

RIDESHARING IN HEALTHCARE

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INTRODUCTIONS AND AGENDA

- **Introductions**
- **Overview: The evolving role of transportation in population health management**
- **Case Studies:**
 - MedStar Health
 - SCL Health
- **An Insurer's Perspective: Emerging exposures resulting from ridesharing**

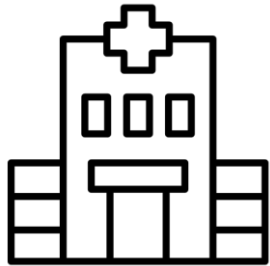
OVERVIEW

The Evolving Role of Transportation in Population Health Management

Lisa Hamer
Marsh USA Inc.



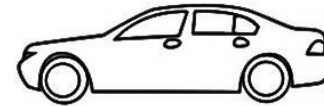
TRANSPORTATION AND ACCESS TO CARE



Nearly 4 million patients per year miss out on care due to lack of available transportation options



Based upon no-show rates for appointments, and volume of visits per year, the cost to the US Healthcare System could be as much as \$150B.



Transportation is the third most commonly cited barrier to accessing health services for the elderly



12 month period pilot of utilization of Lyft for non-emergency patient transport revealed a 27% reduction in no-show rate and 297% ROI



TRANSPORTATION NETWORK COMPANIES

A transportation network company (TNC) is an organization that pairs passengers via websites and mobile apps with drivers who provide such services.

Transportation network companies are examples of the sharing economy and shared mobility.

BENEFITS AND CONSIDERATIONS



Benefits	Considerations
<ul style="list-style-type: none">• Monitoring/tracking of driver• Billing coordination• Reduced barriers to care• Reduced costs for System• Improved patient satisfaction• Pharmacy delivery	<ul style="list-style-type: none">• Acuity level of patient• HIPAA / privacy• Driver vetting and safety• Anti-kickback concerns• Patient population• Liability while in transit• Coordination of payment

CASE STUDY

Medstar Heath

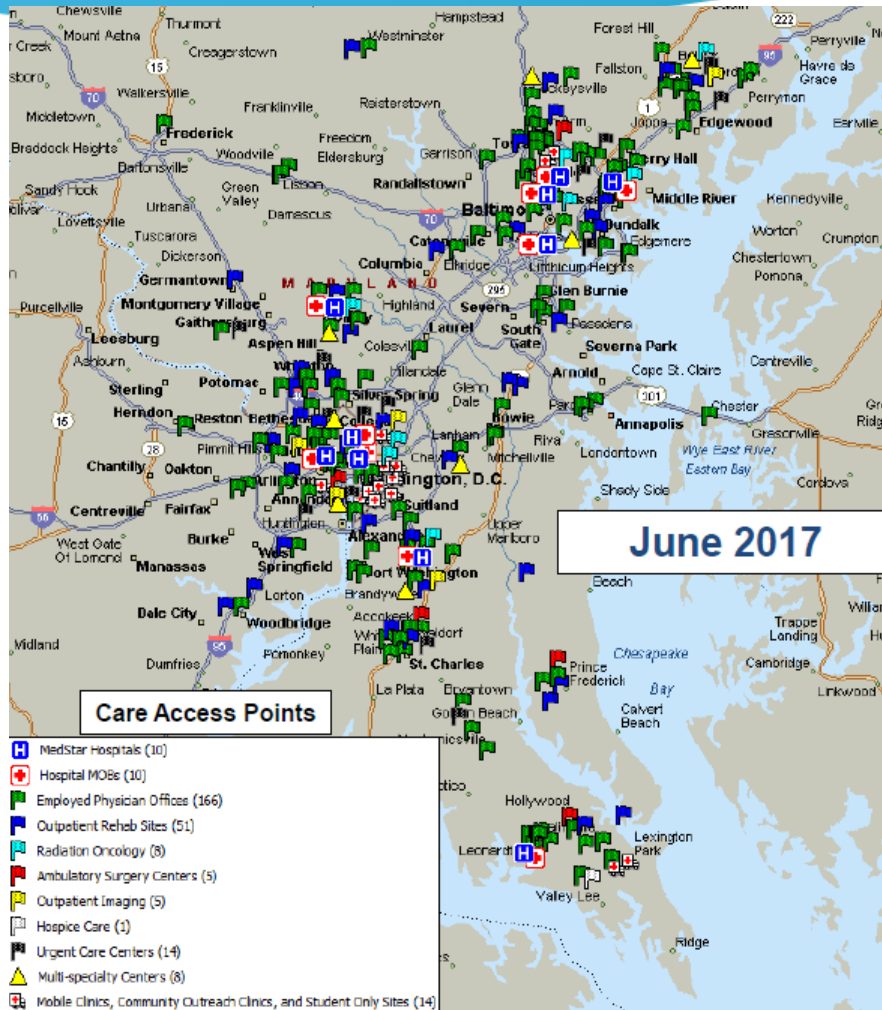
Rachel Leyko, ACI, CPHRM

Director, Insurance

MedStar Health, Inc.



