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Addressing Short-Term Healthcare Transportation Needs through Regional Collaboration: Four Approaches from Massachusetts

Across Massachusetts, seniors and people with disabilities are struggling to get to their medical appointments. While most MassHealth (Medicaid) coverage types offer a transportation benefit for members who are traveling to qualified medical services at eligible healthcare providers but who lack access to their own transportation, many other health insurance plans do not cover transportation costs. This leaves individuals who cannot drive or do not have a car scrambling to find reliable and affordable transportation in order to access the healthcare services they need. Patients who are unable to find transportation have to miss their appointments – leading to adverse health outcomes for them, and financial setbacks for the healthcare facility. A national study found that 3.6 million Americans miss or delay healthcare treatment each year due to lack of transportation,¹ and an oft-cited estimate suggests that an individual physician loses over \$150,000 per year on missed appointments.²

This challenge affects all stakeholders who are invested in promoting the health of transportation-disadvantaged populations. For the last three years, stakeholders such as human service agencies, Councils on Aging, healthcare organizations, and transportation providers have been convening regionally around Massachusetts in Regional Coordinating Councils (RCCs) on community transportation. RCC members seek to collaborate on opportunities to improve mobility and access for seniors, people with disabilities, and low-income commuters. One of the priority areas that has emerged from many RCC meetings is healthcare transportation.

Systemic solutions to these problems lie in long-term, sustainable strategies such as revamping the reimbursement system for healthcare services or improving land-use planning to allow public transportation to serve healthcare service and senior housing sites. Since these types of solutions develop slowly and take time to implement, they do not help individuals who seek medical services in the short term. RCCs focus on short-term solutions that respond to the immediate needs of today's transportation-disadvantaged residents of Massachusetts.

This brief describes four approaches that RCCs or similar cross-sector, collaborative groups have recently taken to address healthcare transportation needs in Massachusetts: convening stakeholders, educating healthcare workers, implementing new services, and funding transportation.

1 Wallace, R., Hughes-Cromwick, P., Mull, H., Bologna, J. (October 2005) Cost Benefit Analysis of Providing Non-Emergency Medical Transportation. Transportation Research Board: Washington, D.C.
2 <http://www.physicianspractice.com/pearls/stop-losing-money-no-shows>

CONVENING STAKEHOLDERS

The South East Regional Coordinating Council on Transportation (SERCCOT) is the RCC serving Southeastern Massachusetts, including Attleboro, Fall River, New Bedford, Plymouth, Taunton, and surrounding towns. Before launching the RCC, local leaders conducted a needs assessment survey, and healthcare transportation emerged as a priority area. SERCCOT members decided that a facilitated discussion involving all stakeholders would help them identify how to move forward. They already had human service agencies and transportation providers at the table, but had few contacts with local healthcare organizations.

SERCCOT members began a process to identify healthcare providers in the area. They brainstormed a list at an RCC meeting and noted any organization where an RCC member had a contact. Then they developed a survey for the healthcare organizations to fill out regarding the extent to which their patients were missing appointments due to lack of transportation. The goal was two-fold: to identify healthcare organizations experiencing a high rate of no-shows due to transportation barriers, but also to educate healthcare organizations that transportation can be a cause of no-shows. SERCCOT delivered the survey electronically and by hard copy to all medical facilities on the list they had developed.

While awaiting the survey results, SERCCOT members began working on the agenda for the forum. They started the day off with a presentation of survey results from the original needs assessment, as well as the healthcare provider survey. They also included a presentation on Ride Match, an online, searchable database of transportation options that individuals and their caregivers can use to find rides: www.massridematch.org.

In addition to these presentations, one member suggested using a World Café-style format, with facilitated small group discussions designed to elicit creative ideas. Using examples of real-life transportation barriers faced by consumers, the group compiled three discussion questions, each addressing a different facet of the challenge, and each with a scenario to illustrate it. Once forum RSVPs were in, SERCCOT members developed a seating chart to ensure that each table would have at least one representative of a transportation provider, human service agency, and healthcare organization so that each small group discussion would incorporate each perspective.³

The forum was a success, generating creative ideas and energy among participants. As a first step, the group decided to develop outreach materials to help healthcare organizations assist patients in finding transportation services.

³ The toolkit that accompanies this brief includes the healthcare organization survey, forum agenda, and discussion questions from SERCCOT's healthcare transportation forum.

EDUCATING HEALTHCARE WORKERS

For a patient who cannot drive to a medical appointment, the time of the appointment can be just as important as the location. For example, if a local Council on Aging offers medical transportation on Tuesdays and Thursdays, but a patient makes an appointment on a Friday, the patient may have to cancel or miss the appointment unless they can find an alternate service to take them. For this reason, the healthcare professionals who schedule appointments for patients are well-positioned to help patients plan for their transportation. However, many healthcare staff do not think to ask patients about their transportation situations. Even if they do, these staff members often drive themselves and are not aware of all transportation options available to consumers.

For this reason, outreach to educate healthcare workers on transportation emerged as an idea from multiple RCCs. The North Central RCC implemented this strategy in May 2016, when they participated in a Caregivers Transportation Forum, convened in conjunction with two local healthcare organizations and the local Congressman's Office. The two-hour morning forum included an introduction from MassMobility staff and an in-depth presentation from the Montachusett Regional Transit Authority on local transportation services available to patients. Approximately fifty healthcare workers attended – filling the room – thanks to the healthcare organizations promoting the forum internally to staff. After the presentations, attendees had a chance to ask questions. Many shared complaints and concerns they heard frequently from consumers, giving presenters a chance to explain how public transit works and what riders can expect.

