Access to Health Care: Addressing Transportation Challenges Especially for Individuals with Disabilities

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Easterseals is Leading the way to 100% equity, inclusion, and access by:

- Elevating transportation and mobility
- Expanding employment
- Enriching education
- Enhancing health
- Engaging community

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The Power of the Easterseals Network

71
Easterseals Affiliate Network

1.5M
Participants and their families

35K
Volunteers Nationwide

32K
Staff Members

550+
Service Sites and Locations with Community Partners

1000s
More Touchpoints Nationwide

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The National Picture:
The Disability Landscape

61M

people in America live with a disability

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The Numbers

- CDC Data:
  - 26% of adults in US report limitations due to disability (61 million people)
  - 13.7% have a mobility disability with serious difficulty walking or climbing stairs
  - 10.8% have a cognition disability with serious difficulty concentrating, remembering or making decisions
  - 6.8% have an independent living disability with difficulty doing errands alone

Missed Health Care Appointments have Adverse Consequences at Multiple Levels

Costs to Hospitals

- The Hospital Readmissions Reductions Program (HRRP), created as part of the Affordable Care Act, punishes general acute-care hospitals when more Medicare patients return for a new admission within 30 days of discharge than the government decides is appropriate.

- In 2018, 3.8 million 30-day all-cause adult hospital readmissions, with a 14% readmission rate and an average readmission cost of $15,200.

https://www.kff.org/affordable-care-act/slide/10-years-of-hospital-readmissions-penalties/#:~:text=The%20Hospital%20Readmissions%20Reductions%20Program,the%20government%20decides%20is%20appropriate.

Costs to Providers

- Average cost of $265 per missed appointment and an average 18 percent no-show rate, a clinic that's scheduled to see 22 patients but only sees 18 would lose a significant $1,060 in revenue per day.

- Optometry eye clinics were found to have an average no-show rate of 25 percent. The rate for Medicaid patients was 41 percent. These no-shows jeopardize patient health, drive acute care utilization, and delay care across the system.

- The cost of missed appointments can expose managed care organizations to treacherous financial risk. When spending on services and administration exceeds the fixed monthly fee, they are on the hook to pay for it.

https://artera.io/blog/calculating-the-true-cost-of-missed-medical-appointments/#:~:text=Unlike%20a%20cancellation%2C%20where%20staff,%241%2C060%20in%20revenue%20per%20day.

Costs to Patients

- Patients with a greater number of long-term conditions had an increased risk of missing general practice appointments.
- Patients with long-term mental health conditions who missed more than two appointments per year had a greater than 8-fold increase in risk of all-cause mortality compared with those who missed no appointments. These patients died prematurely, commonly from non-natural external factors such as suicide.
- Loss of income, social isolation, impacts on family

https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-018-1234-0#:~:text=Patients%20with%20long%2Dterm%20mental,external%20factors%20such%20as%20suicide.

Transportation Challenges: Why Patients May Miss Appointments

- Patients are unaware of transportation options
- May not know how to use transportation
- Lack of accessible transportation options
- Accessible pathways that enable patients to access fixed route are not available
- Cost of Service
- Reliance on Non-Emergency Medical Transportation