WHO IS MEDSTAR HEALTH?



- Mid-Atlantic Region (DMV)
- 10 hospitals
- 280 physician offices
- Medicaid Managed Care Organization
- Research Institute
- Home Health Agency
- Numerous outpatient sites of care
- 30,000 Associates
- 2,400 Employed Physicians
- 5,600 Affiliated Physicians
- 162,000 Inpatient Admissions
- 762,000 Inpatient Days
- 1,492,000 Outpatient Visits
- 215,000 Home Health Visits
- MedStar Health



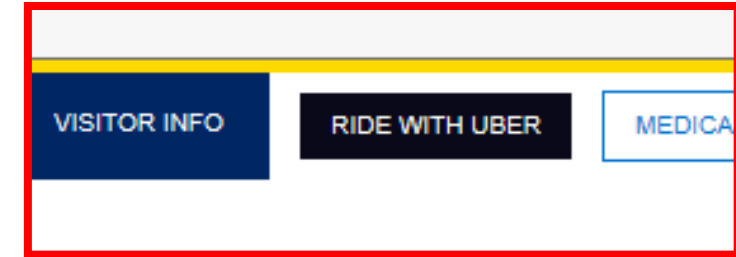
MEDSTAR HEALTH & UBER PARTNERSHIP

- **MedStar announced its partnership with Uber in 2016 as a pilot program to reduce ambulatory “no-shows”**
- **Why did we choose Uber?**
 - Realized need for reliable transportation for patients to/from appointments
 - 1st to offer option to healthcare
 - Developed UberCentral dashboard for MedStar
 - Can add comments to drivers
 - 60% of the cost of a cab ride in DMV
 - Audit trail



