



Geisinger

4RIDE FTA GRANT

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4Ride Program

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About the 4Ride Program

The 4Ride Program launched in April 2018 and provides coordinated transportation to clinical appointments as well as to necessary social needs such as the grocery store, pharmacy or senior center. The scope of the program reaches members and patients within a 50-mile range of Danville, PA and a 25-mile range of Scranton, PA. 4Ride is open to those referred by a care team member including both roles of the CHA (Community Health Assistant) and CMA (Case Management Assistant). Through a relationship with mobility management service coordinator, RabbitTransit, transportation is scheduled with the most appropriate transit, which can range from public transportation, taxi, ride service carrier such as Lyft or other Medicare/Medicaid services. Afterward, the patient is provided with ongoing follow-up and other social obstacles are addressed. All services are of no cost to the participant.

Program History

The initial phase of the pilot targeted a small subset of patients who were already being seen through a case manager or community health assistant and had Geisinger Health Plan insurance. The first phase of the pilot acted as a “proof of concept”, and we saw early success. Over the first five months, and in a limited scope of eligibility, 4Ride provided 1,835 rides to 706 unique individuals across Columbia, Montour, Northumberland, Lackawanna, Luzerne, Lycoming, and Schuylkill counties. Overwhelmingly, 89 percent used the service for a medical appointment, with the remaining 11 percent using it for non-clinical needs.

After being awarded the FTA Grant in 2019, the program was able to transition into phase two of the program which allowed the criteria to be expanded to medically complex patients with a transportation need, as well as support additional counties. Patients were enrolled with the care coordination team to provide transportation services and bridge their transport needs to state government provided services where possible including Medical Assistance Transportation Program (MATP), Lottery transportation program (over 65 years of age), Americans with Disabilities Act (ADA), and Persons With Disabilities (PWD). Additionally, the program was extended to Geisinger’s community partner, Scranton Primary Health Care Center (SPHCC).

In early 2020, transportation utilization dramatically decreased due to the onset of COVID with many medical appointments being transitioned to telehealth appointments. In addition, many of the private transport companies suspended or greatly reduced transportation services throughout our area during that time. To help supplement, Geisinger established a post discharge initiative at ten of our hospital platforms/locations to support patients with transport barriers. Geisinger redeployed staff and Geisinger-owned vehicles were used to transport patients being discharged from the hospital who were in need. In addition, the 4Ride program remained in operation during that time to support life sustaining trips, including trips that were COVID related.

Since inception in April 2018 to the end of June 2022, the 4Ride program provided transportation to over 2,000 riders with 31,912 trips traveling over 600,000 miles.

Table 1: 4Ride All Time Numbers

2018	Trips	3,911
	Unique Riders	614
	Miles	91,522
2019	Trips	12,363
	Unique Riders	1,133
	Miles	265,981
2020	Trips	6,966
	Unique Riders	767
	Miles	115,739
2021	Trips	5,281
	Unique Riders	750
	Miles	89,218
2022	Trips	2,442
	Unique Riders	356
	Miles	44,500

