Health Connector for the Most Vulnerable: *An Inclusive Mobility Experience from Beginning to End*

Dallas County, Iowa

Team Members: HIRTA, IBI Group, Routematch by Uber, CTAA, Dallas County Health Department, Capture Management Solution

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Project Team

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Santosh Mishra, IBI
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Systems Lead

Steve Wilks, IBI Group
Concept Lead

Chris Zeilinger, CTAA
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Tom Coogan,
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Healthcare Lead

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Agenda

- Project Overview
- Team Organization & Partnerships
- Challenges and Underserved Populations
- Proposed Solutions
- Performance Measures
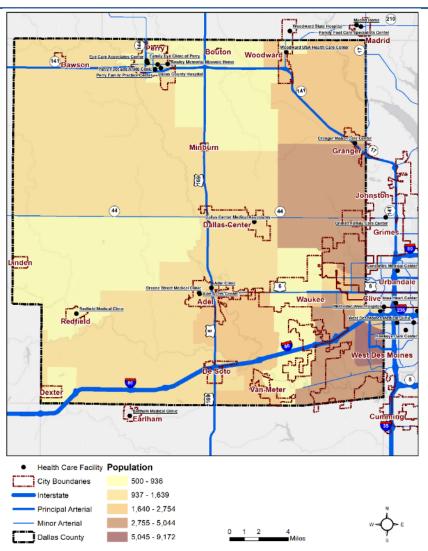- Integrated Deployments
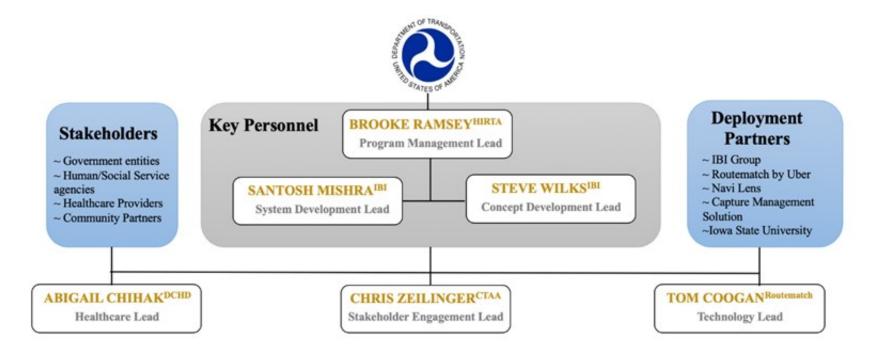- Challenges and Risks

Project Overview: Health Connector

- One-stop solution for
  - Medical and ride booking
  - Patient management
  - Wayfinding
  - Information and Notifications
- Focus on vulnerable populations
- Performance management
- Open architecture

Team Organization & Partnerships: Org Chart

Stakeholders
~ Government entities
~ Human/Social Service agencies
~ Healthcare Providers
~ Community Partners

Key Personnel

BROOKE RAMSEY[HIRTA]
Program Management Lead

SANTOSH MISHRA[IBI]
System Development Lead

STEVE WILKS[IBI]
Concept Development Lead

Deployment Partners
~ IBI Group
~ Routematch by Uber
~ Navi Lens
~ Capture Management Solution
~ Iowa State University

ABIGAIL CHIHAK[DCHD]
Healthcare Lead

CHRIS ZEILINGER[CTAA]
Stakeholder Engagement Lead

TOM COOGAN[Routematch]
Technology Lead

Note:
HIRTA: Heart of Iowa Regional Transit Agency
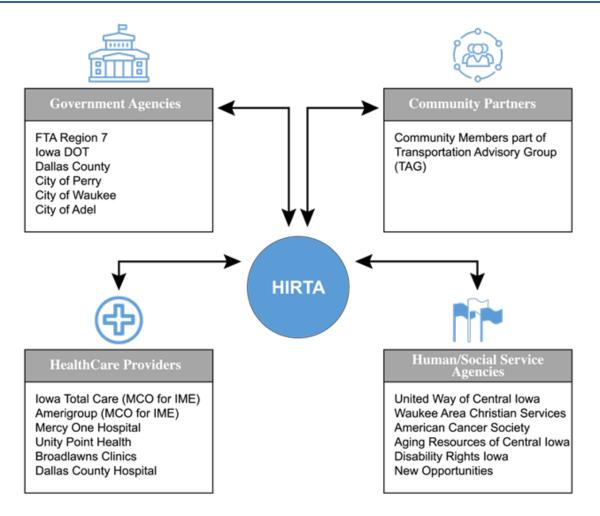DCHD: Dallas County Health Department
IBI: IBI Group
CTAA: Community Transportation Association of America
Routematch: Routematch by Uber

