Fallbrook Regional HEALTH DISTRICT

AGENDA
STRATEGIC PLANNING COMMITTEE

Wednesday, November 20, 2019 at 5:00 P.M.
Community Room, 138 S. Brandon Rd., Fallbrook CA 92028

Committee Members: Howard Salmon, Chair and Jennifer Jeffries, Co-chair
Executive Director: Rachel Mason
Staff Members: Linda Bannerman, Pam Knox and Mireya Banuelos

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
   a. Lyft Pilot Program and Draft Application
4. Adjournment

I certify that on November 19, 2019, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

Linda Bannerman

Board Secretary/Clerk

September 11, 2019

Healthcare Transportation Pilot Program

Background and Rationale: Transportation barriers are often cited as challenges for accessing healthcare services. A review of the literature studying this issue suggests that there is ample evidence that transportation barriers serve as a significant hinderance toward accessing healthcare, particularly for those with lower incomes or the under/uninsured[i]. Transportation is a basic, yet crucial component in managing ongoing health care and medication access, especially for individuals with chronic diseases.

Studies have found transportation barriers impacting health care access in as little as 3 % or as much as 67 % of the population sampled[ii]. While the wide variability in study findings makes it difficult to determine the ultimate impact that transportation barriers have on health, what is understood is that transportation barriers may mean the difference between worse clinical outcomes that could trigger more emergency department visits and timely care that can lead to improved outcomes. However, without reliable, consistent, affordable transportation, delays in clinical interventions are likely to result. Such delays in care can and do lead to a lack of appropriate and timely medical treatment, disease exacerbations, increased comorbidities or unmet health care needs, which can accumulate and worsen health outcomes. Generally, the research has concluded that transportation barriers to health care access are common, and greater for vulnerable populations.

Ambulance rides are a necessary and important service for patients in emergency situations, but as most people who have taken an ambulance can attest, it is a costly service even with insurance coverage. An estimated 30% of ambulance use is inappropriate1[iii] as determined by emergency department doctors and attending nurses. Inappropriate ambulance use moves resources away from patients with actual emergency situations and creates longer ambulance and emergency room wait times. As the public discourse continues to focus on the high cost of healthcare, an increasing number of payers and healthcare organizations are turning to ride-sharing services for non-emergency medical transportation.

Goals and Outcomes: Develop a partnership among Fallbrook Regional Health District (FRHD), North County Fire Protection District (NCFPD) and Med+ Urgent Care (Urgent Care). Together these partners will implement a Lyft Concierge Ride Share service for FRHD residents to gain access to and home from health care related services. Each goal will have at least one measurable outcome to determine the viability of this program over a long term and to see if it is adequately addressing the stated transportation gaps. Specifically, the goals of this program are:

1) Decrease community use of ambulance services for non-emergent medical care needs.

a) Track NCFPD referrals to Lyft for physician and or Urgent Care locations
b) NCFPD data regarding follow up care for patients who utilized hospital services (Senior Medical Services officer support)

2) Increase community ability to access Urgent Care services; with a general expectation that evenings, weekends and holidays will see increased utilization.

c) Track ride data to and from Urgent Care location.
d) Evaluate ride time data to determine if extended hours were accessed.

3) Promote community access and utilization of health-related services as part of routine, preventative health care.

a) Track total number of rides given by health provider type and location.
b) Survey program participants about health utilization patterns and other metrics as discovered.
c) To support awareness of the program we will survey health providers about ratio of missed appointments, changes to numbers of preventative care appointments, follow up appointments, and other measures.

Program Criteria:

- This service if for exclusive use of residents within the FRHD sphere of influence (Bonsall, De Luz, Fallbrook or Rainbow).
- Rides are provided to and from a resident's home or care facility to a health practitioner. Health practitioners include dental, mental health, pharmacy, podiatry, vision, audiology, and designated fitness or dietary options.

- Riders must be 18 years or older to initiate the ride request. No unaccompanied minors may use this service.
- Riders (includes all passengers who accompany the rider – excluding children under age 18) must complete an application to be held at the FRHD office.
    - Riders accessing urgent care services via NCFPD (afterhours, weekends), this application can be expedited and key information build into the NCFPD electronic records, with authorization to share documentation.
    - Other non-standard business hour, NCFPD initiated rides (e.g., return home post-hospitalization, care services) may require follow up contact to be conducted by NCFPD.
    - Riders accessing this program via Med+ Urgent Care are expected to complete this application and leave it with the reception staff.
- Applications will collect information on critical socio-economic and health demographics and will include waivers of liability
- Riders may be contacted to provide feedback about their transportation needs and may be referred to community partners for longer term health management support.
- Rides will typically not be provided more than 40 miles from the FRHD Administration building – or Riders who use this service to access providers outside of the FRHD service area will need to demonstrate that no other resource is available (insurance provided rides, etc).

Program Prohibitions:

- Rides will not be provided for grocery or retail stores where non-specific health resources are available but are not the focus of the visit.
- Rides to gain access to/from and or to support employment will not be provided.

Pilot Budget – approved 11/13/19

Accnt. #	Account	BUDGET 2019-20	
INCOME			
	Community Investment Fund	$41,195.70	
TOTAL INCOME		**$41,195.70**	
500	**Admin. Expenses & Overhead**		
500.10	Salaries	$7,440.00	PT Em
500.12	Payroll Taxes	$595.20	
500.14	W/C Insurance	$148.80	
500.15	Employee Health & Welfare	$3,300.00	
500.23	General Counsel	$2,500.00	
500.25	**Office Expense**		
01	Communications	$1,500.00	
02	I.T. and Website Services/Social Media	$2,500.00	
04	Office Expenses	$500.00	
500.29	Dist Promotions & Publications	$1,550.00	
TOTAL 500 - ADMINISTRATIVE EXPENSES		**$20,034.00**	
800 - DISTRICT DIRECT CARE SERVICES			
800.0X	Lyft Ride fees	$19,200.00	Assum per NC
TOTAL EXPENSES		**$39,234.00**	
NET TOTAL INCOME		**$1,961.70**	

*Staffing - PT Emp: 20hrs per wk

*Assumes 30 round trip rides per week via FRHD, 10 per NCFPD @$10 per ride

[i] Traveling Towards Disease: Transportation Barriers to Health Care Access - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/

[ii] Healthcare Disparities and Barriers to Healthcare. [Accessed February 20, 2013]; from http://ruralhealth.stanford.edu/health-pros/factsheets/disparities-barriers.html.

[iii] Dejean D, Giacomini M, Welsford M, Schwartz L, Decicca P. Inappropriate Ambulance Use: A Qualitative Study of Paramedics' Views. Healthcare Policy, 2016;11(3):67–79.