Slide 1: Update on Maryland Healthcare Transportation Roundtable Meetings

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Access for All Advisory Committee

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Slide 2: Wheels to Wellness

* Figure 1: Map of Southern Maryland with stars noting the three counties in the area.
* There is also a table that describes the area and population of each county as follows:
	+ Charles County, area 458, population 161,503
	+ Calvert County, area 213, population 92,003
	+ St. Mary’s, area 357, population 112,664
	+ Total, area 1,028. Population 366,170

Slide 3: Case Management Teams

* Inpatient Case Managers
* Medical Social Workers
* Transitions to Home/AccessHealth
* Community Health Workers
* Transportation Coordinator
* Slide includes a graphic of a case management team and different stakeholders that play a role in transportation including: MedStar Health, University of Maryland Charles Regional Medical Center, Calvert Health, and Rural Maryland Council

Slide 4: CRISP Reports

* Health Information Exchange (HIE): State Health Information Exchange (HIE) electronic transfer of clinical information between health information systems.
	+ Systematic/standardized reporting: CRISP reports are standardized throughout Maryland
	+ Shared data: instantly share health information among doctors’ offices, hospitals
	+ Already available: CRISP reports are used throughout the state

Slide 5: Bridging Healthcare and Transportation

* + The slide shows the Rural Maryland Council and the Tri-County Council for Southern Maryland serving as a bridge between healthcare (including Medicare and Total Care) and transportation (including paratransit and senior rides).

Slide 6: Healthcare Transportation Graphics

* + This slide shows a variety of pictures including a group of people on a carriage, students boarding a school bus, an old school bus stop sign, and the logos for the Rural Maryland Council and Tri-County Council for Southern Maryland.

Slide 7: The Survey

* Over 340 responses
* Mid July to November 1, 2023
* Predominately healthcare and transportation
* Provided geographic data
* Tracked perceptions and community knowledge of healthcare transportation

Slide 8: Survey Geographic Distribution

* This slide includes a map from MTA with Maryland’s Locally Operating Transit Systems with Regional Planners.
* This slide also includes a graphic titled “What region do you represent?” demonstrating how many responses were received in each region.
	+ Central responses: 65
	+ Eastern responses: 90
	+ Northern responses: 29
	+ Southern responses: 78
	+ Western responses: 30
* 60% Eastern Shore and Southern Maryland
* Central Maryland was the next largest

Slide 9: How do you define an NEMT ride?

* This slide displays a bar chart with responses about how people define NEMT rides.
	1. Tier I (most or all): Medical appointments, behavioral health, and pharmacy visits
	2. Tier II (Half): Senior/recreation center, grocery/farmers markets
	3. Tier III (Least): Family/friend visits, other

Slide 10: In your community, do you know what NEMT transportation services are currently available?

* This slide displays a bar chart that shows how people responded to the question “In your community, do you know what NEMT transportation services are currently available?”.
	+ A little over 100 respondents said “do not know” followed by about 80 responses for “free or reduced bus”, about 40 responses for “shared van services”, about 40 responses for “deviated fixed route”, about 40 responses for “on-demand service”, a little over 20 responses for “rideshare services”, about 20 responses for “other”, and about 10 responses for “gas cards for low-income”

Slide 11: What is your community’s most urgent NEMT need?

* This slide displays a bar chart that shows how people responded to the question “What is your community’s most urgent NEMT need?”
	+ 86 people answered “medical appointments”
	+ 41 people answered “rural transportation desert”
	+ 35 people answered “don’t know”
	+ 22 people answered “mental health/addiction”
	+ 7 people answered “other”
	+ Less common answers included urban transportation desert, dental appointments, and veteran transportation

Slide 12: Industry Representation

* This slide demonstrates two pie charts demonstrating the following:
	+ Respondents were mostly government and non-profit
	+ The largest non-profit is healthcare/hospital