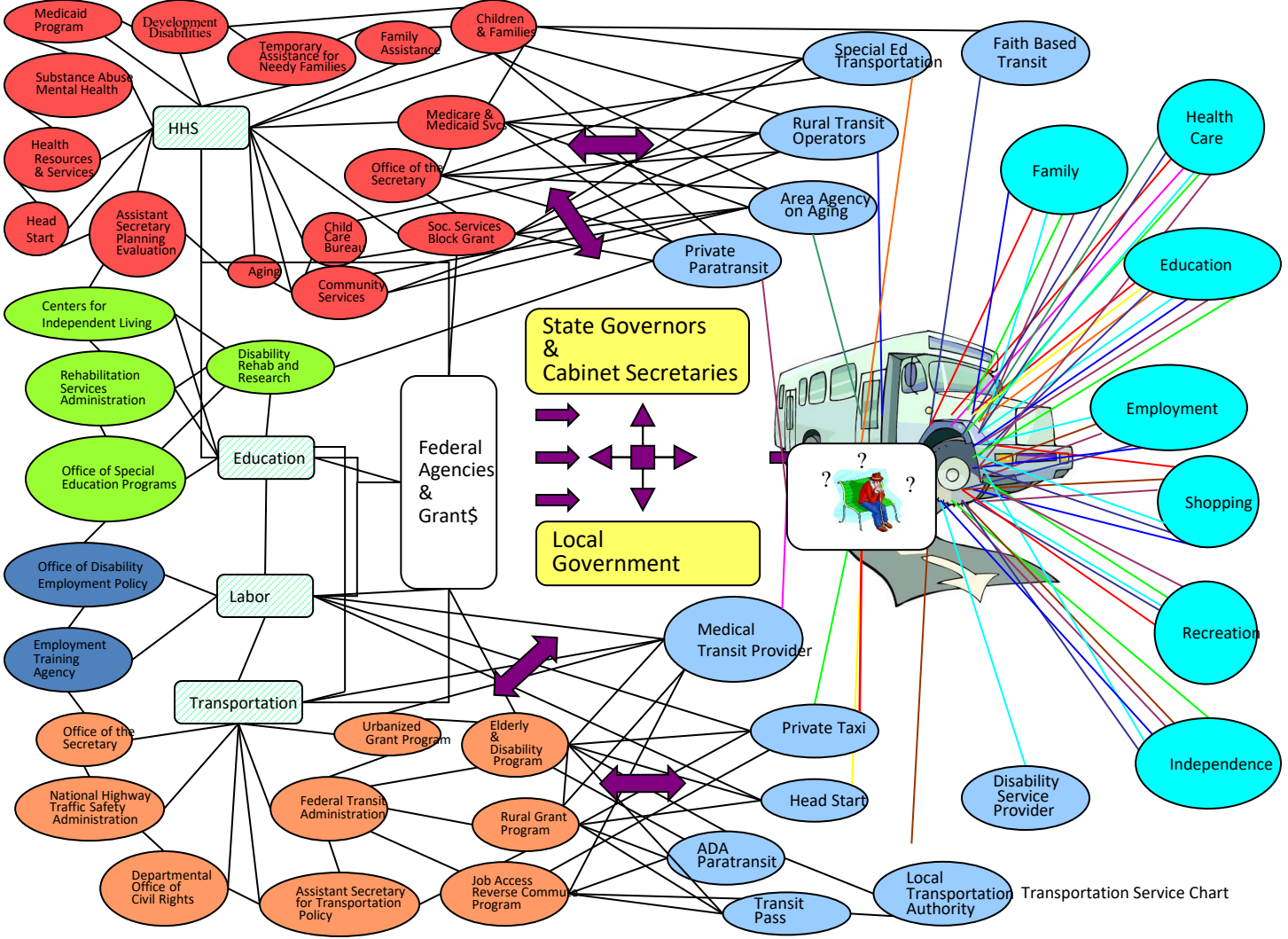
Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017

- Transportation barriers to health care have a disproportionate impact on **individuals who are poor and who have chronic conditions**.
- Significant problem in access to health care during a time of rapidly changing transportation technology.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7204444/

Challenges for Health Care Providers and Health Systems

- Poor data – not aware of prevalence of missed appointments or costs
- Limited accountability by Federal funders for health care providers to focus on transportation
- Misinformation about the availability of transportation services
- Health care professionals may not be thinking about transportation - need to embed this in wrap around services - holistic approach to health care
- Health care providers may get little training regarding patients with disabilities
- Siloes - Health care providers are not part of community planning – community health plans are not integrated in regional transportation planning



Transportation Service Chart

Solutions

Increased focus on Social Determinants of Health: Supporting a Focus on Transportation Solutions

- From education to safe environments, housing to **transportation,** economic development to access to healthy foods—the **social determinants of health are the conditions in which people are born, live, work, and age**