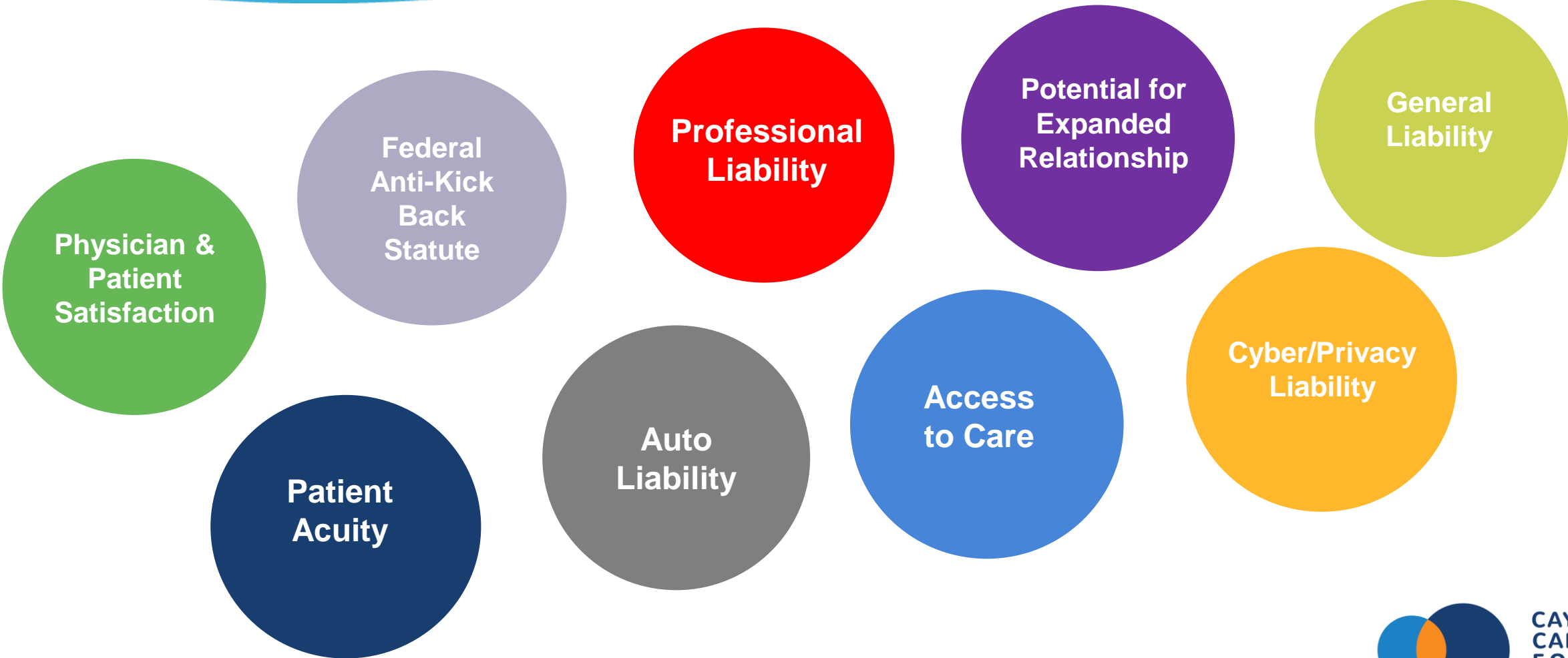
UBER HEALTH

- **Offered two options:**
 - “Ride with Uber” button for any/all patients on website
 - UberCentral for qualified patients (now rebranded as UberHealth)
- **UberHealth for qualifying patients allows MedStar to order an Uber to pick-up/drop-off patients from home to appointment and from appointment to home**
- **Qualified Patients eligibility requirements:**
 - MedStar patient
 - Documented need for medical treatment
 - Lack of appropriate or reliable transportation
 - Documented need for participation
 - Travel within 25 miles to/from appointment location
 - Program not advertised to patients – We select the patients
- **Uber Health is only available for healthcare and not the public (yet)**
 - Provides UberX service level
 - Can select vehicle type – car seat available, wheelchair accessible, etc.



UBER Health

CONSIDERATIONS AND RISK FACTORS



UBER PARTNERSHIP UPDATE

- **6,000 patients have used UberHealth for transportation to or from an appointment**
- **1 Month Study of 4 Outpatient Practices in Baltimore Region:**
 - After partnering with Uber we saw 7% decrease in appointment “no-shows”

Slots Filled Using Uber	67
Contribution of Slot Filled	\$50
Gross Contribution Margin	\$3,360
Cost of Rides for Patient	-\$1,206
NET Contribution Margin	\$2,154

CASE STUDY

SCL Health

Kimberly J. Bailey, Esq.
Vice President, Chief Risk Officer
SCL Health



WHO IS SCL HEALTH?

