Rides to Wellness

Final Report

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1. INTRODUCTION

Unmet Need for Transportation

Every year, thousands of patients miss their scheduled appointments at community health centers and hospitals in Vermont. No-show rates typically range from 5% to 10% of all appointments. In the Springfield region, over 3,000 appointments were missed in just one 8-month period. These tallies do not include appointments that are never scheduled because the patient knows that they have no way to get to their health center.

One of the biggest barriers to health access is transportation – especially for the populations served by community health centers, i.e., individuals with Medicaid or no insurance, elderly, and rural dwellers. The Community Health Needs Assessment conducted by Community Health Teams across Vermont show lack of transportation as one of the top barriers to health care cited by respondents. While there are several programs that pay for rides to health care for eligible individuals, some of these programs have trip limits which force some people to look elsewhere for rides, and in other cases, people fall through the cracks and are either ineligible for the programs or do not have the awareness or resources to join them.

A successful program to reduce transportation barriers to healthcare in Springfield, VT, created by the Community Health Team at Springfield Medical Care Systems, inspired the late Barbara Donovan, Public Transit Program Manager at VTrans, to apply for a federal grant to replicate the model elsewhere in Vermont. The Rides to Wellness program is the result of her vision.

Goals of Rides to Wellness Program

The Rides to Wellness Program seeks to eliminate the transportation barrier to health care. It is intended to be a short-term backstop to other programs, such as Medicaid and the Elders and Persons with Disabilities Transportation Program (E&D), so that no one falls through the cracks. The goals of the program are the following:

A. To improve health outcomes for the vulnerable populations that use community health centers
B. To reduce the use of emergency services, thereby saving additional resources
C. To improve financial performance for health centers, hospitals and funding programs

The original intention of the program was to demonstrate to health centers that minimal investment in increased transportation services would not only improve health outcomes, but that the program would at a minimum pay for itself, through cost savings (from a reduced need for emergency services), increased utilization of labor resources (caregivers would have more appointments due to decreasing no-shows), and revenue increases (with more patients being served, a portion of them would be eligible for federal draw-down dollars). The investment would reap a positive return so that the program could be sustained with financial support from the health centers themselves. Expanding the pool of funding beyond the traditional federal, state and local sources increases access for all and helps to stretch taxpayer dollars further.

Beyond the programmatic goals, the pilot project was also intended to establish more robust communications between regional transit providers and health care providers. This communication would lead to clients becoming more aware of and making better use of existing funding programs, building community support for public transportation, and boosting ridership and efficiency as the number of shared rides increased.

2. IMPLEMENTATION EXPERIENCE

Initial Pilot Sites

When VTrans originally applied for the grant to fund the Rides to Wellness (R2W) program from the Federal Transit Administration, it contacted several healthcare organizations in Vermont to find potential pilot sites. Mt. Ascutney Hospital and Health Center immediately signed on, as they had witnessed their neighbors to the south, in Springfield, implement the HealthTransit program, which served as the model for the VTrans grant application. Northern Counties Health Care (NCHC), with locations in St. Johnsbury and Newport, had already established a relationship with Rural Community Transportation to pay for rides for patients who had no other means to get to their appointments. NCHC was interested in expanding this program to ensure that all people in their Northeast Kingdom service area had access to healthcare.

Once VTrans was awarded the federal grant, it established more formal agreements with these two health centers. In the Northeast Kingdom, Northeast Vermont Regional Hospital (NVRH) was also brought in as a partner, since NVRH staff led the Community Health Team (CHT) for the region.

The partnership of Steadman Hill Consulting and Aplomb Consulting was hired to assist VTrans and its partners in the health sector create the R2W program, modeled on the example from Springfield. VTrans also formed an Internal Working Group (IWG) consisting of VTrans staff, a representative from a transit provider, and a representative from United Way of Northwest Vermont. Under the guidance of the IWG, the consultant team led the health centers, their partners, and the regional transit providers through several steps to establish the R2W pilot projects. These steps are described in the sections below.

Stakeholder Meetings

The R2W team began the project by convening meetings of key stakeholders in each of the pilot regions. The meetings were intended to gather information from all of the stakeholders and to lay the groundwork for the communication and cooperation among the health care partners that would be necessary for the program to succeed. The meetings also served to establish more robust communication between the health care and transportation agencies in each region.

In the Mt. Ascutney region, the stakeholders invited to take part in these meetings included the following:

- The CHT at Mt. Ascutney Hospital
- Southeast Vermont Transit (The Current)
- Medicaid transportation provider (Shared Transportation Services)
- Southern Windsor County Regional Planning Commission (RPC)
- Volunteers in Action
- Adult Day center
- Senior Solutions
- Vermont 2-1-1
- Vermont Adult Learning
- Vermont Agency of Transportation

In the St. Johnsbury region, the stakeholders included the following:

- The Community Health Team at Northeastern Vermont Regional Hospital (NVRH)
- Other staff at NVRH
- Northern Counties Health Care
- Rural Community Transportation (RCT)
- VT Agency of Human Services Field Office
- Northeast Kingdom Human Services
- Northeast Kingdom Council on Aging
- Northeast Vermont Development Agency
- Bay Area Addiction & Recovery Treatment (BAART) St. Johnsbury
- Vermont 2-1-1
- Vermont Agency of Transportation

The meetings covered topics such as the unmet needs for transportation access, the availability of data on no-shows, potential barriers to the program, transportation resources available, and long-term sustainability.

Roadmap Development

A critical task undertaken by the stakeholders was to develop a "Roadmap" for the R2W program. This tool is based on the algorithm that the Springfield CHT developed for its staff to use in helping people find transportation resources to be able to reach their medical and wellness appointments. The Roadmap, which is customized for each region, guides a staff member through a conversation with a patient to figure out if they are eligible for any existing transportation programs, such as Medicaid, E&D, Veterans benefits, or other. If none of those programs are applicable, then R2W funding can be used to provide a trip or a gas card to the patient. Examples of the Roadmaps developed in the pilot regions are included in the appendix to this report.

The Roadmaps are intended to be used by the following groups:

- Staff at doctor's and other providers' offices who set appointments with patients
- Social service agencies that direct people to transportation options
- Vermont 2-1-1 operators

Due to the complexity of the Roadmaps, they are not intended to be used by the general public.

Inherent in the Roadmap are open channels of communication and a clear delineation of what types of information are available in which places and how that information is maintained and updated. To maximize the reach of the Rides to Wellness program, Vermont 2-1-1 operators and the front-line staff at community health centers/hospitals need to fully absorb the Roadmap and proactively talk to patients about transportation issues. It is not necessary that the front-line staff become experts on every aspect of transportation, but they need to have a base of knowledge to fully understand the Roadmap and then have the established communication channels to direct the patient to the proper resource (likely either the transit provider or a mobility manager) in as few steps as possible.

Training

For each region, the consultant team led a training session for front line staff and managers. Each session began by prompting the healthcare staff to share their observations about the needs for transportation service; having articulated the various needs themselves, the entire organization would become more aware of the types of cases to look out for. Next, participants were told how R2W could help the patients they serve. The facilitator then led the attendees through the Roadmap, explaining how it should be used and

helping them understand all of the various transportation resources. A representative of the regional transit provider was in attendance at all trainings in order to answer questions about these resources. A representative of Vermont 2-1-1 was also in attendance to explain how this statewide program provides information to people in need and directs them to engage with the agencies that can provide them assistance. By attending the training the 2-1-1 representatives strengthened their relationship with the transit providers and the healthcare providers, enabling 2-1-1 to learn about and add new resources to its offerings.