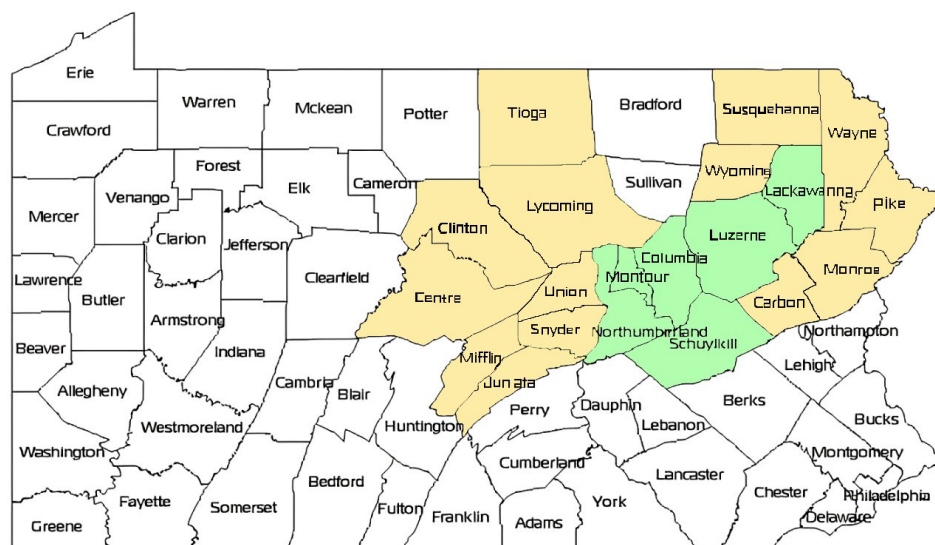
Program Scope

The scope of the program reaches Geisinger members and patients within a 50-mile range of Danville, PA and a 25-mile range of Scranton, PA. The 4Ride program is open to those referred by a care team member including both roles of the CHA and CMA. Through a relationship with mobility management service coordinator, RabbitTransit, transportation is scheduled with the most appropriate transit option, which can range from public transportation, taxi, ride service carrier such as Lyft or other Medicare/Medicaid services. Afterward, the patient is provided with ongoing follow-up and other social needs or barriers are addressed. All services are of no cost to the participant.

4Ride Current State and Services Provided

During Phase 2, the 4Ride program continued to provide services to participants referred by a CHA or CMA and in addition, provide transportation to patients of community partner, Scranton Primary Health Care Center (SPHCC), Geisinger's Fresh Food Farmacy (FFF) participants (regardless of insurance carrier) and those within the Free2BMom program (regardless of insurance carrier). The program also expanded its radius to support trips highlighted in yellow counties (See Figure 1).

Figure 1: 4Ride coverage area (yellow indicated expanded counties)



In March of 2020, when the COVID-19 pandemic hit, both public and private transportation providers halted services. This greatly reduced transportation options for patients to travel home once discharged from Geisinger's ten hospital locations. Initially, Geisinger was able to extend the 4Ride program using displaced staff and Geisinger owned vehicles to transport patients, regardless of insurance carrier, to their homes after hospital discharge at no cost to the patient. Then, in the summer of 2020, those resources returned to their pre-pandemic roles. At that point the 4Ride program was able to step in to bridge the gap to transport patients home post-hospital discharge. This program continues today at three rural locations and has provided over 800 hospital discharges, regardless of insurance carrier and at no cost to the patient.

IMPLEMENTATION

Early and Continuing Partnerships, Roles and Support

In the planning stages of 4Ride, Geisinger recognized that experienced transportation support would be vital for the success of the program. Through the planning stages in 2018, the pilot phases and current state of 4Ride, RabbitTransit has proven themselves a valuable partner. They have provided: Transportation systems access, scheduling, reporting, vendor relationships, expertise of state benefits programs (MATP, Lottery, ADA, PwD) and more. Additionally,

Geisinger’s Care Coordination team provides direct support to patients with complex medical and behavioral needs. The Community Health Assistant (CHA) and Case Management Assistants (CMA) teams are necessary to help patients identify transportation needs and often provide ongoing support with state transportation benefits applications, confirming appointments and trip requests. Geisinger Health Plan’s transportation team, Health and Wellness (HW) Transport, ties the moving pieces together, managing the overall program as well as daily operations: reviewing trip request details, providing trip details to participants, and managing participant and trip eligibility. (See Figure 2).

Figure 2: 4Ride Transport Team

RabbitTransit Mobility Management	Geisinger Care Coordination Team	Geisinger HW Transport
Mobility Specialist and Executive Leadership	Community Health Assistant CHA (in-person) or Care Coordination Assistant, CMA (telephonic, post-COVID implementation)	Medical Management Assistants MMA, Project Coordinator and Executive Leadership
Access to transportation scheduling and verifying eligibility for state transportation programs MATP, Lottery, ADA, PwD. Billing and reporting of final trip data.	Direct participant support for initial referral, agreement coordination and ongoing support if member is not able to request subsequent trips.	Participant support via 800#, verify eligibility, on-going eligibility upkeep (i.e., change in circumstances), daily operations/troubleshooting, program management, finance and daily operations.