Slide 13: Report

* Roundtable 1: Define and inventory current programs
* Roundtable 2: Analyze previous findings & evaluate coherent ideas
* Roundtable 3: Identify strategies

Slide 14: Participant Profiles

* Erin Farley spoke about challenges that the lack, or inability to, obtain healthcare transportation has on a family
* Elaine Haytko, Executive Director of the Vermont Public Transportation Association, spoke on solutions found in other states
* Keith Adkins, Deputy Director at Delmarva Community Services, spoke on possible solutions in Maryland

Slide 15: Roundtable I & II Findings

Focus Areas

* Coordination: There is a lack of diversity in funding and needs related to transportation that makes coordination challenging between healthcare and transportation providers.
* Industry characteristics: Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.
* Community member characteristics: Health and human services transportation provide unique community member challenges and coordination is critical for effective service.

Slide 16: Focus Area I – Coordination Roundtable III

* Policy Statements Discussed
	+ Reestablish the State Coordinating Committee for Human Services
	+ MD 211 to inventory Maryland health & human services transportation programs

Slide 17: Focus Area I – Coordination Roundtable III

* Recommended Policy Statement: Re-establish the State Coordinating Committee for Human Service Transportation to provide guidance to Regional Coordinating Bodies/Metropolitan Planning Organizations (MPOs) and program funding.

Slide 18: Focus Area II – Industry Characteristics Roundtable III

* Policy Statements Discussed
	+ Develop regional partnerships with Transportation Network Companies (TNC), non-profits for dialysis community members
	+ Reinstate MDOT funding reduced in FY21 due to CARES Act
	+ Monitor Federal Register Vol 87 Number 172 pages 5460-54855

Slide 19: Focus Area II – Industry Characteristics Roundtable III

* Recommended Policy Statement: Develop flexible, regional partnerships with Transportation Network Companies (TNC)/non-profits supported with adequate funding.

Slide 20: Focus Area III – Client Characteristics Roundtable III

* Policy Statements Discussed
	+ Develop regional partnership with Transportation Network Companies (TNC), non-profits for dialysis community members
	+ Reinstate MDOT funding reduced in FY21 due to CARE Act
	+ Monitor Federal Register Vol 87 Number 172 pages 5460-54855

Slide 21: Focus Area III – Client Characteristics Roundtable III

* Recommended Policy Statement: Codify a new health and human services transportation program in the MD Department of Health that supports inter-regional, inter-county, and interstate transportation

Slide 22: Roundtable I & II Findings

* Focus Areas
	+ Coordination: Re-establish the State Coordinating Committee for Human Services Transportation to provide guidance to Regional Coordinating Bodies/Metropolitan Planning Organizations (MPOs) and program funding.
	+ Industry characteristics: Develop flexible, regional partnerships with Transportation Network Companies (TNC)/non-profits supported with adequate funding
	+ Community member characteristics: Codify a new health and human services transportation program in the MD Department of Health that supports inter-regional, inter-county, and interstate transportation.

Slide 23: Senate Bill 511/House Bill 596:

* Establishes State Coordinating Committee for Health and Human Services Transportation to examine transportation needs of residents who are elderly, have a disability, or require transportation to access jobs, medical and other health-related appointments;
	+ Repeals $500,000 cap on Maryland Senior Rides Program
	+ Repeals the $400,000 cap on Job Access and Reverse Commute Program

Slide 24: Rural Maryland Council FY 2024 Rural Transportation Pilot Project

* Announced upcoming Rural Healthcare transportation grant program for FY 24.
	+ $300,000 for entire state
	+ Inter-regional transportation for rural patients who need specialized care in the urban areas.

Slide 25: Focus Area II – Benefits of New Rural Healthcare Program

* + Rural community members who need specialized care, including dentistry
	+ Urban community members who need follow up care but unable to use public transit
	+ Inter-regional transportation was prioritized during Roundtable meetings
	+ More to come.

Slide 26: Questions?

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