Because not all front-line staff could attend the trainings, the facilitator worked with key individuals to pass along their knowledge to other staff. It was also emphasized that R2W should be incorporated into the standard training process for new front-line employees.

Implementation

The training session served as the "go live" signal for the agencies to begin using the Roadmap and authorizing trips to be paid for through R2W when appropriate. The funding for R2W trips was authorized through an amendment to the grant agreements for the regional transit providers for the Northeast Kingdom (RCT) and Mt. Ascutney (SEVT) areas. Expenses incurred in providing transportation benefits were billed through these transit providers.

Service Delivery

The two initial pilot regions were distinct from each other in that in the Northeast Kingdom, RCT was essentially the only available transportation resource, while in the Mt. Ascutney area, there were several relevant resources including SEVT, Volunteers in Action, Stagecoach, and several taxi companies. As a result, the delivery of service in the Northeast Kingdom was relatively simpler. If one of the healthcare partners (NVRH or NCHC) needed to assist one of their patients with transportation, they either contacted RCT to provide the ride or handed out a gas card if the patient had a car available and just could not afford the gasoline.

In the Mt. Ascutney area, there were several available options. A Community Health Team member could hand out a gas card when appropriate or call Volunteers in Action or one of the transit agencies for a ride. The agencies could then decide the most appropriate means of providing the ride, which could be a volunteer driver, an agency van, or a taxicab company with which it had a contractual relationship. In the initial phase of the project, Volunteers in Action provided most of the rides.

Marketing

A second component of the implementation of the R2W program was raising awareness in the community of this new resource. The training sessions had emphasized that front line staff should be proactive about asking about transportation barriers and thus encouraging patients to take advantage of available resources well in advance, rather than facing a crisis the day of their appointment. Beyond this, the program included efforts to inform all patients of a health center and the general public about the available assistance. Two posters were created for each pilot region: one to be hung inside the clinics encouraging patients to ask about Rides to Wellness if they faced any transportation challenges; the other to be hung at public locations in the community encouraging people to call 2-1-1 if they needed transportation assistance to healthcare. Representatives from 2-1-1 volunteered to hang the latter posters around the community.

Tracking

The consultant team developed a spreadsheet for tracking the transportation benefits distributed through R2W based on a model that had been created by the Springfield CHT for their HealthTransit program. The

spreadsheet would allow the drawdown of funds to be tracked precisely, as well as showing the number of unique users, the areas served, and the reasons the trips/gas cards were provided.

The team also created a survey form to be distributed to the riders. The questionnaire includes eleven questions regarding how the patient found out about and used the R2W and what impact it had on them. An example questionnaire is included in the appendix.

Adjustment

Soon after the program began in Spring 2018, the partners in the Northeast Kingdom decided to withdraw from the program. All through the process, they expressed doubt about the existence of unmet need in their area, given that they already had an existing contract with RCT to provide rides paid for by NCHC and NVRH. They felt that the administrative burdens of R2W and the confusion it would create among staff vis-à-vis the pre-existing program raised the costs of the program higher than the potential benefits. At this same time, Northeast Kingdom Human Services, the mental health agency for the region, which had been a stakeholder and ancillary partner in the R2W program, decided to step up and become the primary healthcare partner for the region.

This change in partners necessitated updating the Roadmap for the region, creating new posters, and an additional training session for NKHS staff. A follow-up joint training was held for NKHS and RCT reservationists to clarify the process of requesting and approving trips, and to review the goals of the program.

Reallocation and Expansion

The grant that VTrans received from FTA included $100,000 to fund the actual transportation benefits received by the patients in the pilot areas. VTrans reserved half of that amount for potential expansion projects or the creation of a revolving loan fund by allocating $25,000 to each of the two initial pilot regions.

VTrans began publicizing the R2W program through a page on its website, in public presentations, and in reports such as the Public Transit Policy Plan. As a result, in 2019 other regions began to express interest in pilot projects. Some of the interest came from transit providers, while in other areas, health centers or hospitals expressed interest. VTrans and the consultants had conversations with representatives from Southwest Vermont Medical Center in Bennington, Copley Hospital and Community Health Services of Lamoille Valley (CHSLV) in Morrisville, and Porter Medical Center in Middlebury, and Gifford Health Care in Randolph.

Application Process

Given this degree of interest and potentially more applications, the IWG decided to create an application process for R2W grant funds. The application, shown in the appendix, included six topic areas, each of which included one or more questions for the applicant to address. The purpose of the application was in part to create a sense of healthy competition for these funds and engage the applicants fully into thinking about the steps they would need to take—and the commitment required—to make an R2W pilot project successful. It was reasoned that if an applicant was not willing to take the time to write a 3-to-5 page application explaining how they would address all of the requirements, that they would not be motivated enough or successful in carrying out the actual program.

The consultants offered to meet with the applicants to assist them in preparing the application and review drafts. All of them took advantage of this opportunity. Again, the point of the exercise was not to see if the

applicant came up with the "right" answer, but rather to gauge and encourage their commitment to making the program work. Their willingness to work through multiple drafts and respond to comments from the consultants was proof that they would take the program seriously and devote the necessary resources to it.

Ultimately, two of the four organizations decided to submit applications by the September 2019 deadline: Porter and Gifford medical centers. A third application, from CHSLV in Morrisville, was submitted in February 2020. All of these applications were approved by VTrans. The transit provider for CHSLV (which is now Lamoille Health Partners) was RCT, and because NKHS was using funds at a very slow pace, the only administrative change required was to allow CHSLV to authorize trips in the same way that NKHS already could. In this way, both regions were able to draw down from the same pot of funds.

Porter and Gifford are both served by Tri-Valley Transit, which was already a party to the Mt. Ascutney pilot project. Some of funds that had been authorized for SEVT were redirected to TVT and more funds added, so that any of the three healthcare systems that TVT serves (Porter, Gifford and Mt. Ascutney) could draw on the funds. VTrans drafted Operating Procedures documents for all of the partners to explain the process and clarify what funds were available.

Bennington ultimately decided not to submit an application. After several in-person and phone consultations, and much internal debate, they decided that while the transportation need was very significant, there were unanswered concerns about the relationship between the hospital and the transit provider and about staff capacity at the health care centers to handle R2W, particularly given that staff felt overwhelmed with the work they already had on their plates. Nevertheless, they wanted to leave the door open for future consideration of R2W.

Differences from Initial Sites

The implementation process for the new sites was significantly faster and more streamlined than the initial pilot sites. A customized Roadmap for Gifford was ready by December and a kickoff meeting and training for the project was held in January 2020. Soon after the Lamoille application was approved in February, a Roadmap was developed and a kickoff meeting was held (virtually) in April 2020. Porter Medical Center was poised to implement the project, but encountered some internal resistance and did not proceed during the Winter of 2020. Then the pandemic hit. As demand began to recover after the onset of the pandemic, TVT took a different approach to R2W than the other transit agencies. In contrast to SEVT, which worked with exclusively with Mt. Ascutney Hospital and Health Center, and RCT, which worked exclusively with Northeast Kingdom Human Services and Lamoille Health Partners, TVT took a more expansive approach to the program and would transport passengers in their service area to any health center, provided that the trip met program guidelines. Thus, trips were provided to health centers in Middlebury, Chelsea, Randolph and Bradford, and gas cards were purchased for Porter, Gifford and Little Rivers Health Center (Bradford).