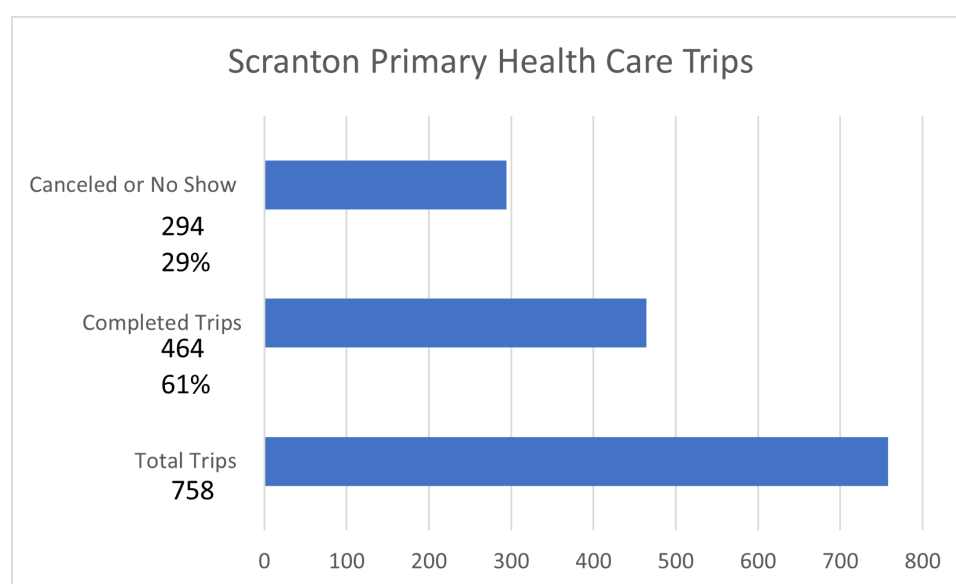
Geisinger HW Transport works in conjunction with our mobility specialists at Rabbit to ensure eligibility as a first step to verifying. Operations are conducted Monday – Friday 8 a.m. – 5 p.m. by the 4Ride team and support staff including Health and Wellness transportation, the 4Ride mobility specialists (RabbitTransit) and the Geisinger Health Plan Care Coordination team.

Community Partnership Support

In 2019, Geisinger partnered with Scranton Primary Health Care Center, a federally qualified health center (FQHC) in Lackawanna County, PA, to provide transportation to medical appointments for their patients with a transportation need. The Center provides services in internal medicine, family medicine, pediatrics, gynecology, prenatal care, dental and social services including an outreach to the area’s homeless population. This partnership was made

possible through the FTA grant dollars. Since March 2019, Geisinger has scheduled 758 trips for Scranton Primary patients, regardless of insurance carrier. Out of these 758 trips scheduled, 61% (464) resulted in completed transportation. The remaining 29% (294) of scheduled trips were not completed due to the patient either cancelling the trip in advance or not being there when the transit arrived for pick up – classified as a “no show” ride. Rides that are cancelled last minute or “no showed” still resulted in an expense to the program. From March 2019 until the end of the grant period, June 30, 2022, Geisinger spent over \$46,327.60 on trips for Scranton Primary patients as part of the 4Ride program. (See Figure 3).

Figure 3: Scranton Primary Health Care Trips



Technology

Transportation is among the most prevalent social needs within the member and patient population Geisinger serves. Streamlined processes to identify transportation needs, as well as responding in a coordinated and efficient manner allow for increased positive health outcomes. Ensuring accurate information within transportation referrals, continuous communication between those requesting rides, and the transportation coordination vendor are also two variables that when addressed via our improved process led to better program outcomes and process efficiencies.

Neighborly, the social care platform implemented by Geisinger, provides a secure pathway to address transportation needs. The integration between Neighborly and Geisinger’s electronic medical record (EMR) ensures efficiency, accuracy, and continuous communication amongst all stakeholders. The foundation behind and functionality within the Neighborly platform made for

an easy transition of our transportation process and has given way for improvements experienced by all parties involved.

What is Neighborly?

Geisinger implemented Neighborly (powered by findhelp – formerly Aunt Bertha) in March 2020. Neighborly is an online database of up-to-date available local resources accessible by providers, community-based organizations, and consumers.

The platform contains more than 540,000 resources in every zip code in the United States. Specifically for Pennsylvania, there are over 16,000 resources (local: 14,095; state-wide: 847; national: 871). Neighborly can be accessed in various ways, such as via our designated staff site, our public site (www.NeighborlyPA.com) and through our EMR integration. Users can search by zip code, social need, program name, keyword, or a specific demographic category (such as age, race, veteran status).

