Medical Transportation in an Era of Change

By Dale J. Marsico, CCTM

"It's been a long a long time comin but I know a change is goin' to come...oh yes it will."
– Sam Cooke

Earlier this year I had a chance to spend some time with Charla Sloan — a colleague from Oklahoma, the Transit Director of Ki Bois Area Transit — discussing what we were calling the good old days. We both agreed that in the good old days, when we both first started out in the transportation business, things seemed to be so much less complicated than they are today. What we knew as a call center back then was simply one person with a phone and a note pad listing transportation trips a week or 10 days in advance. When someone called looking for a ride to a doctor it was just that, a ride to a doctor that could take place any time in the morning or afternoon without much worry about the time you went or returned. The good old days were a less hectic time when not just transportation seemed simpler, but health care, too.

Mobility Management = Health Care Management

The provision of health care has changed dramatically in the past 20 years and the impact of these changes challenges the ways and means of providing transportation to-and-from an expanded concept of health care. No doubt, we are fortunate to live in a time when technology has significantly altered the course of what have long been considered deadly diseases. It wasn't long ago that a diagnosis of cancer, heart disease or kidney disease was considered a death sentence. Today, these particular diseases and many others can be managed in ways that were unthinkable in the good old days.

It's the concept of managing serious illnesses that is the key to understanding the changing role of transportation in the health care field. Managed health care requires many visits to outpatient health care facilities as part of how a patient's illnesses are controlled. I'm sure most of you recognize this trend most immediately in the form of your experience transporting dialysis patients. However there would be no benefit to this life-sustaining technological advance if a patient failed to obtain — that is, actually get to — these dialysis treatments. Health care facilities providing dialysis often look to public and community transportation providers as the link to get patients to and from these treatments.

From the transportation side of the mobility management issue, the challenges these rides create for transportation providers are often difficult and complex. These patients may exhibit frailties and other symptoms related to their treatment. They may not fit well into the shared-ride approach that has characterized community transportation, causing financial challenges for transportation providers with limited financing. Sometimes there is difficulty with picking up patients for their trip home because treatment may cause complications that limit scheduled returns.

Over the last decade, dialysis transportation services have grown significantly as kidney disease has risen dramatically across the nation. The numbers for dialysis transportation alone are a significant challenge — but even more challenging is the trend that this level of outpatient services represents for our collective futures. If serious diseases like End Stage Renal Disease can be effectively

managed, clearly other serious illnesses will be managed in similar fashion. For example, we're already seeing similar technological advances in cancer treatment and in the provision of therapies treating those dealing with the aftermath of cardiovascular disease and stroke. I wonder, what time of mobility demands will these advances necessitate?

A Different Kind of Transportation

Community and public transit professionals tend to think of medical transportation as an access issue. And it once was. Today, the services that are so demanding — like dialysis — are more than just access, they are an intrinsic part of what's now known as disease management. Effective disease management requires ongoing, regular transportation that serves as far more than mere access. This kind of transportation fills the space between ambulance services and traditional demand-response community and public transportation models. It requires something more than curb-to-curb service and often requires escorts and companions. It requires a flexibility that is hard to manage on scheduled service and often creates financial problems for organizations sharing costs.

Indeed, the history of financing these transportation services may not be a guide to the current and future need and costs of these trips. It is very difficult to provide cost sharing when patients need individual trips and the health care reporting system is designed to be patient-specific. Sustained transportation on a one-to-one basis complicated by the needs for scheduling for high demand health care services can present an insurmountable challenge. Many community and public transit providers refer to these services as taxi-like for good reason.