Impact of COVID-19

In the middle of March 2020, the COVID-19 pandemic caused the great majority of transportation in Vermont to stop in its tracks. Healthcare providers scrambled to develop telemedicine capabilities, while many patients just put off regular appointments for fear of catching the virus. Demand response ridership in Vermont generally dropped by about 75% by April. As shown in the next section, demand began to recover in the Summer of 2021.

3. RESULTS

This section of the report presents some of the tangible results of the Rides to Wellness program: how many trips were provided, how recipients responded to the program, and how the program helped particular individuals. It is important to note, though, that these results are not the only benefits that the program produced. ***Rides to Wellness is as much about information as it is about providing rides.*** As can be seen on the Roadmaps in the appendix, a ride paid for by the program is what happens when the numerous other options are all inapplicable. The increased communication between healthcare providers and transportation providers, and the comprehensive information about transportation resources contained in the Roadmap helped many, uncounted patients to obtain the transportation access to healthcare they needed without resorting to a R2W-funded trip.

Benefits Provided

The following table shows a basic tabulation of the number of rides and gas cards provided in each of the five active pilot regions by month since the beginning of the project in 2018.

	NKHS	MAHHC	Gifford	Lamoille	Porter
April 2018	--	14	--	--	--
May 2018	--	12	--	--	--
June 2018	--	13	--	--	--
July 2018	--	16	--	--	--
August 2018	--	15	--	--	--
September 2018	2	8	--	--	--
October 2018	4	13	--	--	--
November 2018	2	9	--	--	--
December 2018	2	13	--	--	--
January 2019	13	14	--	--	--
February 2019	23	13	--	--	--
March 2019	9	15	--	--	--
April 2019	9	17	--	--	--
May 2019	7	32	--	--	--
June 2019	6	42	--	--	--
July 2019	16	22	--	--	--
August 2019	11	6	--	--	--
September 2019	14	27	--	--	--
October 2019	12	15	--	--	--
November 2019	30	10	--	--	--
December 2019	17	16	--	--	--
January 2020	6	21	6	--	--
February 2020	11	7	7	--	--

	NKHS	MAHHC	Gifford	Lamoille	Porter
March 2020	14	17	9	--	--
April 2020*	2	3	4	--	--
May 2020*	0	4	4	5	--
June 2020*	0	10	9	1	--
July 2020	0	14	7	0	--
August 2020	2	14	5	5	--
September 2020	3	18	5	2	--
October 2020	2	14	5	2	--
November 2020	2	12	3	8	--
December 2020	14	13	4	1	--
January 2021	8	10	6	6	--
February 2021	8	13	7	6	--
March 2021	0	20	n/a	7	--
April 2021	0	15	n/a	3	--
May 2021	2	13	n/a	16	--
June 2021	4	16	n/a	11	--
July 2021	1	17	2	6	12
August 2021	10	12	1	29	9
September 2021	2	6	1	6	20
October 2021	7	12	2	14	5
November 2021	4	16	0	18	5
December 2021	2	14	3	24	0
January 2022	0	1	0	13	0
February 2022	1	6	0	12	2
March 2022	0	7	0	19	2
April 2022	5	7	3	28	0
May 2022	10	8	6	26	0
June 2022	7	13	0	26	0
July 2022	4	11	0	8	35
August 2022	4	12	4	14	41
September 2022	0	13	n/a	16	52
October 2022	0	20	n/a	33	n/a
November 2022	5	23	n/a	24	n/a
December 2022	0	20	n/a	16	n/a
January 2023	1	14	n/a	14	n/a
February 2023	5	13	n/a	17	n/a

	NKHS	MAHHC	Gifford	Lamoille	Porter
March 2023	1	24	n/a	n/a	n/a
April 2023	n/a	16	n/a	n/a	n/a
May 2023	n/a	23	n/a	n/a	n/a
June 2023	n/a	12	n/a	n/a	n/a

** Ridership in these months was severely affected by COVID-19 pandemic*

In addition to the figures in the table, some 550 gas cards ($10 each) were purchased through the program, primarily through the Gifford Health Center and the Little Rivers Health Center in Bradford. The distribution of these gas cards on a monthly basis was not tracked, as were the rides, and thus the figures are not included in any of the monthly totals shown above.

Distribution by Trip Means

Of the over 2,300 trips served by the program since its inception through the end of June 2023, just over a thousand (47%) were served by gas cards and over 1,200 (53%) by rides. The breakdown by means of trip by region is shown in the table below.

Region	Gas Card	Taxi	Volunteer Driver	Bus/Van
MAHHC	88	397	341	0
NKHS	19	4	190	36
Gifford	408	1	37	9
Lamoille	379	5	29	9
Other TVT	197	0	183	0
Total	1,091	407	780	54
Percentage	47%	17%	33%	2%

In the Northeast Kingdom, virtually all of the rides were provided by RCT, either using vans or volunteer drivers. In the Mt. Ascutney area, the majority of trips were provided by taxis or by volunteer drivers associated with Volunteers in Action. Toward the end of the program, many more trips were facilitated using gas cards.

Other Ride Characteristics

The R2W program managers were asked to track other aspects of the rides, including whether the ride was for medical or wellness reasons, and how far in advance of the appointment the ride was requested. Overall, 93% of rides were for medical appointments and the remaining 7% were for wellness. The timing of the ride request was skewed toward the shorter end of the scale: 42% of rides were requested the same day as the appointment and anoter 34% were within 24 hours. About 10% were within 48 hours and the remaining 15% were scheduled more than two days in advance. These statistics demonstrate that the R2W program was fulfilling one of its goals to make sure that patients did not miss their appointments because of a lack of advance notice.

Indirect benefits

One of the benefits of R2W was the increased attention to the role of transportation. After R2W, hospitals and health clinics more proactively tried to address no-shows. Indeed, as many of the anecdotes on the following pages show, because of R2W, staff members had more reason to engage with patients and find ways to help them access services besides those allocated from R2W.

Another important benefit was a strengthened relationship between healthcare providers and regional transit providers. Lines of communication that may have been tenuous or non-existent before R2W became much more robust, allowing for better understanding and more effective collaboration between the two sectors.

Beneficiary Survey Results

An 11-question survey was developed to understand how riders learned about the R2W program and how they benefited from it. Respondents were also encouraged to provide other comments or suggestions on improving the program. A sample form is attached to this memorandum. Separate forms were developed for the four pilot sites so that the questions were tailored to the relevant options and parties involved in the two programs.

At the time of the initial compilation of this report, in April 2021, a total of 78 surveys were completed by beneficiaries of the R2W program, some 60% of whom were associated with the MAHHC pilot site. Overall the surveys show a positive impact of the program, with 92% of respondents saying that Rides to Wellness met their needs "very well." None of the respondents said that it did not meet their needs. In addition, 82% of respondents said that they were "very likely" to recommend R2W to friends or family who face transportation barriers to medical service, and another 15% said they were "somewhat likely."

Some 81% of respondents said that they know more about transportation options because of Rides to Wellness. An important component of the project was to raise awareness of available options both among healthcare providers and among patients. People said that they were better off healthwise or in other ways because of R2W: 82% of respondents agreed with this statement.

The R2W program is clearly addressing a need in these pilot areas: 65% of respondents said that before R2W they had canceled or rescheduled an appointment in the past year because of a lack of transportation. In addition, 68% of respondents indicated that they would have skipped, canceled or rescheduled the appointment for which they received the R2W benefit, had R2W not been available.

Among the 78 respondents, 39 (50%) were eligible for Medicaid and 56 (72%) qualified under other eligible programs. All of the NKHS riders and all but one of Gifford's riders were eligible for Medicaid, but only about 24% of the MAHHC riders and one third of Lamoille Health Partners' riders were.