Neighborly is a valuable asset within the organization as it allows staff, patients, and members to make streamlined referrals and securely communicate directly with Community Based Organizations, and internal programs such as 4Ride. Some additional functionality provided by the Neighborly platform is its ability to translate all the information into over 100 different languages via Google Translate. After collecting the participant's consent, we can share the information from the platform with them in multiple ways such as text, email, printing out paper copies, or sending it to them via their patient portal. Finally, we have created marketing materials and placed flyers in clinics and in communication locations, shared in member newsletters over the last year, linked in MyGeisinger (Geisinger's patient portal) and the Neighborly widget has been added to the Geisinger website. All these efforts increase visibility and in turn lead to a greater response to more social needs, including but not limited to transportation.

How is Neighborly Used?

Through the integration of Geisinger's transportation program 4Ride into Neighborly, the team was able to achieve their goals of coordinating non-emergency transportation with various ride options. The Neighborly staff site is used by clinical staff and launched directly in Geisinger's EMR as a seamless experience for clinical users who identify a transportation need for a Geisinger patient or member and can easily refer directly to the 4Ride program. The EMR integration of Neighborly pulls in member details into the referral, allows the clinical staff to fill in specific ride details for the members and submit the referral. The clinical teams can check the referral status in real time, track updates for the member as well as having a coordinated system to share the member's connection to social service programs and 4Ride.

In the future, patients and members will have the ability to self-refer into the 4Ride program, allowing for a more efficient approach to patients requesting rides for various types of medical, community and social care appointments.

How Neighborly Impacts and Supports 4Ride partners and participants

Neighborly's innovative solutions and software offers transparent and real time communication with our mobility managers at Rabbittransit and allows for a full view of the "referral to receiving assistance" continuum. Specifically, around transitioning the 4Ride process into Neighborly - all parties involved now experience continuous communication between Geisinger and our transportation coordination vendor. The increased availability of real time status updates, and communication lends to a more efficient ride request process, decreasing the wait time between a request and ride confirmation (inbound referral dashboard, one location to go to refer, ability to update status in real time and tell others on the team that person received help). Additionally, any changes in ride details can be made quickly decreasing missed opportunities for an effective trip much like the 4Ride process.

Process Improvements

There are several improvements related to the 4Ride process due to the transition to Neighborly. The first of which is the time needed for staff to submit the information required for a trip to be reviewed for approval. Neighborly launching through the EMR allows staff to fill in the required information quickly and correctly. Next is the decrease in time needed for program level reporting. After that, we were able to see a decrease in the number of platforms used to complete the transportation process as well as the number of one-time communications sent via email. The process improvement allows for streamlined record keeping for transportation agreements and past ride requests. Finally, the process improvement has increased staff satisfaction and overall efficiency as it relates to the program.

Each operational improvement speaks to the ability of the new processes ability to scale, meaning more transportation specific social needs being responded to, therefore leading to better overall health outcomes for the populations served.

The Transportation coordination vendor experiences improvements via their method of receiving referrals, understanding the real-time status of each request, ability to quickly act on updated trip details, ability to verify patient demographics, and easily review patient transportation contracts that are now housed within their Neighborly profile (**See Figure 4**).

Figure 4: Neighborly Process Improvement Chart

Metric	Pre-Implementation	Post Implementation	Potential Cost Savings
Monthly emails	~1500	~500	
# Programs/Software in request process	6	4	
# of forms/templates in request process	5	2	
Request process for HW-transport**	8.5 minutes	3.5 minutes	\$16,209 / year
Request process for CMA**	5.5 minutes	3 minutes	\$7,380 / year
Sub-pilot reporting Time*	13.5 minutes	9.8 minutes	Minimal

*based on 3.7 minutes saved for every 10 trips requested in sub-pilot programs
 **based on 655 requests per month max level salary for each position

PERFORMANCE MEASURES

Performance Measures

The performance measures of the grant are listed in **Table 2** and include the following: expand to a community partner; hire a second mobility manager; secure a relationship with an artificial intelligence (AI)/technology vendor; survey 180 riders; provide 10,800 trips and 500 hospital discharge trips. Prior to receiving grant funding, the 4Ride program had been operational for almost three years and already provided members with 2,093 rides and 113 hospital discharges. In February 2019, we hired a second mobility manager and then partnered with Scranton Primary Health Care Center in March 2019. In December 2021, the 4Ride transportation request process was transitioned into Neighborly, an AI/technology vendor, which afforded us a multitude of improvements to the previous ride request process and will assist with sustainability and expansion of the 4Ride program.