American Hospital Association

"Transportation and the Role of Hospitals" is part of a series of guides and resources released by the AHA on how hospitals and health systems can address the social determinants of health.

https://www.aha.org/ahahret-guides/2017-11-15-social-determinants-health-series-transportation-and-role-hospitals

Geisinger Health System in Scranton, PA

- Health provider **partnered, cost-shared** with local transit companies, 70+ community organizations in Scranton (urban) and Danville (rural)
- Participating patients were members of Geisinger Health Plan, actively enrolled in case management and live within a 25-mile radius of Scranton or a 50-mile radius of Danville
- So far, 3,900 rides to 1,459 people
  - The average trip was 27 miles
  - 85% are used for medical visits
  - 13% for food needs
  - 2% for social service and pharmacy visits

Sources: Geisinger.org, The Daily Item

Helping Our Women – Provincetown, MA

- HOW is a nonprofit organization in rural Provincetown, Massachusetts.
- Limited access to care: nearest hospital is 50+ miles away
- Transportation Program has 20+ volunteer drivers to transport clients to and from medical appointments
- Collaborates with Cape Air (an airline) and the Cape Cod Regional Transit Authority for longer trips to Boston; other partnerships include Cape Cod Healthcare, medical specialists, local businesses, and community agencies

HOW
Helping Our Women
Compassion. Assistance. Support.

https://helpingourwomen.org/services

Rural Health & Primary Care Office, Bureau of Public Health Systems, Policy and Performance, New Hampshire Division of Public Health Services

- CDC Health Impact in 5 Years (HI-5) Interventions –Increasing access to safer and heathier modes of transportation.
- Supporting 50% of regional mobility manager salaries
- Active in statewide network
- ACF TANFF Counselors and mobility managers working together

Seniors First – Auburn, California

- A nonprofit located in suburban/rural Placer County, California
- Program runs **MyRides** program, a volunteer driver transportation program for NEMT trips
- Seniors First collaborates with the Placer Collaborative Network (a hospital network) and Western Placer Consolidated Transportation Services Agency (WPCTSA) to operate **Health Express,** a free, door-to-door transportation service to and from non-emergency medical appointments for seniors, the disabled, and other low-income individuals
  - The service an average of 48 one-way trips per day, for a total of 12,672 trips per year.