Team Organization & Partnerships: Stakeholders

Government Agencies

FTA Region 7
Iowa DOT
Dallas County
City of Perry
City of Waukee
City of Adel

Community Partners

Community Members part of Transportation Advisory Group (TAG)

HIRTA

HealthCare Providers

Iowa Total Care (MCO for IME)
Amerigroup (MCO for IME)
Mercy One Hospital
Unity Point Health
Broadlawns Clinics
Dallas County Hospital

Human/Social Service Agencies

United Way of Central Iowa
Waukee Area Christian Services
American Cancer Society
Aging Resources of Central Iowa
Disability Rights Iowa
New Opportunities

Challenges & Underserved Populations

- Growing population

- Limited capacity to serve

- Preliminary concerns outlined in HIRTA Business Plan: "2021 and Beyond"

- Lack of mobility access to healthcare : ***39% missed at least 1 appointment per 2014 survey from NLAPH***

  - Disability a major barrier

  - Dallas County CHNA Survey: "access to healthcare" as the top factor for a "healthy community."

Proposed Solutions

- Enhance tools available to Health Navigators
- Integration transportation and healthcare appointments
- Improve wayfinding
- Improve quality of real-time trip information
- Focus on addressing disability barriers
- Enhance on-board experience
- Enhance billing and payments experience
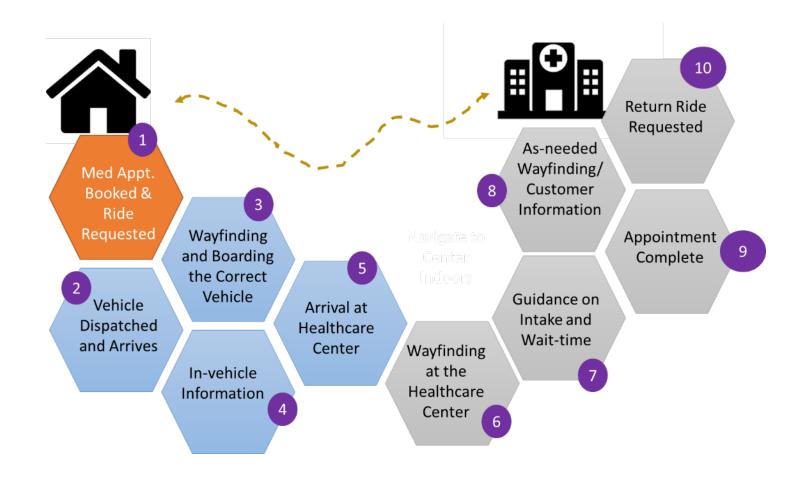- Increase system capacity through partnership