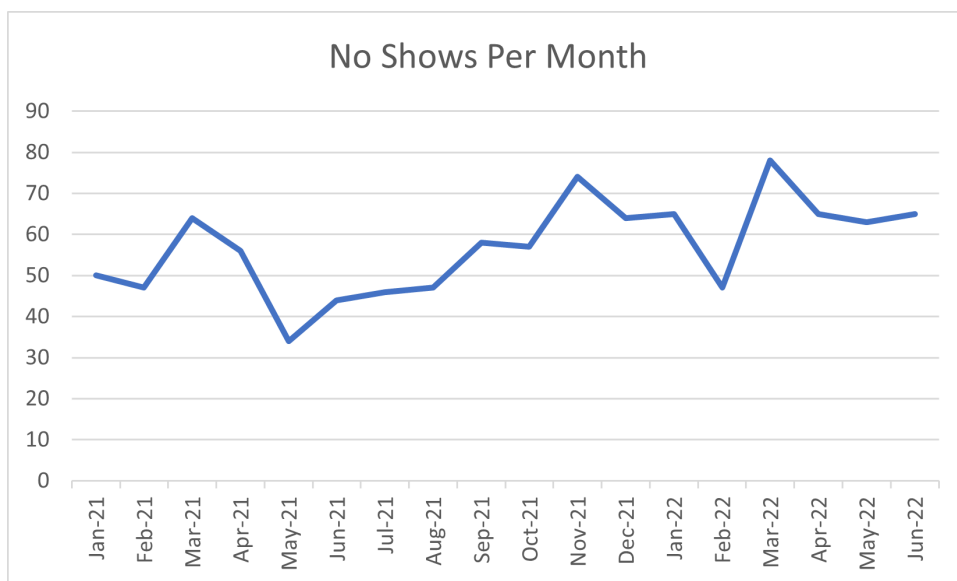
Table 2: 4Ride Target Performance Measures

	Performance Measure	Target	Actual to Date	Percent of Target to Date
1	Expand to community partner	1	1	100%
2	Hire 2nd Mobility Manager	1	1	100%
3	Secure relationship with AI/technology vendor	1	1	100%
4	Survey 180 riders (10 per month.)	180	323	179%
5	Provide 10,800 trips (average of 600 trips per month)	10,800	10,371	96%
6	Provide 500 trips post hospital discharge (minimum of 5 hospital discharge trips / week)	500	490	98%

The addition of Neighborly also made it simpler to obtain survey results from riders. The survey questions have been built directly into the ride request form and participant facing tools. The ride request process switched to Neighborly at the end of December 2021. Since the transition, there have been at least 20 riders surveyed each month. At the end of June 2022, a total of 323 riders were surveyed, achieving 179% of our goal of 180 surveys.

By the end of June 2022, the 4Ride program projected to complete 10,800 trips and provided 10,371 – 96% of the target. There is no doubt that the constraints brought on by the COVID pandemic impacted the total number of trips. In addition, there were 1,024 trips that the participant “no showed” and a reduction in that number would have contributed to achieving the target. **Figure 5** graphs the “no shows” by month of the program.

Figure 5: No Shows Per Month



In March 2020 the Post Hospital Discharge program was launched as a sub-pilot of the 4Ride program. Due to the outbreak of COVID-19, many private transportation companies suspended or greatly reduced their transportation services. These companies have since resumed services and as a result use of the Post Hospital Discharge program has been steadily decreasing over time. However, this program continues to operate on an as needed basis. In June 2021, 39 post hospital discharge trips were provided, however, a year later in June 2022, only 11 trips were provided.