Seniors First
Keeping Seniors Independent

https://seniorsfirst.org/sf-programs/transportation/

Accessing Rides to Community Healthcare "Links 2 Health" – St. Louis, MO

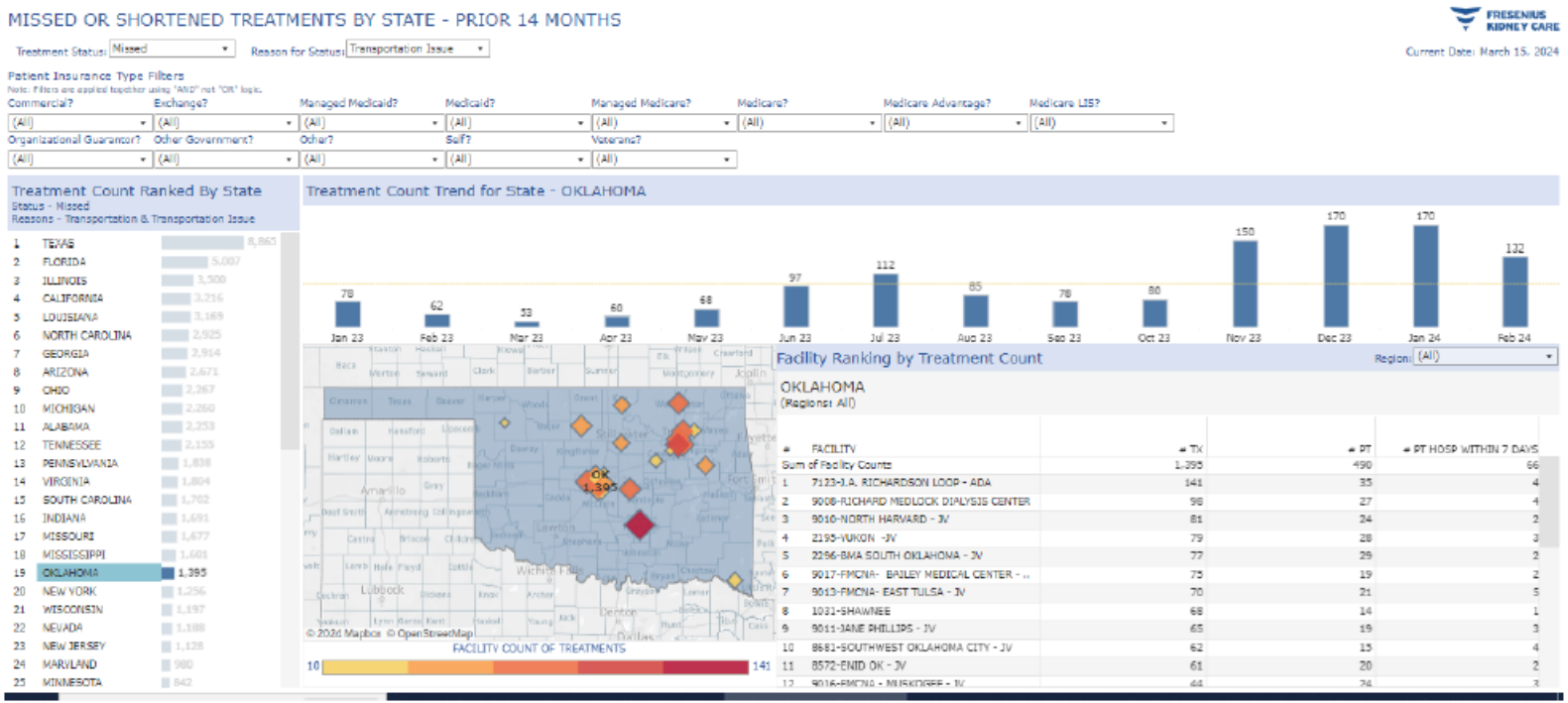
- Informed by feasibility study supported by MO Foundation for Health
- Public health mobile clinics at transit stations
- NEMT to and from follow up appointments using transit subsidies, and providing underserved residents with a bridge in care
- Partners: St. Louis Department of Public Health, Bi-State Development Agency/METRO, and St. Louis Promise Zone team.

Source: Metro St. Louis

Fresenius Data Dashboard

Fresenius Medical Care patients who missed a treatment due to transportation issues:

Oklahoma (Jan 2023 – Feb 2024): 490 patients missed a total of 1,395 treatments



Keys to Addressing Transportation and Access to Health Care Challenges: Improved Education and Coordination!

A Federal Support for Coordination: Coordinating Council on Access and Mobility:

CCAM Strategy

CCAM Mission and Organization

Mission

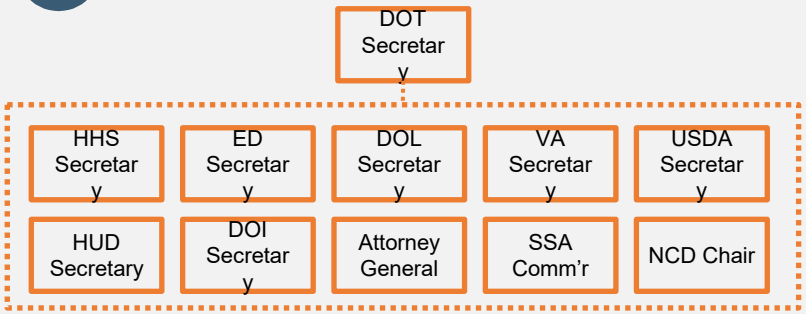
The CCAM issues policy recommendations and implements activities that improve the **availability**, **accessibility**, and **efficiency** of transportation for the following targeted populations:

- **Individuals with Disabilities**
- **Older Adults**
- **Individuals of Low Income**