While volunteer rides accounted for about 54% of what was delivered in the program, people receiving a ride from a volunteer driver accounted for 75% of survey responses. This is likely because Volunteers in Action—which provided all the volunteer rides in the MAHHC region—was more diligent about distributing survey forms than the other participants in the program. Taxi rides are underrepresented in the survey, with 8% of responses but 21% of the actual rides, but people receiving gas cards are fairly represented in the survey with 17% of the trips and 18% of the survey responses.

Respondents were asked about who scheduled the ride for them. In the MAHHC region, it was primarily Volunteers in Action (accounting for 40 of 46 trips), but the Community Health Teams or care providers in

the other regions arranged most, if not all, of the trips. The CHT at MAHHC worked closely with ViA to arrange services in the Windsor region.

Finally, the first question on the survey asked the respondent how they had learned of the R2W program. Nearly half of respondents (46%) said they had heard about it from a friend. The next most common sources were the healthcare providers, together accounting for 42% of the responses. The remaining sources were posters (8%) and other related agencies (Community Connections in St. Johnsbury and Volunteers in Action in Windsor). Customized posters were developed for each region, and the healthcare providers and Vermont 2-1-1 both placed them in the healthcare offices and other public locations. However, it is clear that word of mouth and direct interventions by healthcare providers are the most effective ways of raising awareness of Rides to Wellness.

Anecdotes

Two years after the program was initiated, the CHT staff administering the R2W programs were asked to relate any stories about how the program had helped individual patients. The following ten anecdotes, provided by Samantha Ball of Mount Ascutney Hospital and Health Center and Lori Rogers from Volunteers in Action, help to translate the numbers of rides shown above into more detailed portraits of the benefits of the program.

Averted ambulance ride + connection to services

An 85-year-old resident was having difficulty getting to her doctor's appointment, so Samantha offered her a ride through Rides to Wellness. The woman declined, saying that she "didn't want to be a burden." Even after Samantha tried several times to reassure the woman that she wasn't a burden, that the program was designed for people like her, the woman, who was in a great deal of physical pain, still refused to accept a ride, and as a result, missed her appointment, but rescheduled for a week later.

Rather than let that go, Samantha persisted. She contacted the woman a few hours later to find out how she was doing. The woman expressed that she was in a lot of pain and was concerned because her elbow was red, hot and swollen, but said that she would still not accept a free ride. Concerned about the woman's pain, Samantha offered to arrange a phone call for the woman with a nurse, to which the woman agreed. The nurse, upon talking with this woman, was gravely concerned with the woman's condition and told the woman to come to the hospital immediately to the emergency room.

At this point, the woman did not have means to get to the emergency room, but she did accept a R2W ride, averting an ambulance ride. Once at the hospital, the woman received the care she needed. After this episode, the staff told the woman that giving her a ride helped the hospital, and that gave the woman peace of mind. With the success of the program, Samantha was able to solidify her relationship with this woman to get her to accept future R2W rides, when necessary.

Man who is paraplegic with eye-care needs

MAHHC has several paraplegic patients who cannot get Medicaid rides to cover visits to the optician. One example is a man who cannot get a ride from his family members (who had their own health issues), because it's too hard to get him in and out of their cars, and the drivers of those cars are elderly and are too frail to lift him.

The alternative to Rides to Wellness would be a car service with the necessary equipment to lift this man, but it would cost $85 for the round-trip. Volunteers in Action cannot help people in wheelchairs, because

they don't have adequately equipped vehicles available, but Rides to Wellness was able to help this man get to the optician using a transit agency van. Furthermore, by having conversations with the man, the hospital was able to provide more services for him. His quality of life increased significantly as a result.

Woman who is elderly and has low income

An elderly woman reported that she was being abused by a family member in the home. She relied upon this relative for help with her rent as well as for transportation: she couldn't make it to doctors' appointments or even do laundry without help. Then, one day, the family member left the house without any notice, leaving this woman stranded at home. She started hiring taxis to get around, but those costs added up quickly so that soon she could not afford to buy sufficient food.

Even though the woman only lives a mile from the hospital, she has serious health conditions which makes walking to the hospital impossible. She paid $5 to a taxi to see her doctor for an annual visit, and during her visit she shared her story with her doctor. The doctor told Samantha, who quickly connected this woman to Rides to Wellness.

Rides to Wellness was critical, because the hospital only had a small fund to provide for these situations. The woman sometimes needs rides to Springfield hospital, which costs $85 for a taxi. Samantha hopes to work with Volunteers in Action (ViA) to get this woman the transportation assistance she needs.

On a side note, Samantha also learned that the woman was having difficulty paying rent, especially with her family member leaving abruptly, and Samantha helped her stave off an eviction notice and connected the woman to services which provide rental support. Samantha also helped her fill out Medicaid forms, and she's now able to get Medicaid rides. The hospital connected her with Economic Services, who helped her find subsidized housing that is stable and safe. Rides to Wellness was an essential element in all of these positive changes in her life.

Man who is elderly, facing an abusive situation

An elderly man moved to the area from out of state to take care of a family member, who later kicked him out the house, in a very toxic, abusive situation. The man developed a serious heart condition which required substantial hospital services. As a result, he accumulated a huge hospital debt. He was living in a hotel arranged through Economic Services and has no vehicle. Plus, he needs a lot of follow-up care from the hospital.

Samantha was able to get him a primary care doctor, and he's now seeing a cardiologist and a team of providers. In addressing his transportation challenges by using the R2W Roadmap, Samantha found out that he was eligible for Medicaid, and helped him secure that. He gets rides now through Medicaid, and when necessary through Rides to Wellness. He also has an apartment that he's comfortable with, through Economic Services. That stable housing, as well as access to medication and an accessible healthcare team have helped his health improve significantly.

Woman who had relied on her daughter

A woman was relying on her daughter for rides to the hospital, but the daughter had a change in employment, which meant that she was no longer able to provide all of those rides. As a result, the woman missed appointments at the hospital and her health started to decline. The woman was not eligible for Medicaid, and so Rides to Wellness helped maintain her access to medical care.

Man who transitioned to Medicare

A man had a massive infection in his mouth and needed dental care. He was using Medicaid rides when he was on disability income. After two years of disability, he automatically transitioned to Medicare, which according to the rules meant that he lost eligibility for Medicaid because he was earning $1,300/month, which was above the Medicaid maximum income of $1,100/month. Samantha stepped in and connected him to Rides to Wellness to get him to his appointments so that he received needed medical care.

Woman who is new to the area

A woman who wasn't from the area came to the hospital via ambulance on a Friday night. She was in the emergency room all night with tests, and then in the morning needed a ride to travel the 45 minutes to the hotel where she was staying. She knew no one in the area, and had no friends or family to give her a ride. Through Rides to Wellness, a volunteer driver was found who was able to take her all the way to her hotel. She was so thankful and relieved.

Dying woman who spent her last days with her daughter

A patient was dying in hospice at the hospital. Her daughter, who was in drug recovery, wanted to be with her mom for her last days, but the daughter was from a different part of the state and needed medical treatment daily for her addiction. Because of Rides to Wellness, the daughter was able to stay with her mother, and receive free rides through Volunteers in Action (ViA) who could drive the daughter to and from her medical treatment. After two weeks, the mother died, but the daughter was so appreciative to be able to spend their last moments together.

Woman who needs to travel a long distance

A elderly woman living on low income in Windsor needed special knee care that was only available in Rutland. We were able to find a ViA volunteer through Rides to Wellness who would provide the several required trips. The treatment was successful, and the ViA volunteer happily recounted that they formed a social connection as the woman talked the whole time when they drove together.