Where We Serve Our Communities

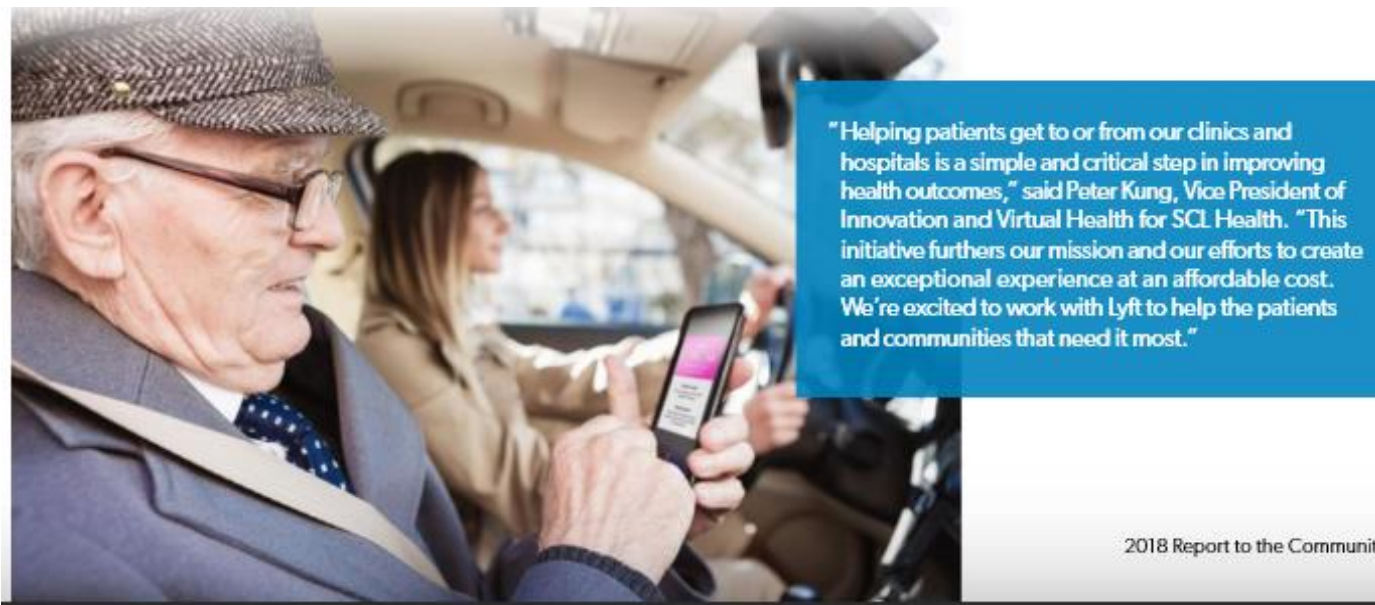


- SCL Health serves communities in CO, KS and MT
- 8 Hospitals
- 3 Community Clinic Emergency Centers
- 3 Safety-Net Clinics
- 209 Clinic Locations
- 17 Outpatient Imaging Centers
- Accountable Care Organization
- Long-Term Care Facility
- Home Health Agency
- Hospice Center
- 2 Mental Health Centers
- 18,000 Associates
- 600+ Employed Physicians
- 80,072 Inpatient Admissions*
- 848,378 Outpatient Visits*
- 297,992 Emergency Visits*
- \$259.4M in Charity Care to our Communities*

*2017

SCL HEALTH & LYFT COLLABORATION

In 2017, SCL Health formed a strategic partnership with Lyft to deliver complimentary, convenient and reliable non-emergency transportation services to SCL Health's patients facing transportation barriers. The service was first offered at our four Colorado Front Range hospitals and physician clinics for cardiovascular and oncology service lines, and expanded to St. Vincent Healthcare in Billings, MT in 2018. Care teams at our sites are able to identify patients who are eligible for a Lyft and arrange a ride for them, either on demand or in advance, furthering our mission to make healthcare more accessible and improve the health of the people and communities we serve.



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LYFT RIDESHARING – PERSON CENTERED CARE

Why Did We Choose Lyft?

- Recognized need for dependable transportation for patients to/from scheduled appointments so that patients can obtain the care they need
- Transportation is a key social determinant of health
- Extended length of stay and over-utilization of healthcare services results from patients who remain in a healthcare setting for longer than necessary waiting for rides
- Lyft is the fastest growing rideshare company in the U.S.
- 24/7 dedicated Critical Response Line and Trust & Safety Team
- Yearly DMV and background checks for drivers
- Yearly vehicle standards and inspections
- Zero tolerance policy for drugs and alcohol
- Commitment to abide by the Colorado on-demand Transportation Network Company (TNC) Act, 40-10-601 et. seq. and applicable implementing regulations (TNC Act), which requires drivers to be covered with \$1M accident insurance for each automobile related accident
 - 1st to offer option in Colorado and Montana
 - Collaborated with Lyft to develop Lyft Concierge platform and dashboard that allows for electronic scheduling, workflow documentation, direct communication w/Lyft driver, and metrics tracking
- Cheaper than the cost of offering patients cab vouchers



PATIENT ELIGIBILITY FOR LYFT

What are the Patient Eligibility Requirements?

- Established SCL Health patient with lack of reliable transportation
- Patients can use the service to obtain medically necessary care and services
- Care teams identify patients who are eligible for a ride with Lyft, either on demand or in advance
- Transport within 25 miles to/from provider location (50 miles for rural communities)
- Transportation is not air, luxury or ambulance level
- Transportation services applied uniformly and consistently for all eligible patients
- Transportation services are not publicly marketed or advertised; drivers are not paid on a per-beneficiary transport basis



GOALS

- Fostering a distinctive relationship with our patients that keeps them engaged in their care and contribute to better outcomes of care
- Alignment of our internal resources to identify eligible patients and dispatch rides
- Support and enhance existing clinical services



POWER TO THE PATIENT

Advancing Person-Centered Care

LYFT STATISTICS

- **2,000 patients have used Lyft Rideshare for transportation to/from SCL Health appointments**
- **4-7 minute wait time**
- **Average Cost of \$13 per ride**
- **Fewer missed appointments**
- **Increased Patient Satisfaction**



