

Transport to Medical Care

Barriers and Possibilities in Central WA

A Survey of Provider Need Perception

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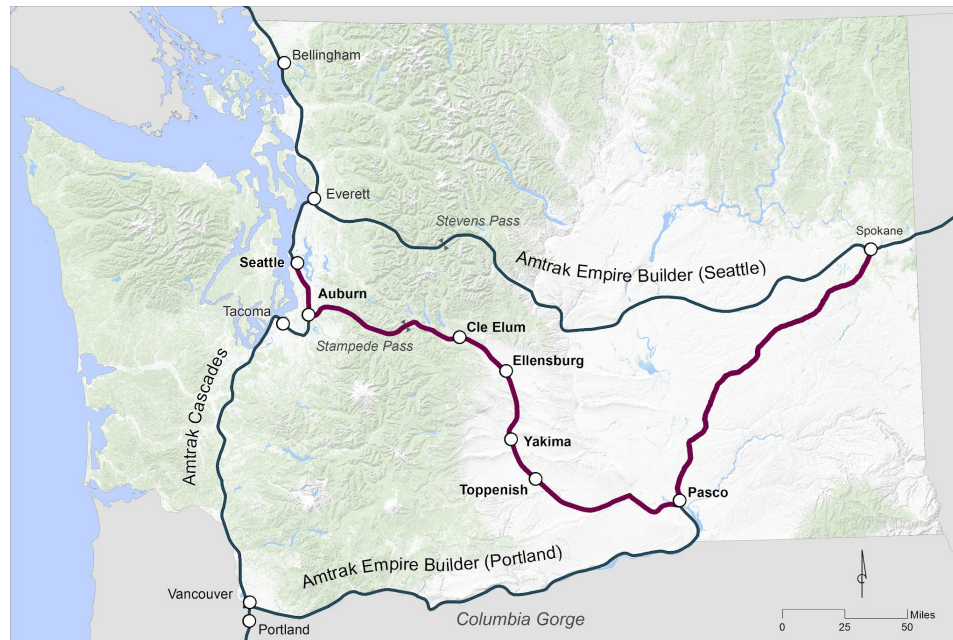
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Outline

- Survey overview
- How/where do central WA patients get specialty care?
- A little rail history and why it matters
- Survey results
- Some poignant stories
- Analysis and Recommendations
- What can YOU do to make a difference?



Rail History in Central WA



- 1981 Long distance service discontinued after 80+ years
- 2020 Seattle-Spokane service via Stampede Pass: “technically feasible”
- 2024 Long distance service being considered for restoration



Survey Overview

Digital survey of primary medical providers in central WA
Chelan, Yakima, Kittitas counties
1077 docs, 314 NPs, 237 PAs (as of 2021)

- Where do your patients go to get specialty medical care?
- How do they get there?
- What are the transportation barriers patients face?
- Would a passenger train to the big city help get care?
- Did you (provider) ever ride trains to get somewhere?