Man who is a double-amputee, living in an area without public transportation

An elderly man who is a double-amputee with chronic health conditions lives in an area where there's no public transportation. He relies completely on Rides to Wellness for access to medical care. The medical office faxes a medical calendar of his needs to the volunteer driver coordinator..

4. LESSONS LEARNED

The Rides to Wellness program delivered benefits to patients for over five years, and the preparation for the program began nearly a year before that. Over the course of that time, the program met expectations in some ways but not in other ways. This section discusses some of the factors that resulted in the program not meeting some of its original goals.

Degree of Need

The initial research done as part of the grant application to FTA suggested that there was a significant unmet need for transportation access to healthcare. The experience of Springfield Medical Care Systems, which provided 80-100 trips per month through their HealthTransit program, showed a significant need even in a largely rural area. Community Health Needs Assessments across the state generally confirmed that patients felt that the lack of transportation access was a significant issue. Based on the experience in Springfield, it was expected that the pilot areas would be delivering services at approximately the same rate. As it turned out, the highest average usage of the program was about 15 trips per month at Mt. Ascutney Hostpital and Health Center (MAHHC).

It is important to note that the initial partners in the Northeast Kingdom, while open to the concept of Rides to Wellness, were skeptical that there was a significant unmet need. After all, the healthcare agencies had a pre-existing contract with RCT to provide the types of rides that R2W was intended to supply. As noted, those partners stepped aside early in the process and NKHS took their place.

While most hospitals and health centers have statistics on the percentage of appointments that are no-shows, none of the partners in the R2W program tracked how many of those no-shows were directly attributable to transportation barriers. Lack of transportation is clearly a factor in some no-shows, but it is unknown how often it is a decisive factor. CHT staff may have felt that transportation was a major factor because of a set of anecdotal instances that stuck out in their mind. Five or ten cases over the course of a few months may be translated within the mind of a staff member into a serious unmet need, because they assume that those cases represent many more that they are not aware of. It is also possible, though, that the five or ten cases represent the majority or all of the unmet need.

Barriers to Use

There are several key differences between the HealthTransit program in Springfield and the R2W pilots in other areas that may account for the lower usage rates in the latter. These differences are not intended to assign "blame" for the lower usage but rather to recognize factors that may be applicable to new areas as the R2W program is expanded elsewhere. As noted earlier, R2W is as much about information as providing trips, so the fact that relatively fewer trips were operated in other areas compared to Springfield does not mean that those programs "failed." They may have been more effective in directing patients to other programs (such as Medicaid and E&D) or helped them find rides through friends and family members. Nonetheless, a couple of important factors may have resulted in Springfield's HealthTransit being more robust than the other programs.

Staff Capacity

A key factor is the availability of staff time to devote to the R2W program. In Springfield, there was a half-time position dedicated to HealthTransit and all of the CHT members spent some time working on the program. At each of the R2W pilot sites, a lead person was identified who would be responsible for the

program, and they and their colleagues accepted the work associated with the program. But these responsibilities were on top of their regular jobs, and they reported that staff members felt swamped. None of these pilot sites were able to have a staff member, even a part-time one, who was dedicated to promoting this program. Prior to onset of the pandemic, MAHHC came closest, with Samantha Ball actively working with patients to get them rides (as demonstrated by the anecdotes in the previous section). Active engagement of the staff was specifically addressed in the application questions for new pilot areas and in the trainings with the newer pilot sites, but then COVID-19 hit, and staff priorities were understandably shifted to other issues. As mentioned earlier, lack of staff capacity was one of the main reasons why Bennington decided not to become a pilot site.

Public Awareness

Although some efforts were made to publicize the availability of transportation assistance through R2W to the community at large, and 2-1-1 staff helped to publicize the program by hanging flyers in prominent locations, there was no dedicated advertising budget, and the awareness campaign was not sustained. It is possible that with repeated efforts at postering, plus public service announcements or radio ads, more people would be aware of the program and ask for such assistance proactively. In this way, the program could reach not only existing patients of the partner healthcare organizations, but also people who have not sought healthcare in the first place because of transportation barriers.

Having said that, word-of-mouth was found to be the most generator of R2W rides. This mirrored the findings at Springfield's HealthTransit. In fact, Springfield mentioned that whenever there was a new HealthTransit coordinator or new staff member at the health care agencies who had been briefed around HealthTransit, they found a temporary jump in ridership (an increase that was sustained over time) due to that new staff member spreading the word to her/his network.

Financial Control

One final factor may have related to how the transportation funds for R2W were controlled and expended compared to HealthTransit. In Springfield, the CHT originally funded the program through a $50,000 Holt Foundation grant. These funds were in the possession of the CHT and there were no further administrative steps needed to expend them. In the R2W program, the transportation funds were never granted directly to the healthcare providers but rather invested in the regional transit providers. It was set up this way because VTrans has existing contracts with all of the transit providers and it would have been *much* more administratively difficult to create new contracts with the health facilities. VTrans and the transit providers made every effort to limit the administrative burden on the health facilities to gain access to the funds to pay for rides and gas cards, but just the fact that they did not have the money in their possession may have acted as a psychological barrier to using the funds.

Financial Hurdles for Health Center Involvement

A central concept of Rides to Wellness at the inception of the program was that the transportation funds would be used as "seed money" to prove the concept and demonstrate the high return on investment of transportation access, so that health centers and hospitals would see the value in sustaining the program using their own funds. After the initial pilot projects, it was envisioned that the remaining funds would be invested in a revolving loan account so that new instances could be started and then the funds repaid by the health partners as they started to reap the financial rewards or reduced no-shows.

From the onset of the program, there was strong pushback to this concept of repaying seed money from the health partners. None of them embraced the concept, although most recognized the potential for significant financial benefits in paying for transportation access, including the very real possibility that R2W could sustain itself with cost-savings. As the program progressed, VTrans realized that any discussions around repayment was hurting acceptance of the program overall, and that even if none of the specific R2W funds were ever repaid, nor a revolving loan fund established, that the program could still have value in demonstrating the benefit of removing transportation barriers to healthcare. While it is a goal of VTrans to encourage private sector partners to participate in funding public transit service, so as to stretch federal, state, and local dollars further and bring more service to people with mobility challenges, obtaining those private funds could not be a precondition of R2W's success. In the end, VTrans dropped the revolving loan fund and repayment concept.

Some hospitals and health centers in the region had already recognized the benefits of transportation investments and allocated funds in their budgets for this purpose. NCHC and NVRH had been paying $7,000 or more annually to RCT for healthcare access. Central Vermont Medical Center had funded the Barre Health Center shuttle at a cost of $125,000 annually, though that service has been discontinued. In Littleton, NH, the hospital pays North Country Transit approximately $100,000 annually for its "Care-a-van" service. Whether a hospital invests in transportation depends on the priorities of its chief officers and its overall financial health. It remains a goal of the R2W program to demonstrate the value of transportation investments so that more health facilities will choose to include it in their operating budgets.