RISK FACTORS - INSURANCE

Insurance

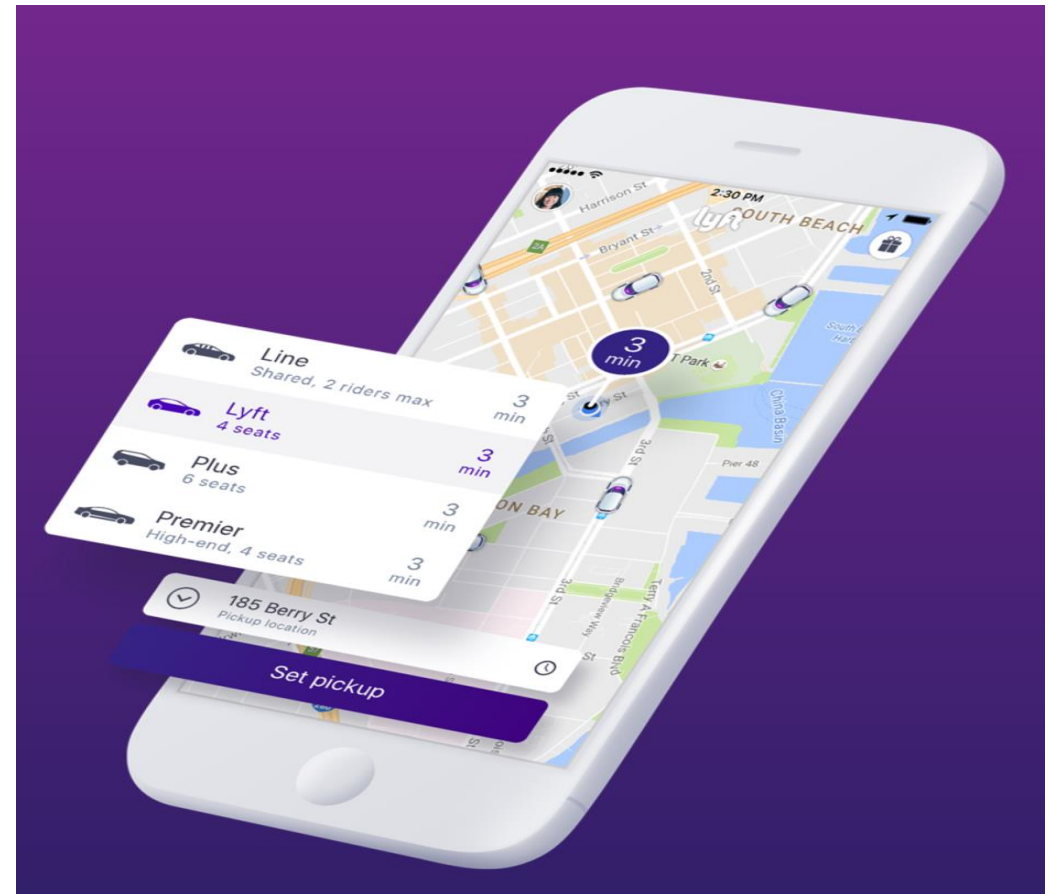
- Commercial Auto Liability
 - Request minimum \$1M each accident, include uninsured/underinsured motorist coverage
 - Make sure TNC company provides insurance vs. driver (drivers are independent contractors – vehicles owned by drivers). DRIVER MUST BE NAMED INSURED UNDER THE TNC'S POLICY.
 - Primary coverage
 - Covers initiation of a ride until completion of the ride (door to door) while driver is logged into the TNC's digital network
- GL, E&O, Crime: \$1M/occurrence (each line of insurance) – include coverage for alleged or actual sexual assault by a driver of a passenger and coverage for theft by a driver of a passenger's personal property
- Cyber/Privacy Liability
- Certificates of Insurance
- Indemnification
- No limitation of liability
- Licensing and insurance requirements vary by state



RISK FACTORS – DRIVER SAFETY

Examine the TNC's Driver Safety Policy/Program

- Driver Background Checks
- Driver DMV Record Checks
- Policy on Alcohol and Drug Use
- Vehicle Safety Verification
- Driver Safety Verification



OTHER CONSIDERATIONS

- **Who Pays for the Lyft Ride?** The clinic or hospital making the transportation available to the patient bears the cost and cannot transfer it to any federal health care program, payor, or individual.
- **Availability for rural patients**
- **Use of broker services based on volume**
- **Anti-Kickback Statute**
- **Patient Population/Acuity/Anesthesia/Cognitive Issues**
- **Discharge Instructions to be given to Patient not TNC driver**
- **Apparent Agency**
- **Transportation During Peak Times 1200 – 1800**
- **Patients Returning to Hotels, VRBOs (out of town visitors), Shelters**
- **Curbside Drop-off or Front Door (No other stops? What about pharmacy?)**