History

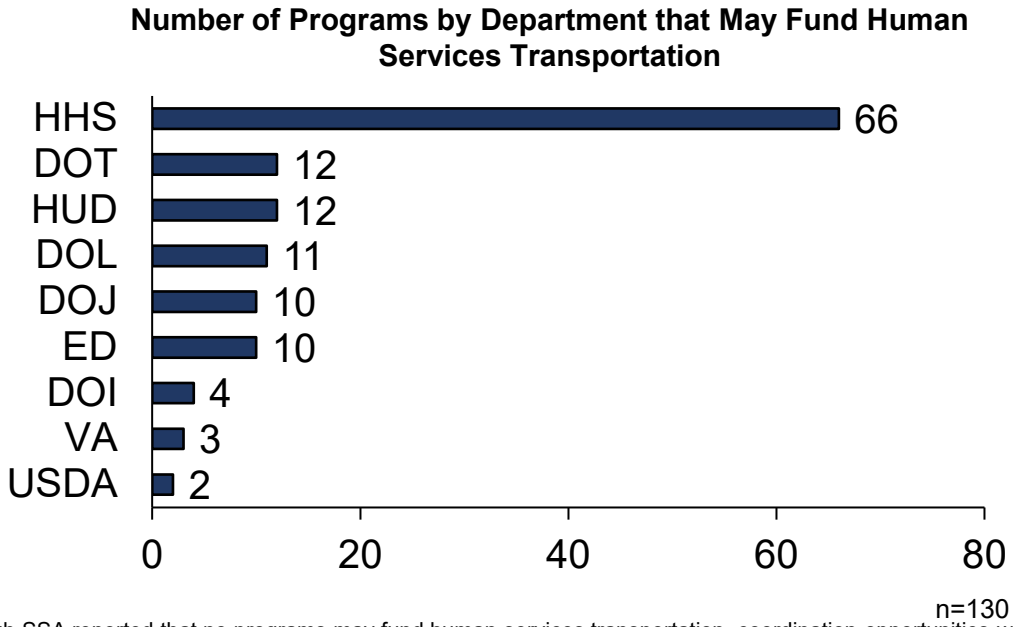
The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the Federal agencies that fund transportation for CCAM targeted populations.

Organization



CCAM Program Inventory

The CCAM Program Inventory identifies 130 Federal programs that are able to provide funding for human service transportation for people with disabilities, older adults, and/or individuals of low income.



Although SSA reported that no programs may fund human services transportation, coordination opportunities were explored. NCD does not fund grant programs.

TRB is Contributing to Solutions

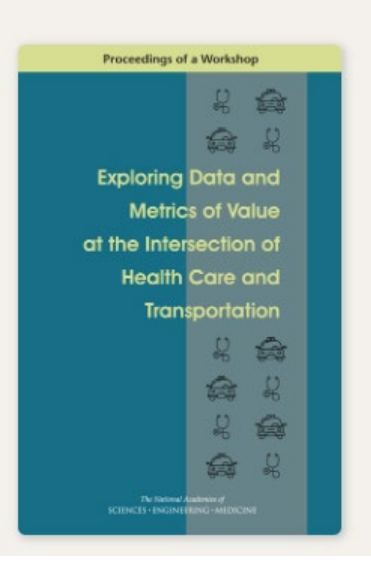
Section Transportation and Society (AME00)