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Proposed Solutions

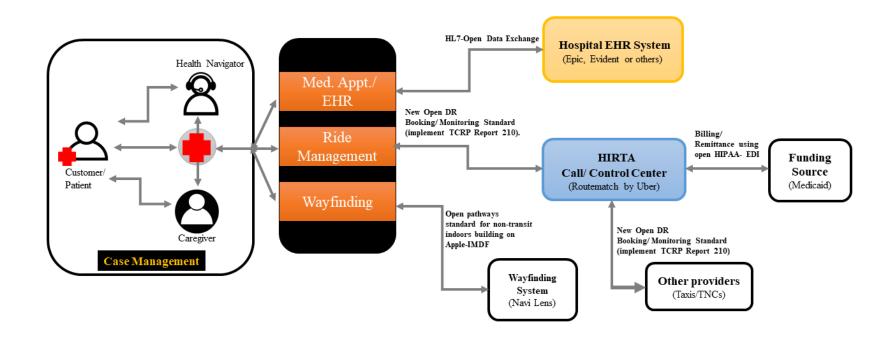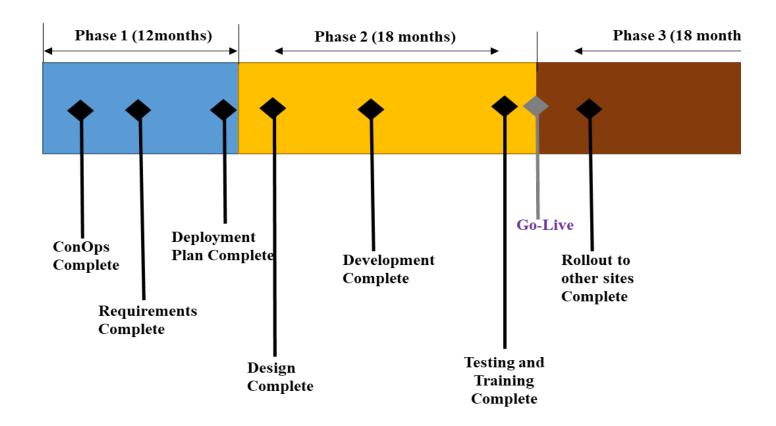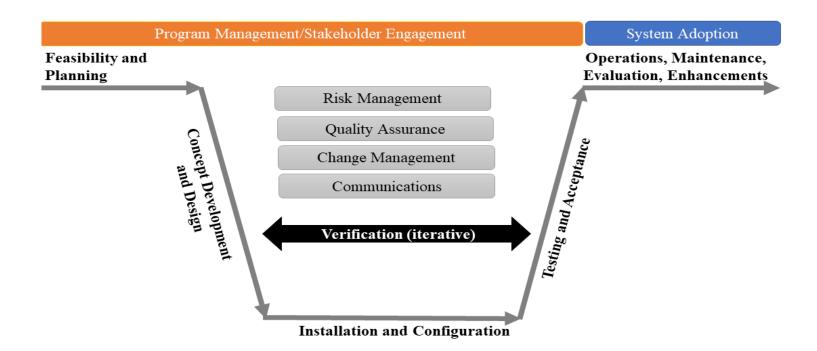| Population	Needs
Disabled	(1) Wayfinding services; (2) Smart device (3) Contactless payment solution
Seniors	(1) Smart (2) Telephone number to call for services; (3) Maintains independence; (4) Solution/service ease of use
Rural	(1) Access to healthcare appointments; (2) Challenges in coordination; (3) Cost; (4) Maintains independence; (5) Solution/service ease of use; (6) Long distance travel.
Veterans	Same needs as above
LEP	Address language barriers in systems/tools

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Proposed Solutions

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Proposed Solutions

Proposed Solutions

Phase 1 (12months) Phase 2 (18 months) Phase 3 (18 month)

ConOps Complete

Requirements Complete

Deployment Plan Complete

Design Complete

Development Complete

Testing and Training Complete

Go-Live

Rollout to other sites Complete

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Target Performance Measures

Category	Key Performance Indicators (KPI)
Effectiveness	Total ridership, Trips per hour
Efficiency	Total cost, Budget variance, Cost per trip, Subsidy per trip, Revenue/cost ratio, On-time performance, Passengers per hour, Ride times
Quality	Average trip time, Average miles per trip, Average wait time, Number of missed appointments, Complaints per 100 rides, Brand awareness, Number of no-shows
Impact	Net ridership change, Access to medical appointments, Financial impacts and benefits to the health care community
Safety	Accidents per passenger, Passenger Injuries, Driver Injuries
Satisfaction	Comments per passenger, Complains
Performance	Change in number of trips, Change in number of revenue miles/hours, Change in non-revenue miles/hours

Integrated Deployment

Integrated Deployment: Example Process

Phase 0: Initiate
Project Kickoff,
Pre-Discovery Survey,

Phase 1: Design
Operations Assessment,
Design Review, Sign-off.

Phase 2: Build
Vendor Assembly Test

Phase 3: Educate
Tailored training of your staff.

Phase 4: Deploy

Phase 5: System Acceptance
Sign-off & transition to Care.

Challenges & Risks

- Challenges
  - Stakeholder engagement
  - System integration
  - Adoption and change management
- Risks
  - Types: Program, Technical, Financial, Institutional
  - Risk Management Plan

Challenges & Risks: Sample Risk Matrix

Category	Risk	Mitigation Strategies
Technical	Technology obsolescence	Focus on functional aspect of solution
Technical	Better alternatives may emerge	Analyze upcoming trends during ConOps
Technical	Open interfaces may be difficult	Explore both API-based and open-data based approaches
Technical	Technology providers may cease business	ConOps and System Requirements must focus on open interfaces
Institutional	Partners may lose interest	Develop a strong Stakeholder engagement plan
Institutional	Roles may be conflicting	Develop a thorough Institutional and Partnership Plan
Financial	Federal funds may fall short	Build contingency when requesting Phase 2 funds; Explore cost-share with partners and broader industry partners
Financial	Lack of operating funds	Develop long-term financial plan with backup