OTHER CONSIDERATIONS

- **Well Behaved Patients – Patients must not be a risk for throwing a fit in the car and putting the driver at risk for harm**
- **Patients who are wheelchair bound**
- **Patients with Service Animals**
- **Damage to the Lyft Vehicle – Automatic charge of \$150 to \$250 if something is spilled or vehicle is soiled**
- **Lyft will only Wait 5 Minutes for Patient or there is a Surcharge of \$10**



COLORADO HEALTH INSTITUTE (AUGUST 2018)



AUGUST 2018

What happens when the nearest doctor who takes your insurance is an hour away? Or when you don't have regular access to a car or bus?

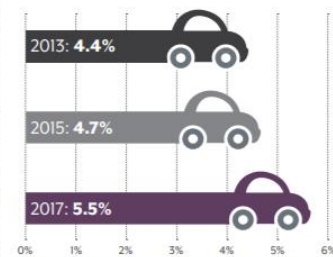
It is frustrating and can be hazardous to your health when the right care is out there, but you can't get to it.

Yet this is reality for more than one of 20 Coloradans, according to the 2017 Colorado Health Access Survey (CHAS). Some 5.5 percent of Coloradans reported that they were unable to find transportation to the doctor's office or that the doctor was too far away. Transportation issues prevented nearly 300,000 Coloradans from getting the health care they needed in 2017 – a slight uptick from previous years.

It's not just a rural problem: People in Denver were as likely to struggle with transportation as those in much more remote areas of the state. And it's not just about specialty care: More people reported that they had trouble getting to their primary care doctor than to a specialist.

The people who have trouble getting to the doctor are the ones who need to go most – people with worse health. Those with lower incomes and Medicaid members also had more trouble with transportation.

Figure 1: Percentage of Coloradans Who Did Not Get Care Because They Were Unable to Find Transportation to the Doctor's Office or the Doctor's Office Was Too Far Away



2017 Colorado Health Access Survey conducted by the Colorado Health Institute revealed challenges transportation may play in Coloradan's access to health care.

- More than 5% of Coloradan's reported they were unable to find transportation to the doctor's office.
- 30,000 Coloradan's reported transportation issues as a reason for not getting the health care they needed.
- Lower income patients impacted the most. One in eight people who made 138% of the federal poverty level or below said transportation was a barrier to health care.
- One in seven Medicaid patients struggle with transportation (more than five times the rate of people with employer-sponsored insurance).

COLORADO HEALTH INSTITUTE



Poor Health, Less Income and No Way to Get to Care

People who reported that they were in fair or poor health on the CHAS were much more likely to say that transportation was a barrier to care than those in excellent, very good, or good health.

Nearly one of five people in worse health reported that transportation was a barrier to care, compared with one of 28 with better health.

When you're struggling with a chronic medical condition, it can be difficult to get to the doctor's office. Worse health may also mean you're more likely to need to see a doctor in the first place. Conditions might worsen when care is out of reach.

People who make less money also had more trouble getting to their doctors' offices: More than one of eight people who make 138 percent of the federal poverty level or below (about \$33,948 for a family of four in 2017) said transportation was a challenge, compared with just one in 50 of those making 400 percent or above (about \$98,400 for a family of four).

All income groups reported slightly more trouble getting to health care in 2017 than in previous years, but those with lower incomes were more likely to struggle. People with lower incomes may be less likely to have their own transportation, or they may live in areas where public transportation is less accessible.

Table 1: Percentage of Coloradans Reporting Transportation as a Barrier to Care by Health Status and Income

Health Status	2017
Excellent / Very Good / Good Health	3.6%
Poor / Fair Health	18.2%
Income	2017
0-138% FPL	13.9%
139-400% FPL	5.0%
More than 400% FPL	2.0%

Medicaid and Non-Emergent Medical Transportation

More than 14 percent of people covered by Medicaid reported that they didn't get care they needed because of transportation in 2017.

But Medicaid does cover transportation for those who need it through its Non-Emergent Medical Transportation benefit (NEMT). The Department of Health Care Policy and Financing (HCPF) reported that it spent more than \$26 million on this benefit in the 2016-17 fiscal year. Transportation in nine Front Range counties is coordinated by Veyo, a private company. The other counties coordinate and reimburse transportation locally.

