

Getting patients to and from urgent after-hours care in the Grampians region: the role local taxi providers can play

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The Grampians Medicare Local region covers a large section of Western Victoria with a population of approximately 210,000. Most of this population is concentrated around the Eastern edge of the region. The majority of the areas are classified as rural and the top western corner is rural-remote.

In this region there are a large number of small Health Services. Many have Urgent Care Centres where the local GPs are the VMOs. The two larger cities, Horsham and Ballarat, have RMO Medical staff in their Emergency Departments. They are our main tertiary referral centres.

When we became a Medicare Local we were required to undertake consultations to identify issues in accessing after hours care. Transport was an issue we focused on – getting people to or from healthcare in the after-hours period.

What were the issues?

We identified issues for hospitals, consumers and Ambulance Victoria.

- Hospitals – there was a significant number of people who arrived for care (typically by ambulance) who were then unable to get home. This caused major problems for rural health services and resulted in bed block and time taken for staff to monitor these patients who could otherwise have been discharged home
- Consumers – there were multiple problems:
 - lack of public transport
 - unsafe roads after hours
 - overuse of ambulance services (“member” rights)
 - unable to drive, no money for petrol or no cars
- Ambulance Victoria – large number of Category 5 non-urgent transfers which were not only a cost burden but also used up very limited rural services

What did we see as the solution?

Well we could not see the value of a staffed Non-Emergency Transport Service due to the region size and unpredictability of demand. So we decided on taxis.

The decision to go with taxis was based on the following reasons:

- It had been done before – ACTML was using taxis to transport patients after hours to their clinics.
- They are an inexpensive option compared to staffed non-emergency transport services - there is no need for investment in assets and no need to tie up resources in a specific region.
- They are a reliable option - the drivers are generally a member of the community; they are governed by a code of conduct that gives passengers a sense of confidence and they have their own management structure so they are easy to deal with.
- They are available in our region in the busiest hours of need and are flexible enough to meet our changing demand.
- We found they were used to medical transport contracts through DVA – so this wasn't a strange concept for them.
- They could cover our region.

We have 13 taxi companies in our region. They cover the entire region. Two companies provide a 24/7 service, while the rest provide a service late into the night. Some also extend their service on the weekends to a 24 hour service.

So how does it work?

- We encourage people to pick up the phone if they have a health care problem after hours as we are integrated with phone based triage services
- They are assessed by a healthcare professional
- If it's not an emergency but they need after hours care they are connected to our Safety Link call centre
- Here the operator will organise care and, when necessary, transport
- The taxi then delivers them to the Point of care
- And if required, will collect them and take them home again. This can include a detour to a pharmacy.

How did we get started?

- Contract negotiations - we already had a relationship with a call centre who operate our after-hours care coordination service. They were able to add the transport coordination to their workflow without too much trouble. They are also a National call centre provider so had suitable systems in place
- We then contacted all the taxi companies in the region and explained the process. As they are already providing services to DVA patients they understand the process of receiving orders and billing monthly. They have been very supportive of the system
- We then generated a regional database. This allowed our call centre operators to link taxi companies to geographical regions to ensure the most efficient use of the service
- Finally it was a matter of communicating the service to the local Health Services and General Practices. There are a set of conditions that must be met before a patient can be transported. As the trip can only be initiated by a healthcare professional, communicating the service to the public is not necessary. There is a risk of abuse if it was advertised to the community

What are the results?

Our results show that it is cost effective to use taxis as after-hours transport providers. We have not set any limits on travel within our region, but still last year our average trip cost was just under \$45. So far this year it is even less – being under \$35. We are not sure why it is cheaper, but we are not complaining!

We think it is important to demonstrate the efficiency of the taxi system by quantifying the savings to the health system as a whole. As you can see, compared to an ambulance trip – a taxi trip is very cheap!

Ambulance Service Saving	
Destination	Ballarat to St Arnaud
Cost to Ambulance	\$685
Cost to GML Transport Service	\$232
Saving of....	\$453

We also looked at another scenario – what happens if people stay in hospital? So we looked at transports we had taken from a hospital where those patients would have been likely to have had to stay and as you can see the cost savings are obvious. Whilst this is a bit of a guesstimate it still

demonstrates the value of getting people home from care as soon as possible to free up staff and resources.

Health Service Saving	
5 Overnight admissions	\$4,280
15 Day admissions	\$9,450
Cost to Health Service	\$13,730
Cost to GML Transport Service	\$2,401
Saving of...	\$11,329

In 2014 we had a total of 838 transports. This year – based on current usage and projections – we expect to provide over 1000 transports.

In November 2014 we entered into a collaborative agreement with Ambulance Victoria to create a fully integrated after hours transport solution. If someone dials triple zero – and it's not an emergency – the call is taken by nurses and paramedics at the AV Referral Service. If the patient requires non-emergency care and/or transport to care, the AV Referral Service connects the caller through to our operators.

These operators will then arrange care at the most appropriate place and organise transport via taxi if required. We believe that this integration is unique and as you can see it has proven to be extremely cost effective and pretty easy to set up.

We would encourage all rural and regional areas to explore the value of using taxis to provide after-hours non-emergency transport for those needing face to face healthcare.

We are happy to provide advice and resources to anyone interested in establishing a similar system in your own regions.

Presenter

Meredith Johnson has worked in health management for 10 years, as a practice manager for a rural GP clinic and in the Medicare Local environment. Prior to this her experience was in general management and information technology. Her experience in rural General Practice has given her insight to the issues involved in providing after-hours services to rural communities. This knowledge has been useful in the successful implementation of the Grampians Medicare Local After Hours System.