients of MCC. Our quality data also reflects transportation gaps – sites that are distant from an imaging center have a 12.9% lower rate of Breast Cancer screening. From a fiscal point of view, patient no-shows are costly to the organization, with roughly 35,000 visits missed for FY18, and representing up to \$6M annually lost in gross revenue. A recent NY Times article<sup>1</sup> suggests that 30% of no-shows are attributable to transportation, so for MCC this represents a \$1.8M opportunity.

### Discovery:

Initially, I had planned to focus on incorporating SDOH screening into primary care, but there was significant resistance to doing so from internal stakeholders. I also learned generally from talking with other organizational leaders that the silos in healthcare make addressing SDOH challenging.

So based on my interviews, research and patient survey that took place in 2016, I pivoted to focus more specifically on providing transportation for patients, with aim to provide a clear ROI to MCC – to be sustainable post grant-funding.

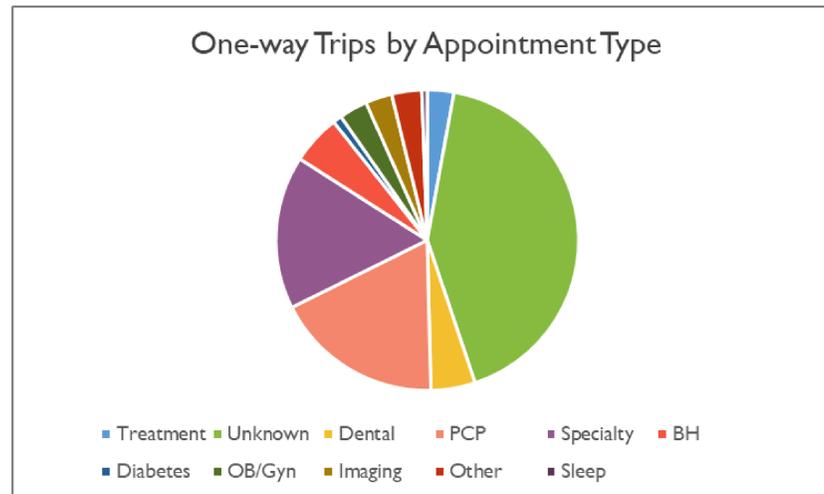


**Goal:** No patients receiving care at MCC will have transportation as a barrier to accessing needed health care services. Develop a case for sustainability post-grant funding by demonstrating ROI – avoiding missed appointments at the health center.

**Outcome-oriented Objective:** In collaboration with a community partner, over 8 months, MCC to provide transportation services to at least 500 transportation requests for a health care service and measure satisfaction. Calculate no-shows averted and fiscal impact by providing this transportation service.

## Results

**Completed 523 transportation requests, 963 rides, 212 unique patients**



### Satisfied and Received Care:

- Satisfaction rating **4.9/5.0** (82 respondents)
- **93%** stated they would have been unable to attend their appointment.
- Unable to measure impact on overall no-show rate given small size of the pilot program.

## Lessons Learned

- As seen in the results, looser transportation parameters ultimately made ROI calculation challenging – patients were also transported away from MCC. If all rides had been to MCC, missed appointments averted would have resulted in additional \$104,000 in revenue, **ROI of 4.2**.
- Service type was not collected well – data collection issues and need for improvement going forward.
- Validation of need from patient-perspective – they were satisfied and stated they would have missed their appointment.
- There is an opportunity to narrow the intervention – bulk of patient requests fell in 9am-3pm window, with busier days being Tuesday, Wednesday, Thursday.
- Grant funding proved helpful to work out operational issues and test the intervention. Need for further refinement.
- I delegated the decision around what transportation services would be provided, so goal of developing business case was lost.

### Next Steps:

- Pilot 2.0 with a focus on transportation to MCC and other areas of health equity priority (such as breast cancer screening) – where there is a more clear ROI and potential for sustainability, even without grant funding support.

## Mission Model Canvas

<b>Key Partners</b> <ul style="list-style-type: none"> <li>• Whistlestop, a leading non-profit transportation provider in Marin County</li> </ul>	<b>Key Activities</b> <ul style="list-style-type: none"> <li>• Collaborating with community partners to build new resources that do not exist today.</li> </ul>	<b>Value Propositions</b> <ul style="list-style-type: none"> <li>• Removing transportation barrier as is related to health care services. Measurable impact on number of rides delivered.</li> <li>• Avoid no-shows to medical appointments, which are costly. By investing in transportation, actualize improved revenue for the health center= ROI.</li> </ul>	<b>Buy-in &amp; Support</b> <ul style="list-style-type: none"> <li>• MCC call center, navigation, nursing, medical and behavioral health staff.</li> </ul>	<b>Beneficiaries</b> <ul style="list-style-type: none"> <li>• Patients of MCC – a non-profit, federally-qualified health center that serves 34,000 of the most vulnerable in Marin County.</li> </ul>
<b>Key Resources</b> <ul style="list-style-type: none"> <li>• Internal MCC resources – IT, call center staff, Compliance</li> <li>• Redeployment / optimization of internal resources</li> <li>• Grant dollars</li> </ul>			<b>Deployment</b> <ul style="list-style-type: none"> <li>• Referral by staff to transportation program in real-time as need is identified.</li> </ul>	
<b>Mission Budget/Cost</b> <ul style="list-style-type: none"> <li>• Collaborate with Whistlestop, per ride cost averaging about \$50 during pilot period.</li> </ul>			<b>Mission Achievement/Impact Factors</b> <ul style="list-style-type: none"> <li>• Patients who were previously unable to attend health care appointments are now able to do so, with removal of barriers.</li> <li>• ROI on investment in transportation (avoiding revenue loss that occurs from missed appointments)</li> </ul>	

(1) <https://www.nytimes.com/2018/08/09/business/health-care-transportation.html>