Provider Survey Results

In March 2021, the four active healthcare pilot partners were surveyed about their experience with Rides to Wellness. The questionnaire included 12 queries and spaces to provide further feedback. The results are summarized below:

- All providers agreed that before R2W, transportation had been a significant challenge that affected no-shows.
- Three of the four providers agreed that R2W had significantly reduced no-shows, with one provider disagreeing with this statement, primarily because Covid-19 had drastically reduced the demand for transportation.
- The providers took the same position on whether R2W had resulted in a significant improvement in health for many individuals.
- All of them agreed that R2W helped to reduce costs for their organizations, with one provider strongly agreeing.
- All providers agreed that the time and resources invested into R2W were worth it, with three of the providers strongly agreeing.
- Three of the four providers agreed that they would continue the R2W program even after the funds from VTrans were expended, with the fourth provider not sure.
- Providers made a few suggestions on ways to improve the program, including streamlining the tracking sheet and expanding the scope of what R2W funds could cover.
- When asked why relatively few R2W trips were operated compared to initial expectations (other than the impact of the pandemic), two providers responded that they may have been too cautious in approving trips to be funded by R2W.

- Finally, providers were asked to rank the benefits of R2W in terms of the importance to them. The results of the ranking are shown in the following table, with 1 indicating the greatest benefit and 5 indicating the least benefit. In general, increased transportation access to medical appointments ranked high, while other benefits had mixed ratings. Fuel assistnace was important for Lamoille Health Partners and Gifford Health Care, but less important for the other two pilots.

Benefit	MAHHC	LHP	GHC	NKHS
Increased transportation access to wellness visits	5	3	5	1
Fuel assistance for those using personal vehicles to get to/from appointments	4	1	1	5
Increased transportation access to medical appointments	1	2	2	2
Reduction in client no-shows	3	4	3	4
Improved client health outcomes	2	5	4	3

Closing Meeting

A final meeting of R2W partners was held on March 31, 2021. Healthcare provider and transit provider participated and offered their feedback to VTrans and the consultant team. Notes from the meeting are shown in the appendix.

5. OUTLOOK

As of Fall 2023, the Rides to Wellness program has been completed and all funds expended. This section considers next steps for this initiative after the pilot projects have expended the available funds.

Statewide Expansion

From the beginning of the project, it was hoped that R2W would eventually expand to a statewide program. As noted earlier Tri-Valley Transit expanded access to the program to all residents in its service area, rather than just clients of health centers that had actively joined the program. A future expansion of the program could allow all transit agencies to provide health and wellness trips to people who are not eligible for other programs such as Medicaid or O&D.

Funding Sources

It seems unlikely that any additional health centers will establish an R2W program without financial assistance from VTrans. Thus, a statewide rollout would likely require the identification of some combination of federal and state money to pay for the rides and gas cards that are the primary expenses of the program. It is possible that other state agencies, such as the Agency of Human Services, could contribute funding, as it is currently doing with the Recovery and Job Access program. For that program, AHS is paying for half of the non-federal match for the FTA grant funds.

Another concept worthy of research and discussion is the incorporation of Rides to Wellness into the Accountable Care Organization (ACO) model of paying for healthcare in Vermont. To date, OneCare has been the primary organization in the ACO space and has established relationships with numerous hospitals and health centers. In some cases, all of the programs of a health organization are incorporated into the ACO model, while in other cases, only certain programs (such as Medicaid) are part of the ACO agreement.

The core idea of an ACO is to minimize the overall cost of care by replacing the traditional fee-for-service model with a focus on medical outcomes, supplemented by healthcare improvements and cost-savings from preventive care and the coordination of care. It is clear that the goals of Rides to Wellness are very much in line with the mission of the ACO model, in that reducing transportation barriers will help patients get to their regular appointments, thereby avoiding cases where chronic conditions get worse due to lack of care, leading potentially to the need for emergency services and ambulance trips, which greatly raise costs. As VTrans considers statewide expansion of Rides to Wellness, it should explore proactively forming relationships with the Blueprint for Health and OneCare.

Interplay with Other Transportation Assistance

At various points in the R2W program, the issue of the need for transportation assistance other than for medical/wellness purposes has arisen. It has been pointed out that access to a job, or to shopping, is also essential to a person's wellbeing and is therefore as important as a trip to a doctor's appointment.

The Public Transit Policy Plan (PTPP) considered transportation needs in Vermont very broadly and discussed such needs as job access, as well as the importance of social trips to older adults who otherwise suffer from isolation. As mentioned elsewhere, VTrans is already funding a program to support job access trips and trips related to opioid recovery. While it could continue to operate these programs in parallel, and also consider other trip purposes in separate initiatives, it may be beneficial to roll all of these programs together into a single, more flexible "community rides" program. Such a program would need to be defined

in such a way that it does not act as a "free taxi" program for any Vermonter, but with the advent of shared rides through microtransit applications (now being tested in several communities in Vermont), a flexible demand-response program open to the general public, with subsidies for eligible populations, is becoming more technologically feasible every day. The PTPP suggested areas for research and the possibility of including volunteer drivers into such a system.

Whether through incorporation into the ACO model or into a broad-based community rides system, it is likely that the Rides to Wellness concept will persist into the future. While the pilot projects did not turn out exactly as expected, the concept of increasing transportation access to healthcare is compelling. VTrans, with its partners in the healthcare sector, will continue to invest in removing barriers so that all Vermonters have access to healthcare when they need it.