But there have been calls to improve and expand HCPF's NEMT benefit. In 2016, Colorado's legislature passed HB 1097, which allowed more businesses to provide NEMT. And in 2018, Colorado's legislature passed HB 1321, which requires HCPF to examine how to meet patients' more urgent medical transportation needs. (Transportation scheduled using the NEMT benefit needs to be scheduled at least several hours in advance.)

A coalition of groups, including transportation providers and advocacy groups called the People-Centered Transportation Coalition, is petitioning HCPF to go further to improve the quality and accountability of its NEMT services. They argue that, too often, transportation services aren't meeting patients' needs, leaving providers waiting and patients stranded. The group is calling for a slate of improvements, including a board to oversee the quality of transportation and new policies for equitable access to benefits. The group also advocates training for drivers who transport patients of diverse backgrounds, those with limited proficiency in English, and those with special medical or behavioral health needs.



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Insurance status and care

In 2017, people enrolled in Medicaid were more likely to say they had trouble getting to their health care appointments than people with any other type of insurance. One in seven people enrolled in Medicaid struggled with transportation – more than five times the rate of people with employer-sponsored insurance.

Medicaid covers many people who are disproportionately likely to face transportation barriers – those with lower incomes and worse health. But, unlike other insurers, Medicaid covers non-emergency transportation for those who need it. (See sidebar on Page 2.)

Table 2: Percentage of Coloradans Reporting Transportation as a Barrier to Care by Insurance

Insurance Type	2017
Employer-Sponsored	2.1%
Individual Insurance	2.3%
Medicare	6.2%
Medicaid	14.3%
Uninsured	6.1%

Specialty and Primary Care

Getting to a primary care doctor posed a problem for more Coloradans in 2017 than getting to specialty care. Some 32.3 percent of those who had trouble with transportation said they couldn't get to a general doctor, compared with 26.6 percent who had trouble getting to a specialist. Another 31.8 percent said they had trouble getting to both.

Regional Differences

Transportation issues may conjure up images of remote mountain cabins or farms on the Eastern Plains, but the CHAS reveals that transportation is not just a rural challenge: While 6.3 percent of rural Coloradans said transportation was a barrier, so did 5.4 percent of urban residents.

The rural San Luis Valley had the highest rate of trouble accessing transportation (9 percent). The southeastern plains and the area surrounding Gunnison also had high rates of transportation

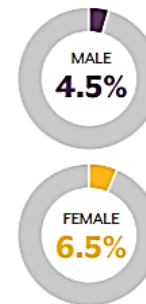
problems. But Denver had the second-highest portion of people reporting trouble with transportation, with 8.6 percent of residents reporting trouble getting to care. Douglas County had the lowest rate of people reporting trouble with transportation, while rural in northeast Colorado also had a small percentage of people reporting trouble.

Some counties saw changes over time: The central Eastern Plains region, including fast-growing Elbert County, for one, saw a large increase in people reporting trouble with transportation, from 2.7 percent in 2013 to 7.8 percent in 2017. Boulder and Broomfield counties also saw a jump – from 1.3 percent to 4.8 percent.

Who's Not Accessing the Care They Need ?

Women are slightly more likely than men to report this challenge (6.5 percent of women, compared with 4.5 percent of men in 2017). That's remained true since 2013, when this question was first asked.

Figure 2: Percentage of Coloradans Reporting Transportation as a Barrier to Care by Gender



By race and ethnicity, non-Hispanic white Coloradans are consistently the least likely to report that transportation is a barrier. Hispanic Coloradans were most likely to report that transportation is a barrier.

Table 3: Percentage of Coloradans Reporting Transportation as a Barrier to Care by Race/Ethnicity

Race/Ethnicity	2017
Hispanic	9.3%
Non-Hispanic White	4.1%
Non-Hispanic Black	7.5%
Non-Hispanic Other Race	8.1%



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Conclusion

In order to get the health care you need, you first have to be able to get to it.

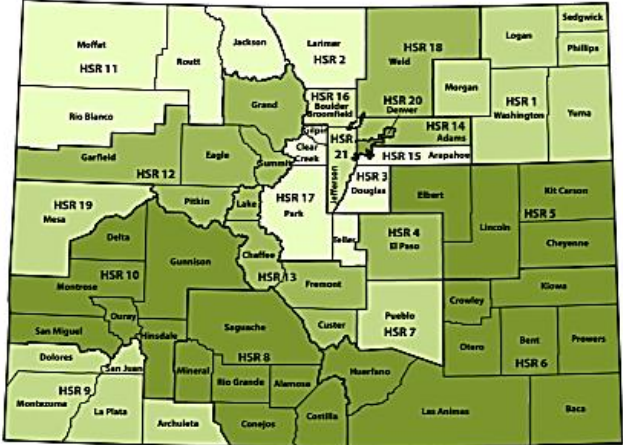
Not having a vehicle, lack of public transit, the cost of transportation, and long distances between home and care can prevent people from obtaining treatment.

