

# WELCOME

*GCACH Learning Collaborative/Leadership  
Council Meeting*

Thursday, August 1, 2019

Workshop on  
Spokane Ride to CARE

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Health & Transportation Services Coordinator  
Mike Lopez,  
Spokane Fire Department



# SPOKANE RIDE TO CARE



# AGENDA/OBJECTIVES

Briefing of the Spokane Ride to Care Program

- Sharing strategies / ideas/ lessons learned from the design to implementation of SPOKANE RIDE to CARE.

Finding solutions in a collaborative environment to assist you in a design of a program that might benefit your community –

What Questions arose from Question prompts.

Wrap-up/Questions

Cameryn Flynn & Mike Lopez  
(20 minutes)

Group Work – (Worksheet provided) 15 minutes

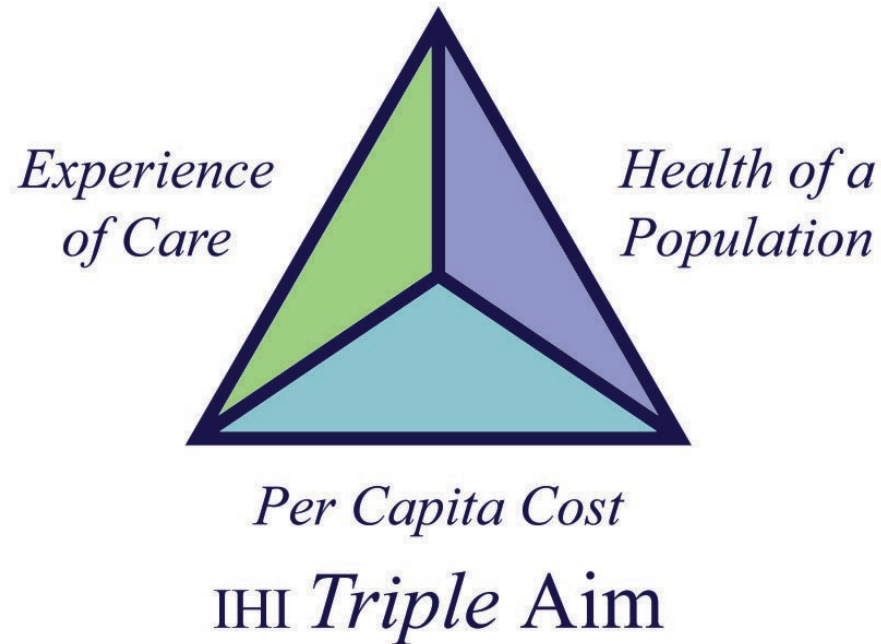
15 minutes

5 minutes



## *OUR CHARGE WAS:*

*"To Design a Program that aligned with the IHI Triple Aim: Providing people the right level of care, at the right time, by the appropriate health care resource"*



# PROBLEM

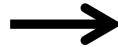
A significant amount of non-emergent care is received at emergency departments

The cost for this care is considerably higher in the ED than in other settings such as an urgent care center

Fire Department and Ambulance services were being highly utilized for conditions related to low-acuity.



# Traditional Low-Acuity Response



Call is triaged

SFD dispatched

Treatment  
provided

Call finished



On certain calls

OR



Ambulance also  
dispatched

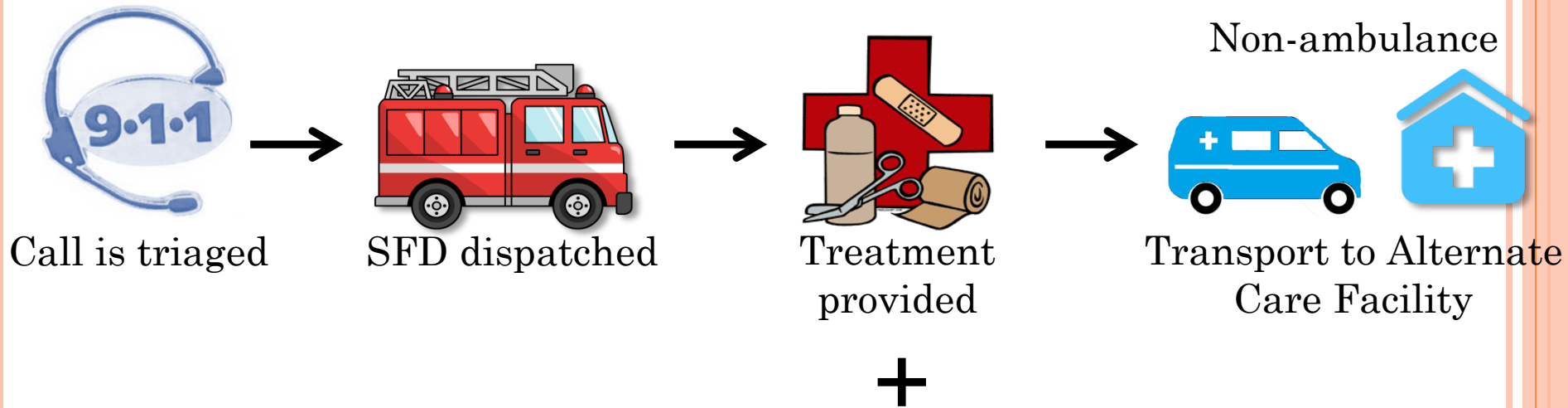


Transport to ED



# Alternate Low-Acuity Response

If response / transport is required...



# A LOW ACUITY TRANSPORTATION SOLUTION

- Clients receive same day care
- Cost savings for client, insurer, and community by accessing appropriate, less expensive care
- Flat-rate transportation provided to and from the Urgent Care Center with option to make one pharmacy stop
- Available to all users of the 911 system regardless of insurance plan or status
- Service borders are not definite due to Spokane's Automatic Aid Agreement
- Replicable, easily expandable and modifiable to service area, program expansion is expected
- Field Paramedics are empowered to provide alternate care to low-acuity client





# FINANCIAL CONTRIBUTORS

- Managed Care Organizations
- Private Foundations
- Municipalities
- Department of Commerce
- Wa. Dept of Transportation
- 5310 Funds from our local Transit Authority
- Health Care Authority Reimbursements



# LESSONS LEARNED

- Top level review
  - Inclusionary/Exclusionary criteria
  - Urgent Care clinic services
  - Keeping out in front of Service delivery front line staff
- Resources available:
  - Evaluation Report\*
  - Champion recommendation spreadsheet\*
  - EMT suggestion report\*

\*All are available upon request



Quick VIDEO Showing RIDE to CARE

MY.SPOKANECITY.ORG

<https://my.spokanecity.org/news/stories/2018/02/14/patients-get-relief-from-pain-big-bills/>

3.5 Minutes



## SO WHAT WOULD WORK IN YOUR COMMUNITY IF CHARGED WITH THE SAME PROBLEM STATEMENT?

- Break down into groups
  - Identify recorder of notes
- Questions Prompts:
  - Does every member of the group concur that the problem exists in their own community?
  - Has there been discussion in your community related to alternative destinations for low-acuity patients?
  - Would a program as described in the video be doable in your own community?
  - What changes would you require to solve the “charge” and “the problem” as described?
  - What are the resources you might require?
  - Who should be at the table?
  - How would you know if you are successful?
  - What are your next steps?



# RESOURCES

- Value Proposition
- Evaluation report
- Champion Recommendation
- EMT feedback document

# QUESTIONS

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