IMPLEMENTING NEW SERVICES

While raising awareness of existing services is an important first step, it does not solve the problem of patients seeking to go to an appointment for which no transportation service is available. In these cases, organizations can collaborate to develop and implement a new service to meet the need.

Addressing an Established Need

In 2011, the Southeastern Regional Transit Authority (SRTA) partnered with the Southeastern Massachusetts Transportation Alliance (SMTA) – a precursor to SERCCOT – to convene area Councils on Aging (COAs) to discuss transportation needs. One challenge that emerged from these discussions was the difficulty of getting to medical appointments in the Boston area for people who do not or cannot drive themselves. Three COAs had previously partnered to transport consumers into Boston, but the service was infrequent and expensive.

SMTA helped SRTA and the COAs partner to develop a twice-weekly shuttle into medical facilities in Boston, leaving from New Bedford on Tuesdays and Fall River on Thursdays. The \$25 round trip fee for passengers was half the previous fare. SMTA, the COAs, and SRTA brought in the local Veterans' Service Officers to the partnership and determined that seniors,

veterans, and people with disabilities would have priority on the shuttle, with any remaining seats open to the public.

Responding to a Short-Term Emergency

In March 2014, the North Adams Regional Hospital announced that it would be closing on extremely short notice: only four days. The closure was devastating to employees, who lost their jobs, and to patients, who would now have to travel over twenty miles to Pittsfield for their appointments.

Human service agencies mobilized quickly to help consumers access transportation to Pittsfield. Three local COAs coordinated with each other to take turns driving to Pittsfield. They reached out to additional partners, including many members of the Berkshire County RCC. A local bank offered funding to support the transportation. Before long, a regional nonprofit determined that it was already running a van between North Adams and Pittsfield and could open up seats to patients needing medical transportation. A transportation nonprofit agreed to take ride reservations, answer people's questions, and provide referrals to the public bus or MassHealth transportation for people who had other options. Together, the partners determined that the most efficient approach was for the COAs to provide a feeder service, picking riders up at their homes and dropping them off at a designated stop, where they would transfer to the shuttle to Pittsfield. This service – called "Meditransport" – ran for two months, after which it was no longer needed, thanks to a demand-response service launched by the transit authority and a regional veterans' transportation service.

Meditransport demonstrates one value of the RCCs and similar coordination efforts: when disaster struck, organizations knew immediately who to turn to because they already had relationships with each other. While each organization could have addressed the problem on its own, the cost would have been higher. Collaborating allowed the organizations to develop an efficient, cost-effective solution.

FUNDING TRANSPORTATION

When we say that no transportation service is available to get a consumer to their medical appointment, we generally mean no affordable transportation service is available. Taxis are available in many communities, and livery services in others, but these services can be costly – especially for low-income individuals.

Consequently, another way to increase access to medical transportation is to provide funding for individuals to cover a ride in a taxi or similar service. After Meditransport closed in Northern Berkshire County, Community Health Programs (CHP) approached the partner organizations that had led Meditransport. As a Berkshire County network of health centers and care professionals, CHP had received a state grant to help individuals get to medical appointments, but was not in the business of providing transportation, so wanted help. The Meditransport partners – along with some additional partner agencies – agreed to develop and implement a program, which they termed the "Help I Need Transportation" program, or HINT.

Together, the agencies agreed to focus on transportation to long-distance medical appointments. Travel to Albany, Springfield, or Boston by taxi is very expensive from the Northern Berkshire region, and was out of reach for many consumers. Since the CHP funding was a one-time grant, not a sustainable or renewable source, the partners sought to make it last as long as possible, so they designed it to be an option of last resort. Before referring a consumer to the fund, the referring agency would explore all other transportation options the individual might be able to use, including getting a ride with family or friends, volunteer driver programs, MassHealth transportation, or public and intercity bus services. Agencies could refer individuals for a one-time trip, but not for recurring trips. Referring agencies would fill out an application form⁴ and send it to the project administrator, who would share it with the steering committee, which was comprised of representatives of each partner organization. The steering committee would review the application to see if they could think of any other option that the patient might be able to use. If not, they would approve it, and then the program administrator would arrange a ride with a local transportation provider and send the details to the referring agency to communicate to the rider. HINT can also reimburse a patient's family member for gas, if that enables the individual to get a ride that would not otherwise be possible.

According to HINT's program administrator, the partnership is a source of strength for this model. Since locals already go to the referring organizations for help, the HINT program did not have to do outreach to its target audience. However, the limited funding and inability to fund recurring trips renders the program less useful for residents whose medical problems may require frequent specialty appointments or follow-up visits.

CONCLUSION

Massachusetts prides itself as a center of high-quality healthcare, but patients only benefit from this care if they can access it. While healthcare industry payment reforms or new delivery formats such as telehealth hold potential to address these challenges systemically, consumers and their caregivers need access to their medical appointments today, tomorrow, and next week. Across Massachusetts, agencies are collaborating together to develop innovative and effective approaches to address these needs.

⁴ This application is included in the toolkit that accompanies this brief.

CONTACT INFORMATION

Please contact rachel.fichtenbaum@state.ma.us for additional information about healthcare transportation in Massachusetts, or to request technical assistance.

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REFERENCE

Rachel Fichtenbaum. (2017) Addressing Short-Term Healthcare Transportation Needs through Regional Collaboration: Four Approaches from Massachusetts. Executive Office of Health and Human Services, Human Service Transportation Office, Quincy, MA