Table 3: 4Ride Ridership Details

	Target: Survey 180 Riders	Target: Provide 10,800 trips	Target: Provide 500 hospital discharge
2018 – 2020	N/A	2,093	113
Jan. 2021	0	370	26
Feb. 2021	2	352	24
Mar. 2021	13	465	34
April 2021	17	471	29
May 2021	11	440	31
June 2021	10	491	39
July 2021	7	434	28
Aug. 2021	7	432	30
Sept. 2021	20	444	25
Oct. 2021	32	514	20
Nov. 2021	28	499	17
Dec. 2021	7	365	7
Jan. 2022	36	405	4
Feb. 2022	27	391	15
Mar. 2022	29	574	17
April 2022	35	515	9
May 2022	21	557	11
June 2022	21	559	11
Totals	323	10,371	490

METHODOLOGY

Health Outcomes

Geisinger’s transportation pilot underwent rigorous research and evaluation to determine if providing transportation to clinical and non-clinical services could improve health and decrease cost in both an urban and rural setting. Health outcomes for the 4Ride pilot program were defined as changes in health status, improvement in appointment attendance, reduction in hospital admissions, reduction in emergency room visits and satisfaction with the ride.

Table 4 shows the results for all patients in the 4Ride program. The program participants demonstrated a significant reduction - 28% - in the average monthly number of inpatient admissions and unplanned admissions, as well as a 21% reduction in Emergency Department visits. It is interesting to note that the participant group did not perform as expected in both number of outpatient visits and no-show rate for clinical appointments. A contributing factor was a very high no-show rate from our community partner patient base at Scranton Primary.

Table 4: 4Ride Pilot Program – Impact Measures

All Patients	4Ride Program
Inpatient	28% decrease
Unplanned Inpatient	28% decrease
ED	21% decrease
No Shows	13% increase
Outpatient	6% reduction

Other notable findings can be found in **Table 5**, GHP Family Plan (Medicaid) subgroup. Those in the Transportation program experienced a significant reduction in both inpatient and unplanned inpatient admissions.

Table 5: 4Ride Pilot Program – Impact Measures - Medicaid Specific

GHP Family – Medicaid	TP
Inpatient	37% decrease
Unplanned Inpatient	41% decrease

Program Eligibility

To be eligible for the program, patients need to be insured by Geisinger Health Plan unless they are patients of our community partner, Scranton Primary, or an enrolled participant of the Fresh Food Farmacy receiving transportation for food pickups. The majority of riders, 89%, had GHP insurance while the remaining 11% had other insurance carriers or no insurance.

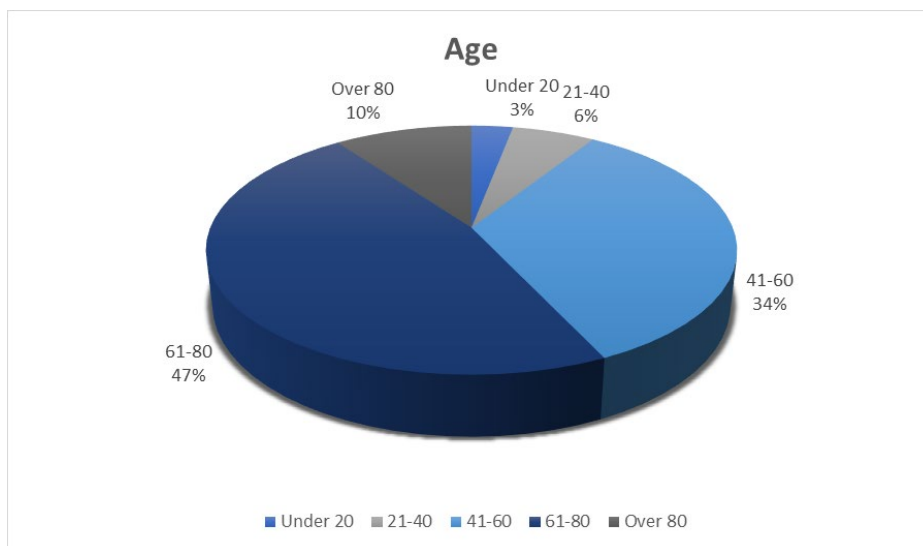
Profile of Riders

From April 2018 until June 30, 2022, the 4Ride program provided 31,912 trips. Demographic information for the riders who participated in the program is as follows:

Age of Riders

The 4Ride program is open to members of all ages but has been predominantly utilized by those over the age of 40 - only 9% of the program's riders have been under 40 years old. Thirty four percent (34%) of 4Ride participants were between 41 and 60 years old and almost half (47%) of the riders were between the ages of 61 and 80 years old, and 10% were over 80 years old (see the pie chart in **Figure 6** for the specific age breakdowns).

