



Ride to Care Vendor Transition Mitigation & Oversight

Background

In December 2016, due to significant issues with Access2Care (the previous non-emergent medical transportation, or NEMT, program vendor), Health Share of Oregon and FamilyCare Health issued a joint RFI to identify a new vendor.

After a robust contracting process, GridWorks IC was selected to manage the Ride to Care program beginning June 1, 2018.

Increased interest around the transition resulted in more than twice the normal call volume on June 1 and throughout the first week of the transition. The highest daily call volume was 8,000 calls, opposed to a normal volume of 2,500. Though some increased call volume was expected, such a dramatic increase was not anticipated. Systems and staff were understandably overwhelmed as a result, leading to long wait times and some callers being disconnected, as well as some driver dispatch difficulties.

Health Share remains confident GridWorks is the right partner for the Ride to Care program and that the program will be vastly improved after the transition period issues are resolved.

Mitigation and Oversight

As we look to enter the third week of transition, Gridworks is taking—and has taken—vital steps to mitigate issues and increase oversight, including:

- Doubling call center staff since June 1
- Creating a specialized dispatch team for high-need members, such as those receiving dialysis or medication assisted treatment
- Upgrading call center phone systems
- Hiring an experienced operations manager to oversee call centers

Health Share has placed a manager with crisis response and large-scale call center management onsite at GridWorks to oversee operations and act as a “loaned executive.” This person has completed a thorough operational assessment and developed improved processes and workflows that were implemented immediately, and continues to monitor progress onsite.

In addition to the above steps, Health Share’s contract with GridWorks includes performance expectations, including a call center metric tied to payment. If GridWorks does not meet the metric, they will not receive the portion of payment tied to the metric.

Health Share has also used digital media and call center hold messages to inform callers about NEMT programs that do not require live assistance (e.g. pre-loaded Tri-Met Hop Passes can be used immediately).

Results

In the last 48 hours alone, average daily call wait times have decreased from 7 minutes to 4.5 minutes. Callers can expect to receive a live answer in less than 10 minutes at nearly all times of day, and far less than that outside of peak hours (2-5 minutes at most intervals). The Facility Line average wait time is currently under 90 seconds.

While we are not yet realizing our targets, the conditions have improved enough in the last 48 hours to minimize negative impacts on dispatch and scheduling. The gradual reduction in call volume to normal levels, in combination with increased staffing, and the increasing efficiency of these relatively new teams, will result in vastly improved call center conditions in the next 10 days.

The experience of the first 14 days will not be the experience moving forward. While some significant operational hurdles remain before we are operating at an optimal level, we are realizing daily incremental improvement and are deploying resources to expedite this. We expect substantially improved operations by the end of the month.