Some providers of these mobility services receive compensation through our nation's various health care efforts — especially the NEMT effort created under Medicaid. Today's transportation and health care operating environments, however, are especially complicated as it relates to these demanding services. Through the Affordable Care Act (ACA), Medicaid coverage is at the heart of expanding medical care for a significant number of Americans. In the process of using it to fill an important coverage option for low-income working families, Medicaid is becoming more and more of a traditional insurance program with benefits managed by intermediaries and not governments. In several states adapting their benefits to conform with the ACA, the transportation benefit is moving to the managed care plan or insurance program that is replacing traditional Medicaid. All these efforts — designed to expand coverage — often do so by looking for significant discounts in the cost of health-related services. Outpatient care is designed to bend the curve on health care costs, including mobility — whether done in an ambulance or in a non-emergency form of service similar to NEMT.

A Different Kind of Health Care

Two trends are driving the new bottom line in health care delivery: Expanding coverage and lowering costs. Insurance companies demand deep discounts in health care services. Ask any doctor or health care provider and a similar re-frame is constant. Of course as taxpayers and as employers, we want health care services discounted as a means of cost controls. It shouldn't be a surprise that this lowering bottom line costs impacts health care transportation, as well.

No one in the health care field wants to pay the full costs of any services and providers are often forced to make up these differences by increasing the volume of their work. Once again, if you ask any doctor they'll tell you they see more patients than ever, and they spend less time with each of them. Medical facilities without large volumes are unsustainable in the current environment — that's one of the reasons we see health care centered in large-urban areas where the volume resides and why those providing transportation in rural areas must often go further and further from home for all kinds of health care service.

Where Do We Go From Here?

In this critical time of challenge we must be knowledgeable about the demographics of our communities and how much we spend on our current services. We must carefully decide the range of the services we offer, and search for the most cost-effective delivery maintaining quality that we can possibly create. Some of these factors include:

Demographics: We must familiarize ourselves with the specific health conditions in our communities, including the rates of illnesses like kidney disease, cancer, stroke and behavioral health since they are centers of transit demand. We also need to know the locations and places where treatment can be obtained. Finally, we must draw on our experiences to-date to understand what percent of those people look to community and public transportation for access. As those illnesses grow in our community, we can expect similar transportation demand growth.

Costs: Nothing is more important than understanding the costs of current health care transportation services being delivered by community and public transit. Although we tend to view our costs collectively across all passengers, we must look for individual costs for services that aren't necessarily access services but services that are part of the treatment process. These services are most likely much higher than the average costs and an important indicator of future needs.

Beyond the limit: Demand for NEMT services often exceeds availability. When it comes to medical transportation there are no empty buses. There are many transportation providers already at capacity. We know that various forms of capital assistance from federal and state sources are limited. Those in the mobility field need to look for other tools to help them expand services.

To address the issue, there is a need for lower-cost alternatives and incorporating other kinds of services into the mobility mix. Some transit providers I have spoken with have revitalized their voluntary transportation efforts, some have created working relationships with other providers like taxis, some have developed unique coordination with health care providers and institutions, some have partnered with stretcher carriers and some have purchased hybrid cars as a cost-effective alternative to traditional vehicles. Those who have successfully faced this challenge have done so by defining their roles and limits in the transportation field. Not every community or public transit provider can provide every service needed in a community. However, they can join with others to create a network that can create broader solutions. No solution is possible unless we clearly know where we are as transportation providers at this critical moment in time.

Knowledge is Power

President Kennedy often cited the old Chinese proverb that, "the journey of a thousand miles begins with a single step." We created a basic effort we call the *Competitive Edge* to assist community and public transit organizations organize their efforts and information to address the issues surrounding medical transportation. This training effort includes looking at current costs and services designed to assist local transportation providers develop the means and methods to address future needs in medical transportation. This course can assist you by teaching important negotiating skills and health care terminology. And in the spirit of the time, its' discounted as well.

As well, the Mid-Atlantic Dialysis Summit (described in detail on p. 42) highlights CTAA's considerable ability to convene groups of transit officials, managers, advocates and even riders and develop vital next steps that move toward solutions.

Community and public transit has always been engaged in matching resources to the roles it fills in the communities it serves. The health care transportation needs of our communities are the latest in a series of challenges that have always been part of our history. They can be mastered by knowledge and determination. It's time for that "first step."

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