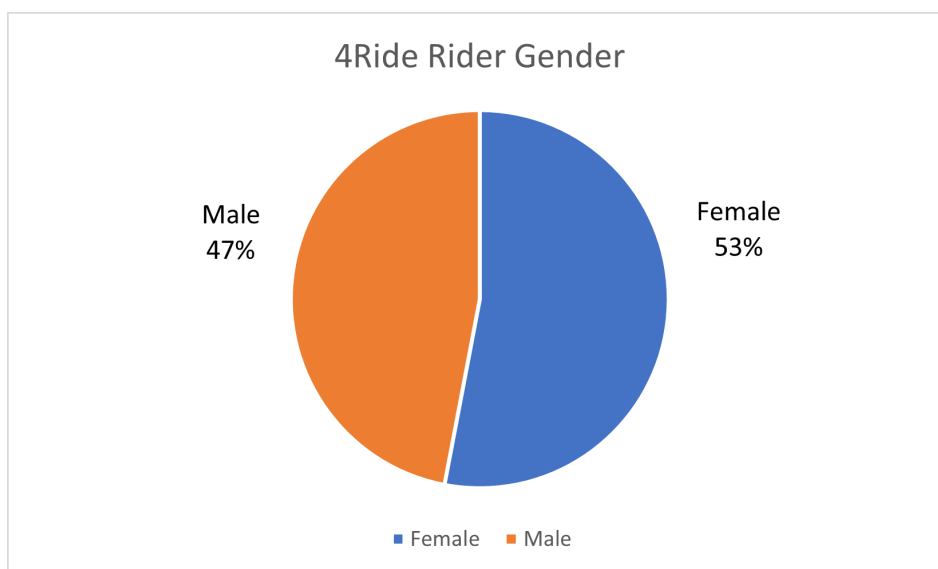
Figure 6: Age of Riders



Gender

Of the riders, 53% were female, while 47% were male (see Figure 7).

Figure 7: Gender of Riders



Mobility Device

Thirty two percent (32%) of riders reported needing a mobility device to assist with their transportation. The most commonly used mobility device was a walker (44%), followed by a cane (34%). **Table 6** details additional mobility devices used by 4Ride members.

Table 6: Mobility Devices

Mobility Device	
Walker	44%
Cane	34%
Wheelchair	21%
Crutches	1%

Rider Survey Findings

In addition to evaluation of the program, Geisinger also measured health impacts and improvements through riders' self-reported health status and trip surveys. Riders were asked the same question on each form:

- *"Overall, on a scale of 1 – 5, 5 being the highest — How beneficial do you find the 4Ride program for your health?"*

Of the riders who provided self-reported health impact that could be tracked over time, 98% indicated a rating of 5 for the benefit the program provided in supporting their overall health based on their most recent trip. Riders clearly credit the 4Ride program and improved access to healthcare as having a positive impact on their health.

Rider Feedback

The final question on the trip survey provided riders an opportunity to comment on what 4Ride could do to improve the service. Overwhelmingly, riders are pleased with and grateful for the 4Ride program and the large majority of people said there is nothing they would change about the program. This was reflected in the very limited number of complaints formally received by the program, essentially just in the early months after its launch when operational issues were still being addressed. Many comments provided during the grant period are summarized below.

Positive Comments

"Prior to the 4Ride program I had to walk to and from my appointments but with the health issues I have now, that wouldn't be possible."

"Without this program I could not get to my appointments."

"I like that there is not any cost involved."

"This gets me from point A to point B safely."

"Once there was an issue with my ride back home, so they sent me a new one."

"I love the program and NEED the program. I lost my husband, mother and son in a short time. This is MORE than just transportation to me, and I am very grateful for it."

"The drivers are nice."

Rider Complaints and Suggestions

"I wish there was a better way of knowing when my ride is near."

"There is an hour requirement for appointments, but some appointments only take a few minutes."

"I have been late to appointments."

"The buses jostle you around and it hurts my back. I usually have to spend the next day in bed to recover."

