

CASE STUDY: FRANCES MAHON DEACONESS HOSPITAL'S EFFORTS TO IMPROVE TRANSPORTATION

A MONTANA INDEX FOR HEALTHY COMMUNITIES PILOT PROJECT

BACKGROUND

The Montana Hospital Association (MHA) and Cynosure Health developed the Montana Index for Health Communities (MT IHC), a health and social needs index that quantifies social, economic, and health care-related factors that influence the health of Montanans. The MT IHC shows the health care and socio-economic domains (such as provider supply or housing & transportation) with the most need, as well as the demographic areas that could benefit most from investments in these social drivers of health (SDOH). With insights from the index, hospitals and partners can imagine new ways to collaborate and support the communities with the greatest need.

Following the creation of the index, MHA and Cynosure Health engaged pilot sites to explore how hospitals could use the MT IHC to identify an area of need in their community and implement a project to address SDOH. This case study uses the “Plan Do Study Act” format to describe how the team at Frances Mahon Deaconess Hospital (FMDH) in Glasgow, Montana used the MT IHC to increase access to transportation for their patients.

PLAN

The FMDH team, along with external partners, identified transportation to and from medical appointments as a priority area for improvement. This need was borne out in the team’s daily experience with cancelled and missed appointments due to a lack of transportation, as well as numerous instances of patients having no way to travel long distances home after arriving at the hospital via ambulance. The IHC data highlighted this need within Glasgow, in the outlying counties, as well as for patients residing on the nearby Fort Peck Indian Reservation.

The FMDH team devised a simple aim statement: **to decrease cancelled and missed appointments to the clinics by increasing ride-share by 10 percent by December 31, 2023.** The team hypothesized that as a result of their efforts to increase transportation, “patients will have better access to health care and less stress getting (to the clinic)...having a plan in place should reduce cancelled and missed appointments.” Additionally, they identified a benefit to providers: “unexpected holds in the schedule can cause provider anxiety, financially impacts the organization, and also leaves the patient without the proper care they may be needing at the time.”



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Figure 1 shows FMDH's MT IHC results across the socio-economic domains, including the domain of housing and transportation. Using the IHC data, the FMDH team identified areas with relatively greater need. For example, Wolf Point and Poplar have a higher scores (indicating higher need) than Glasgow and Nashua. In discussions, the team explored many different domains, including the "historically marginalized communities" domain, which showed a large aging population in the hospital's service area. As they designed their approach to transportation, the FMDH team prioritized conversations around mobility and accessibility for their aging population.

Figure 1. FMDH Geographic Drilldown – Socioeconomic Domains

POST OFFICE NAME	IP & OP ENCOUNTERS	IP & OP ENCOUNTER PCT.	ZIP CODE SHARE PCT.	INDEX OF HEALTHY COMMUNITIES- TOTAL	INDEX OF COMMUNITIES-SES	CONNECTIVITY DOMAIN SCORE	EDUCATION DOMAIN SCORE	EMPLOYMENT DOMAIN SCORE	FOOD ACCESS DOMAIN SCORE	HOUSEHOLD STRUCTURE DOMAIN SCORE	HOUSING & TRANSPORTATION DOMAIN SCORE	INCOME & POVERTY DOMAIN SCORE	HISTORICALLY MARGINALIZED POPULATIONS DOMAIN SCORE
Total	89,710	100.0%	NA	63	67	60	65	68	59	59	63	54	70
Glasgow	49,912	55.6%	85.5%	61	65	48	59	57	62	62	64	60	65
Wolf Point	8,420	9.4%	27.4%	84	86	92	83	91	56	79	76	80	85
Nashua	5,834	6.5%	81.0%	58	64	62	61	73	62	56	48	38	78
Fort Peck	3,338	3.7%	75.8%	39	44	71	81	78	41	5	45	9	57
Malta	3,220	3.6%	11.9%	79	74	84	87	92	48	28	57	50	68
Poplar	2,900	3.2%	15.6%	94	94	98	70	85	92	94	88	90	90
Hinsdale	2,824	3.1%	76.9%	50	61	49	46	91	62	50	52	17	87
Saco	2,784	3.1%	61.2%	73	71	77	79	92	51	33	56	43	72
Frazer	1,840	2.1%	54.2%	69	68	79	81	49	63	63	42	66	67
Scobey	1,828	2.0%	26.7%	46	65	81	68	79	13	60	65	7	59

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“The data was amazing. It let us not only look at our area but all the surrounding areas that we serve and look at the needs they may have as well.”

- Erin Aune, VP of Strategic Projects

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DO

The FMDH team took a phased approach to implementation given the multi-faceted nature of the transportation challenge. In phase I they collaborated with their information technology (IT) team to add a special indicator to their electronic health record (EHR) that allows clinic schedulers to document patients' transportation needs. Schedulers now ask patients whether they would like any support securing a ride to their appointment. If the patient answers “yes,” the scheduler can transfer the patient directly to the Valley County Transit to schedule a ride.

Key elements of phase I implementation included:

1. **Staff education** about how to use the special indicator; why they were required to ask patients about transportation needs; what to do if someone expressed that they have a transportation need.
2. **Collaboration with IT team** to build the special indicator code and to enable calls to be transferred seamlessly from FMDH to Valley County Transit.
3. **Marketing plan** to educate patients about why schedulers are asking about transportation needs and to market the availability of Valley County Transit as a resource.

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“The partnership with Valley County Transit has been amazing. We uncovered many things that we didn't know about each other and how we can partner to best serve the patients and residents of the community.”

- Erin Aune

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STUDY

The FMDH team worked through initial technical challenges with setting up the special indicator code and educating the staff on why they were now asking about transportation needs. Once the process was established, however, they quickly began to realize the benefit of connecting patients directly to transit services. In the first month of implementation, about 20 patients answered that they did have challenges with transportation; in the second month about 40 patients indicated a need for support. Early data show that FMDH is seeing fewer patients unexpectedly missing their appointments.

The FMDH team also identified positive unintended consequences of asking patients about their transportation needs. Specifically, they saw an increase in the number of patients who were able to secure rides from the Community Health Representative (CHR) program on the Fort Peck Indian Reservation. During the kickoff meeting members of the FMDH team shared challenges with the scheduling process for CHR. With the scheduling team now asking proactively about scheduling needs, individuals who are utilizing CHR can gather the necessary information during that initial phone call with FMDH and set up their appointments in advance. Reflecting on the work, Ms. Aune noted the challenges with getting buy-in from additional community partners. In the future, she plans to reach out earlier in the process to bring in partners and will explain the benefits of the project from different perspectives.

ACT

Building on early success, FMDH is now moving into the second phase of their project, which will focus on providing transportation after discharge from an inpatient stay or outpatient surgery. The FMDH team is exploring the feasibility of purchasing their own van, partnering with their Emergency Medical Services team, and a sustainable reimbursement strategy for these services.

Ms. Aune offered practical advice for others who are interested in using the MT IHC or other data sources to address the SDOH needs of their patients: "Consider all the SDOH data and what will best suit your facility. Make the project attainable and set a timeline of when you think you can achieve the goal. Start small and phase the project out so you can achieve your goals."

For more information about the FMDH transportation project, email Erin Aune (erin.aune@fmdh.org).

For more information about the Montana Index for Healthy Communities, [download the user guide](#) or email Chloe Williams (chloe.williams@mtha.org) at the Montana Hospital Association.



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