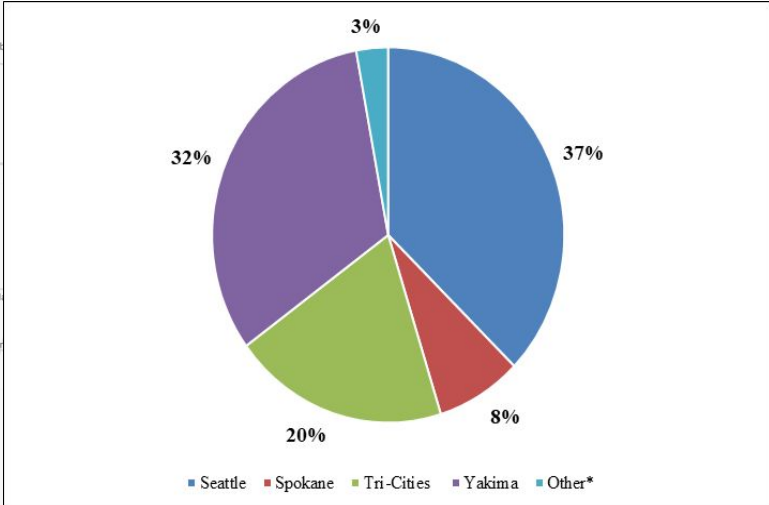
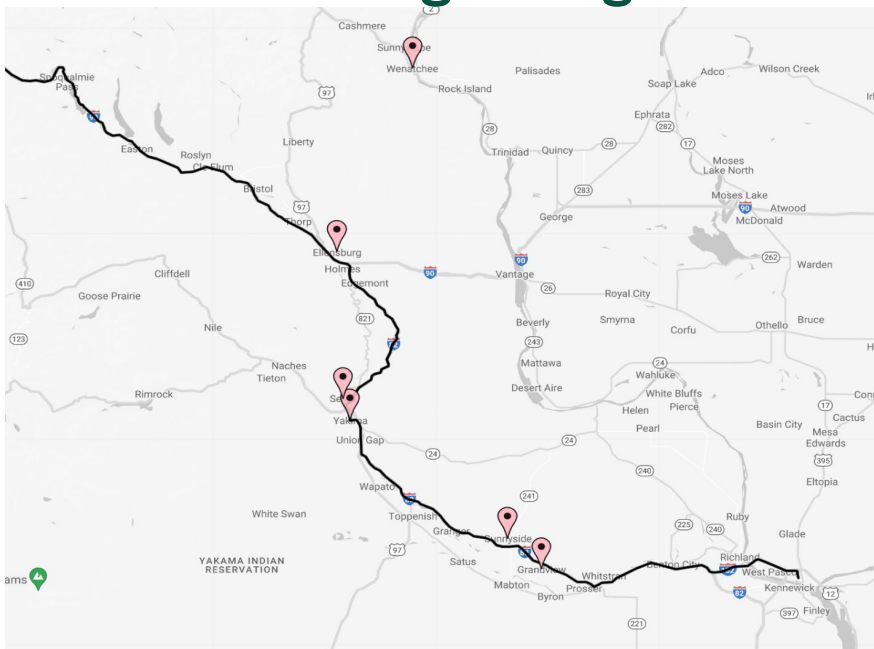
Survey Results

Providers along the I 82/I 90 corridor in central WA
Only 1% response rate, so this is an early pilot study

- Primary: #/type of patients who *travel >1 hr to care*
- Secondary: provider demographics/experience w/ rail
- Narratives: stories of real patients in real trouble



Practice (originating) & Referral (destination) Locations



How did they get there?

Primary Mode of Transport to Specialty Care

	Responses (17 total)
Patients drive themselves by car or are driven	88% (15/17)
Paratransit/medical transport services*	12% (2/17)
Passenger bus services	0
Ambulance	0



Minimum Rail Service

	Responses (18 total)
None; trains would not help my patients to access specialty medical care.	11% (2/18)
Daily trains are not needed; a few times a week would be enough	11% (2/18)
Daily trains departing late evening, with overnight stay required, are OK	6% (1/18)
Daily trains departing early morning and returning late evening (same day)	72% (13/18)
Overall support for train service in some capacity to benefit patient transportation	89% (16/18)

Rail Personal Experience

(Select all that apply)	Responses
Yes, light rail	17% (3/18)
Yes, commuter rail	11% (2/18)
Yes, passenger rail	0% (0/18)
No, none were available, convenient, or safe to get me where I needed to go	56% (10/18)
No, I either drove, rode carpools/taxis/ride-share, took buses, or walked/biked)	28% (5/18)

Some (sad) Patient Stories

“Travel over Snoqualmie pass in bad weather prevents access to care.”

“..significant access problems for patients who cannot drive themselves”

“Probably 20 patients. Missed or rescheduled appointments delaying care including referrals for potential malignancy and high-risk prenatal care”

“Inability to drive because of age or physical disability with working relatives that could not free themselves up from work to drive”

“Loss of an Eye due to pass closure during winter. Worse neurological status after bleeding because of time of travel. “

“patients often fearful of driving in the Seattle metropolitan area. Don't feel safe driving over mountain passes in inclement weather”



Summary and Conclusions

- Thanks to PNWU, WSMA for a first ever pilot study of transport to specialty care in WA
- 1% response rate results beg the need for full rail BCA
- A previously silent medical need for is now public:
Some central WA patients are harmed by lack of transport
- Trains are a better alternative to driving over the pass
- 72% of Docs/NP/PA say 'need an early train to Seattle'



Recommendations

- - Legislature: Tell FRA that the preferred WA *North Coast Hiawatha* route is Spokane - Pasco - Yakima - Seattle via Stampede Pass (existing BNSF tracks).
- - Legislature: Fund a BCA to determine value of state sponsored passenger service on Stampede Pass route.
- - You: Ask your legislator to restore the *Hiawatha!*





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