"Lyft drivers often have nothing on their car to indicate who they are."

4Ride Success Stories

- Male, GHP Family member, who resides in the Wilkes-Barre area had eye surgery scheduled with a Geisinger specialist in Danville, PA but was experiencing a transportation barrier. Through the 4Ride program, we provided a coordinated ride from Wilkes-Barre to Danville for the surgery and one post-op visit. Then, our team assisted with enrolling the patient in MATP and we were able to schedule additional follow up appointments closer to home (in-county). The patient had no other option initially and through the 4Ride program, we were able to bridge the gap so the patient could receive the needed care as well as transition him to other benefits for future trips.
- Medicare Patient was scheduled for brain surgery. The morning of the surgery, he called our clinic to inform us that his ride, a friend, would not drive him due to inclement weather (there had been some snow that morning). The social worker was able to quickly coordinate, and transportation was supported by the transit program and got patient to his surgery. A missed surgery would have had a significant financial impact on the surgery center and would have likely caused a separate emergent admission due to the size of his tumor and the seizures he'd been experiencing, not to mention the ambulance ride and time spent in the ED.
- A 60-year-old female patient was scheduled to receive her first chemo for recurrent lung cancer. The patient usually uses MATP, but for some reason they didn't pick her up. The patient was distressed and had no other options for transportation that day to receive treatment. Her Social Worker was able to put an emergency request into the transit program for a same day trip and we were able to accommodate. The cost for the patient's ride through transit program was \$50 round trip. If the patient would have missed her appointment, the chemo treatment would have been wasted/unusable as it is

only good for that day. The financial loss for the missed appointment/treatment would have been approximately \$40,000.

LESSONS LEARNED

Healthcare Discussion

While providing necessary healthcare access to patients, the 4Ride program has also provided valuable information about developing and operating a pilot transportation program. In late 2019, the program had enough data to conduct preliminary analysis on utilization to start adjusting criteria to support targeted scalability and eliminate waste and inefficiencies. Here are examples of some of the adjustments that were made based on data and lessons learned:

Operational Efficiencies

- Top utilizers were reviewed on a monthly basis to determine if there were other supplemental transportation programs more appropriate to support them.
- High-cost trips were analyzed to determine if there were more cost-effective options i.e., care closer to home, different transport vendor options, etc.
- Transport subscriptions were evaluated to identify opportunities for efficiency i.e., closer dialysis treatment centers, etc. In addition, chronic no shows and last-minute trip cancelations were evaluated.
- Care teams were consulted to evaluate those patients more closely to determine the reason for the no show or cancelation and try to course correct for future appointments.
- Patient agreement was implemented to clearly outline the services available through the program and set expectations i.e., chronic no shows without valid reasons could impact program eligibility, etc.

Health Outcomes Findings

As part of Geisinger's evaluation of the program, the program did not perform as expected for outpatient visits and no-show rates. We are currently conducting further analysis to determine if there were other social determinants of health outside of a transportation barrier that had an impact on the patient's ability to keep their scheduled appointments.

Next Steps

Geisinger Health Plan will continue operation of the 4Ride program as part of its expansion as a Medicaid Managed Care Organization serving all of Pennsylvania. Next steps are detailed below:

Funding

Geisinger Health Plan has committed annual operational funding to the transportation initiative as part of its Medicaid program to support staffing, mobility management and other needs for this population health program. The grant funding helped to provide operational enhancements to our transportation program including, but not limited to, the utilization of the Neighborly platform for automated workflows to help with the long-term sustainability of the program. In addition, the 4Ride program will continue to receive annual funding for non-Medicaid members through the health plan's community health benefit fund.

Statewide Expansion

In September 2022, the 4Ride program will expand statewide to support GHP Family (Medicaid membership) for Social Determinants of Health (SDOH) needs (see **Figure 8** for the new service area map of Pennsylvania). Geisinger will provide coordinated rides to necessary social needs such as grocery stores, food banks, social services, employment services, etc. for a pre-determined number of rides on a monthly basis. Passengers, such as children and caregivers, will be permitted to accompany the patient at no cost. GHP Family projections in the new statewide zones are estimated at 80,000 new members, many who may be supported by the program.

Figure 8: Statewide Medicaid Expansion Map

