INTRODUCTION

The September 8, 2017 Health and Transportation Workshop held in Mt. Vernon, Washington was held to answer the following three questions: What healthcare-related trips are being made in the five county Farmhouse region? What health-related transportation needs are NOT being met? And how do we improve coordination of health-related transportation services?

Participants included a wide range of health care and transportation organization representatives, along with regional planning organizations, who participated in three interactive sessions with the intent of informing this report of proceedings on regional health transportation gaps, and potential strategies to better connect services. The workshop also served to assist planning organizations better understand the complex relationship between health care services, the clients they serve, and their transportation needs, and will be used to inform upcoming Regional Transportation Planning Organization (RTPO) Human Services Transportation Plan (HSTP) updates.

IMPETUS FOR THE HEALTH & TRANSPORTATION WORKSHOP

Rick Hughes, San Juan County Councilmember and Steering Committee participant from the Farmhouse Gang, wanted to look at ways to improve the movement of patients from the San Juan Islands to their medical appointments on the mainland.

From this simple request the workshop developed as it became clear health-related transportation was a much bigger issue, especially for vulnerable populations including the elderly, disabled, rural, and poor. San Juan County wasn’t the only part of this region with challenges meeting the needs of patients to get to facilities outside their jurisdiction. All five counties in the Farmhouse Gang region struggle with similar challenges of transporting individuals and their families to health services.

TOP IDENTIFIED GAPS

Participants at the workshop developed a list of the gaps they experience daily. Although nearly 60 unique gaps were identified in the course of the workshop, the following were given the highest priority by attendees:

- A lack of transportation services and stops along the I-5 corridor and WA SR20.
- The need to provide basic services (Food, medical, pharmacy) to rural communities.
- Transporting non-emergent patients from rural areas to health care across county/jurisdictional lines.

KEY SOLUTIONS

To address the aforementioned gaps, workshop participants identified thirty solutions, grouped in categories:

Transportation services

1. Two types of runs on the I-5 corridor: express (commuter) and multi-stop.
2. Flyer stops on I-5, and at county lines.
3. Increased intercounty connector trip frequency.
4. Expand paratransit beyond ¾ mile.
5. Open paratransit to all riders with sliding scale of payment.
7. Phone/website app and/or a single phone number to request the trip needed (hospital discharge pick up, appointment in another county, etc.) – and this information is routed to a volunteer clearinghouse to identify a service to pick up and drop off the person.
8. Have paid van drivers, trained to work with medical and mental health clients, available for a multitude of services for a variety of clientele.
9. Public-private community partnerships
10. Carpooling for patients
11. Passenger only ferries to minimize delays.

Transportation efficiency
12. Coordinated fares – one pass for all transit agencies and modes.
13. Off board fare system.
14. Bus meets ferry when ferry arrives, not the scheduled bus time.
15. Transit station information specialists to expedite and explain to travelers.

General rural services
16. Provide broadband to all communities for rural connectivity to medical/communication services.

Rural medical services
17. Mobile medical, health, food, and pharmacy services – like a bookmobile.
19. Increase telemedicine.
20. Home visits from home health care providers for patients with appropriate needs – can include refilling prescriptions.
21. Community paramedic program.

Medical system improvements
22. Schedule multiple appointments for same day (ex. For Medicare patients)
23. Improve payment methods for medical travel.
24. Location-based coordination of medical appointment scheduling

Policy
25. Clinics and agencies apply for grants to provide their own transportation options for clients.
26. Legislative solutions to fic barriers for cross-jurisdictional services.

Education and outreach
27. More conferences for connections
28. Highlight the role of private operators in the system.
29. Educate decision-makers on the entire cycle of needs for medical care.
30. Collect more data on the size and needs of the communities requiring service.

NEXT STEPS
One message that became clear after the conclusion of the workshop was that there is not one problem for those seeking medical transportation; rather the issues are cumulative. Given that the challenges are almost universal regardless of county, workshop participants agreed that applying solutions, even in a pilot project format, would benefit the region as a whole. Upon finalization of this report, copies will be distributed to participants, regional decision-makers, and planning organizations for the ideas to be incorporated into each agency’s next steps.

MORE INFORMATION
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