6. APPENDIX

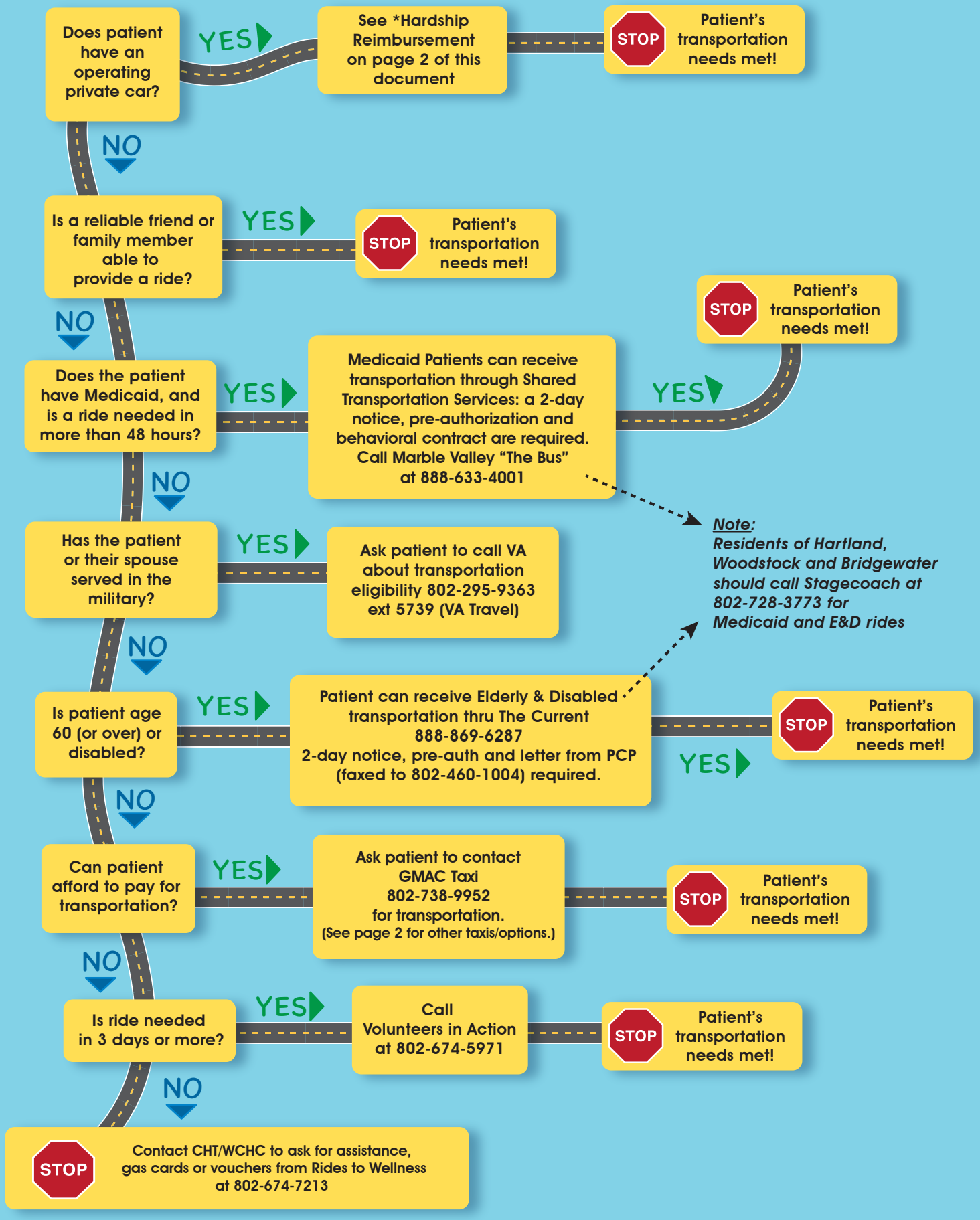
TO BE INSERTED

Sample Roadmaps

Survey Questionnaire

Application form

"Rides to Wellness" Roadmap
Windsor



Other Useful Information

Hardship Reimbursement

Hardship Reimbursement *may be obtained for Medicaid clients who have a vehicle in the household. Clients have to accumulate 215 miles per month per person. Marble Valley will need a copy of the drivers license, registration and car insurance in order to qualify. Call them to set up this service at 888-633-4001. E&D Hardship calls go to The Current at 888-869-6287*

Non-operable Vehicle

If a Medicaid client has a vehicle that is not mechanically operable they need to obtain a letter from a licensed mechanic on their letterhead stating what is wrong with the vehicle. A Motor Vehicle Exception Form must be filed along with the letter from their mechanic and sent to Medicaid for approval. Call Marble Valley at 888-633-4001 to obtain a form.

Visual Impairment

If a person has a visual impairment the Vermont Association for the Blind and Visually Impaired may be able to provide transportation to medical appointment, social services and shopping. Call for information: 877-350-8840

Veterans

Combat Veterans can receive transportation from VA contact: Eugene Hitchcock, VA Outreach Specialist (802) 881-6232

Additional riders with patients: CHT needs to submit a letter from a provider to Medicaid supporting medical necessity for an additional rider (e.g., patient is unable to comprehend, is physically unable to get to the appointment, in and out of the office without the support of this additional rider.) Medicaid is unable to provide rides for children of patients.

Ambulance: Eligible **Medicaid** members brought to the Emergency Department by ambulance after hours qualify for rides home. **Southern Windsor County residents call 802-886-8538.**

Compliments, complaints and special needs can be shared by calling The Current at 888-869-6287 or Marble Valley at 888-633-4001

Other Useful Phone Numbers

Taxis and Transportation Providers

GMAC Taxi (Windsor) 802-738-9952
Big Yellow Taxi (White River Junction) 802-281-8294 or 603-643-8294
Days in Town Taxi (Springfield) 802-885-6990
L&M Family Services (Springfield) 802-885-4141
Door to Door Driving Services (Plainfield) 603-996-1522
Best Taxi (Claremont) 603-543-7139
Flying Aces Taxi (Claremont) 603-558-3116
D.A.S.H. Transportation (Lebanon) 844-468-3274

Social Service Agencies

Windsor County Support and Services at Home (SASH) 802-254-6071

Senior Solutions
800-642-5119 or 866-673-8376

American Cancer Society
802-872-6300

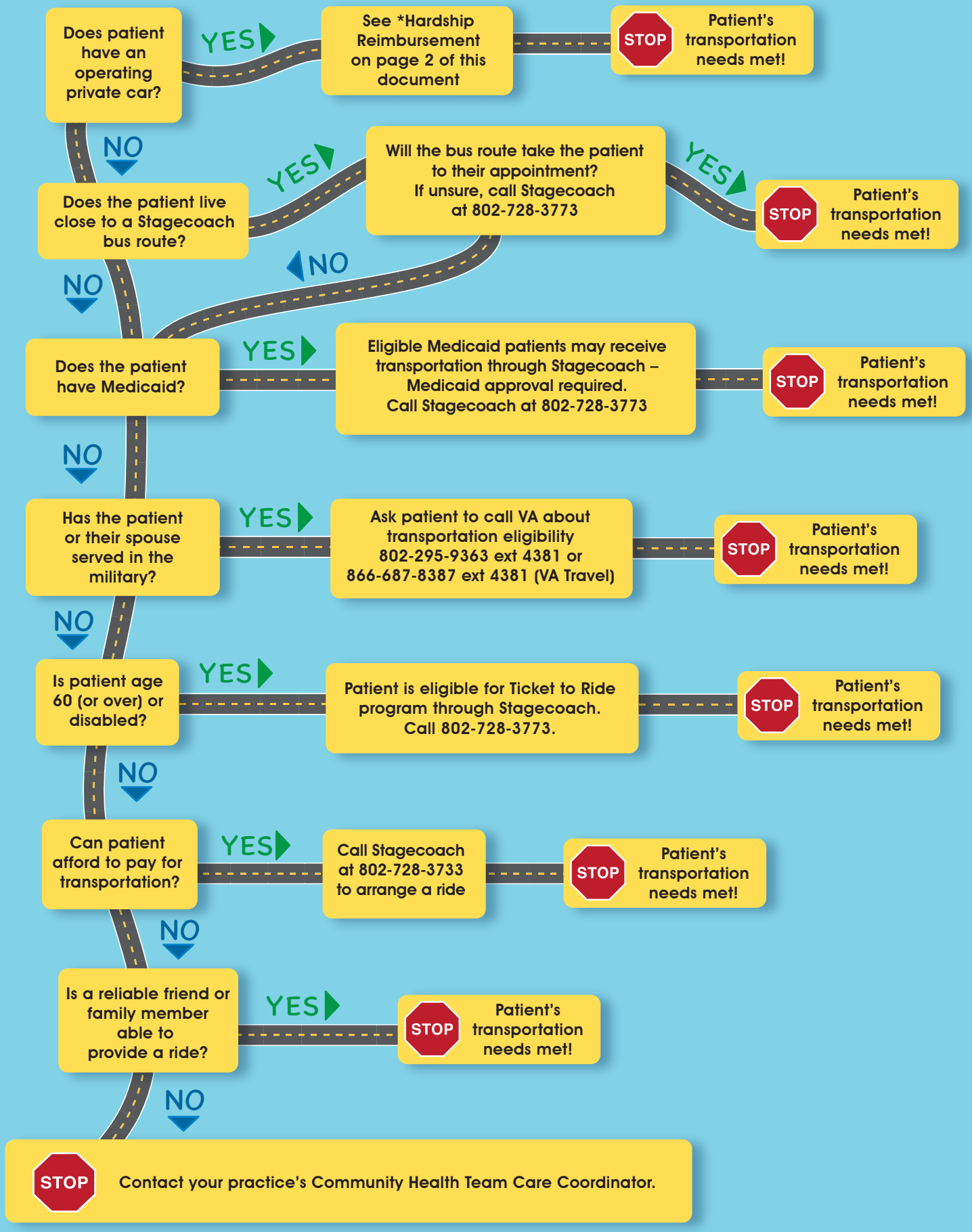
Thompson Senior Center (Woodstock)
802-457-3277

** *For New Hampshire Residents:*

NH residents with Medicaid should call NH Healthy Families Non-Emergent Medical Transportation at 866-769-3085. Ride must originate in Sullivan County. Patients must call 3 business days before the appointment for guaranteed transportation. Patients may call with less than 3 days' notice and transportation will be provided if available. Other resources for NH residents include: NH Volunteer Rides Program 603-542-9609; HCS Keene 603-352-2253; HCS Charlestown 603-826-3322

"Rides to Wellness" Roadmap
Randolph

NOT for public distribution



Other Useful Information

Hardship Reimbursement

Hardship Reimbursement may be obtained for Medicaid Clients that travel 50 miles per week or 215 miles per month. Stagecoach will need a copy of the drivers license, registration and car insurance in order to qualify. Call them to set up this service at 802-728-3773.
A limited number of gas cards are available as a short term measure.