That's not to mention the way that transportation options in a community can affect health: Living in a walkable community, having safe spaces to walk or bike, and having a shorter commute can all positively affect physical and mental health.

The CHAS is a reminder that these transportation issues disproportionately affect certain groups of people, including Hispanics, lower-income Coloradans, and people who have poor health.

Coloradans are trying out solutions, including pushing for improvements in the Medicaid transportation benefit, using ride-sharing services,

Map 1:
Percentage of Coloradans Reporting Transportation as a Barrier to Care by Health Statistics Region



1.4% - 3.7% 3.8% - 5.8% 5.9% - 6.9% 7.0% - 9.0%

having doctors make house calls and expanding the use of telehealth.

It will likely take a combination of all of these efforts to ensure that lack of transportation and long distances no longer prevent Coloradans from accessing the health care they need.



The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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AN INSURER'S PERSPECTIVE

Emerging Exposures Resulting from Ridesharing

Jeff Duncan

Senior Vice President & Chief Underwriting Officer

Healthcare Practice, Liberty Mutual



THESE NEW RISKS AND EXPOSURES WILL CHANGE THE WAY INSURERS THINK ABOUT UNDERWRITING HEALTHCARE PROVIDERS

Commercial Auto

- Relationships with TNCs **can help reduce overall risk**
- Accidents **above \$1M limit** could bring hospitals to **court**
- Healthcare facilities may react by **asking for higher limits**

Cyber Liability

- TNCs are currently able to **integrate with medical records**
- Providers should **reconsider the information TNCs store**
- Even if a platform is HIPAA-compliant, providers may risk **penalties for data breaches**

Professional Liability/GL

- To protect the facility from liability, it is critical to **plan out the program, procedures, and policies**
- Clearly **document and communicate** when to use the service, and explicitly assign staff who may assist with pickup/drop off

Other Liability

- Privacy Concerns
- Discrimination
- Negligence
- Fraud
- ADA Compliance
- Abuse

Healthcare providers & insurers must be well-versed in these emerging risks **to best serve our customers**

FROM AN INSURERS PERSPECTIVE, THERE ARE A FEW CRITICAL RISKS THAT RESULT FROM A MERGER BETWEEN HEALTHCARE AND RIDESHARING



Transportation Network Companies (TNCs) **aren't right for every patient**

S30 |

ASSOCIATED CONCERNS & RISKS

TNC platforms don't solve for acuity

Not a good match for patients with mobility concerns

What constitutes appropriate vs. inappropriate use

RISK MANAGEMENT ACTION ITEMS



Set internal guidelines dictating when use of a TNC is safe and appropriate



Check professional liability policies for explicit coverage for loading and unloading exposures



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FROM AN INSURERS PERSPECTIVE, THERE ARE A FEW CRITICAL RISKS THAT RESULT FROM A MERGER BETWEEN HEALTHCARE AND RIDESHARING



Once in transit, you **can't control driver skill or behavior**, both inside the car and out

ASSOCIATED CONCERNS & RISKS

Patient exposed to all hazards of the road (not just TNC)

In serious cases, hospital could be vicariously liable

Liability for a driver's hostile or inappropriate actions

RISK MANAGEMENT ACTION ITEMS

- ✓ Ask the TNC how thoroughly and frequently it conducts driver background checks and how it follows up on reports of misconduct
- ✓ Confirm the TNC has adequate auto liability limits and transfer the risk via a formal contract
- ✓ Consider buying sexual abuse and molestation coverage

FROM AN INSURERS PERSPECTIVE, THERE ARE A FEW CRITICAL RISKS THAT RESULT FROM A MERGER BETWEEN HEALTHCARE AND RIDESHARING



Healthcare-dedicated TNC platforms open **additional access points for hackers**

ASSOCIATED CONCERNS & RISKS

Platforms are integrating directly with medical records & medical histories

Breach of records would violate HIPAA laws and result in fines/lawsuits

RISK MANAGEMENT ACTION ITEMS

- ✓ Verify the TNC's security and privacy protections and the amount of cyber insurance coverage it carries
- ✓ Establish a HIPAA-business associate agreement with the TNC
- ✓ Review your own cyber policy for both first- and third-party coverage

Questions?

THANK YOU