Non-operable Vehicle

If a Medicaid client has a vehicle that is not mechanically operable they need to obtain a letter from a licensed mechanic on their letterhead stating what is wrong with the vehicle. A Motor Vehicle Exception Form must be filed along with the letter from their mechanic and sent to Medicaid for approval.

Visual Impairment

If a person has a visual impairment the Vermont Association for the Blind and Visually Impaired may be able to provide transportation to medical appointment, social services and shopping. Call for information: 877-350-8838

Veterans

Combat Veterans can receive transportation from VA
contact: VA Outreach Specialist 866-687-8387

Additional riders with patients: CHT needs to submit a letter from a provider to Medicaid supporting medical necessity for an additional rider (e.g., patient is unable to comprehend, is physically unable to get to the appointment, in and out of the office without the support of this additional rider.) Medicaid is unable to provide rides for children of patients.

Ambulance: Eligible **Medicaid** members brought to the Emergency Department by ambulance after hours qualify for rides home. **Call Stagecoach at 802-728-3773.**

Feedback: Compliments, complaints and special needs can be shared by calling Stagecoach at 802-728-3773.

Other Useful Phone Numbers

Gifford Community Health Team by Location

Gifford Primary Care Berlin:	802-224-3270
Bethel Health Center:	802-234-4143
Chelsea Health Center:	802-728-7781
Gifford Primary Care Randolph:	802-728-7936
Gifford Pediatrics Randolph:	802-728-7710
Rochester Health Center:	802-728-7714
Community Health Team Supervisor:	802-728-7710
Rides to Wellness Program Manager:	802-728-7712

Rides to Wellness Survey

You were given this survey because you received some form of transportation assistance through what we call *Rides to Wellness*, a program that helps people get to their medical and dental appointments. We would like to understand how well the program is working for you so that we can improve it and make it sustainable. Please answer the following questions and return the form to the person who gave it to you.

❒ Check here if you have completed this survey before.

1. How did you find out about *Rides to Wellness*? (Please check all that apply.)
   - ❒ My doctor's office told me about it
   - ❒ Someone from the Community Health Team at Mt. Ascutney Hospital told me about it
   - ❒ A friend told me about it
   - ❒ I saw a poster about it

2. How did you schedule a ride?
   - ❒ Vermont 2-1-1 put me in touch with the provider
   - ❒ My doctor arranged it for me
   - ❒ Someone from the Community Health Team at Mt. Ascutney Hospital arranged a ride for me
   - ❒ I called the transit agency: The Current, The Bus, or Stagecoach (Circle one)
   - ❒ I called Volunteers in Action

3. What did you get from *Rides to Wellness*?
   - ❒ Gas card ❒ Ride with volunteer driver ❒ Ride in taxi ❒ Ride in a bus or van
   - ❒ Other _____

4. Are you eligible for Medicaid?
   - ❒ Yes ❒ No

5. Are you over 60 years old, or do you have a disability?
   - ❒ Yes ❒ No

6. If *Rides to Wellness* were not available, what would you have done?
   - ❒ Skipped your appointment
   - ❒ Walked
   - ❒ Found a ride elsewhere
   - ❒ Other _____

7. In the last year, have you missed/cancelled a medical/dental visit due to a lack of transportation?
   - ❒ Yes ❒ No

8. Do you know more about transportation options because of *Rides to Wellness*?
   - ❒ Yes ❒ No

9. Are you better off healthwise or in other ways because of *Rides to Wellness*?
   - ❒ Yes ❒ No
   - If yes, please explain _____

10. How likely are you to recommend *Rides to Wellness* to friends or family who have a hard time getting to their medical/dental appointments?
    - ❒ Very likely ❒ Somewhat likely ❒ Not likely

11. How well did *Rides to Wellness* meet your needs?
    - ❒ Very well ❒ Somewhat ❒ Not very well, it was not convenient

Please write any comments or suggestions for improving *Rides to Wellness* on the back side of the form.

Thank you!

Rides to Wellness Application

Thank you for your interest in Rides to Wellness (R2W). Please prepare a brief plan (3-to-5 pages) that answers the following questions and demonstrates that your region would be set up for success.

1. **LOCAL CHAMPION** Who will be your region's point person for R2W? This person would be the "local champion" for R2W and must have time available and/or be able to delegate tasks to staff with the capacity to handle trip requests, authorization questions and ongoing communication with partners. Please indicate in your answer how the R2W responsibilities will be handled locally and identify the staff members who have capacity to perform these duties.

2. **PARTNERS** Which organizations will be involved in your region's R2W program? In other regions, partners have included the primary hospital, associated community health centers or clinics, the mental health (designated) agency, and even dental clinics. Please define who will be the initial partners, and how the group would handle future expansion to include other partners.

3. **TRAINING** When do you anticipate having initial trainings of front-line staff and others who might need to understand the Roadmap and times when R2W could help patients? In other areas, re-trainings and refreshers (especially when there is staff turnover) are vital to keeping the program active. Please describe your plan for keeping front line staff informed about the R2W program and the functions of the Roadmap. Who will be responsible for providing this training after the initial round? (We may be able to provide trainings.)

4. **OUTREACH** How do you envision outreach and publicity to let patients know about R2W, keeping in mind that word-of-mouth has thus far been the most effective method? The consultant team will provide you with an initial set of posters. How will these be maintained? What other forms of publicity will you pursue?

5. **TRACKING AND DATA** Who will be responsible for maintaining a tracking worksheet so that gas cards and trips delivered through R2W can be monitored? Who will be responsible for periodic (every 6 months) tabulations of no-show appointments and emergency room visits (for patients with chronic conditions) so that the impact of the R2W program can be measured.

6. **SUSTAINABILITY** The R2W program comes with an initial allotment of funds from VTrans to act as seed money. When those funds are expended, how will the local partners work together to continue the program? What evidence is needed to help convince financial leaders that R2W has a positive return on investment?

The Rides to Wellness program will provide assistance from our consultant team who can help with R2W Roadmaps, posters, links with 2-1-1, training programs, data design and tracking, feedback forms, and coaching. Feel free to contact Jason Lorber with questions via jlorber@aplomb.com or 802-863-9429, or Stephen Falbel via smf@steadmanhill.com or 802-223-0687.

R2W Feedback

- Gratitude
- Meets some needs
  - Helpful Stop-gap
  - Helps Vermonters in need
- Sustainability
  - Philanthropic?
  - State?
  - Local sources?
- Flexibility is important, deciding who gets rides
  - Err on the side of access, not caution
- Huge impact during Covid for specific patients
- Building relationships
  - Transportation & H/C providers
  - Patients with Medicaid eligibility
- Low-volume, high importance transportation needs difficult to meet

3-31-21