Leadership: William Anderson & James Manning, TRB; John MacArthur, Section Chair

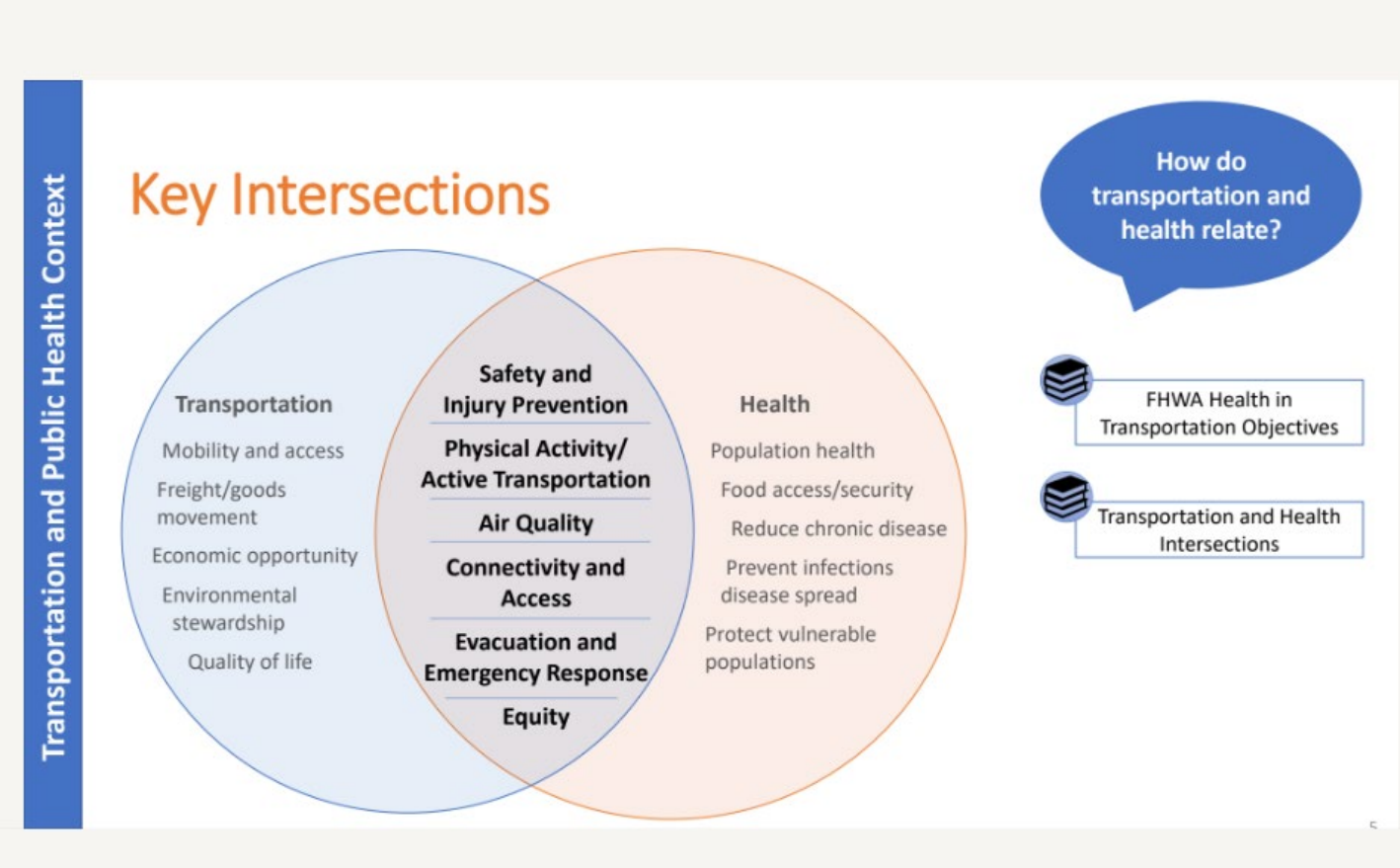
- AME70, Committee on Transportation and Public Health, creates a space for engineers, health professionals, planners, epidemiologists, economists, advocates, elected officials, and academics to expand knowledge about the positive and negative health impacts of transportation policies, procedures, and actions. Focus on social determinants of health.
- AME50, Committee on Accessible Transportation and Mobility, Todd Hansen, TTI and Judy Shanley, Easterseals. Focus on universal design and pedestrian access

Select TRB Resources

- TRB Standing Committee on Transportation and Public Health, AME70
- Committee on Accessible Transportation and Mobility, AME50
- Guidebook and Research Plan to help Communities Improve Transportation to Health Care (2021)
- Exploring Data and Metrics of Value of the Intersection of Health Care and Transportation (2016)



The Foundation for our Work



Conclusions and Implications

- Ensure **people with disabilities** are part of research planning and implemention
- **Synthesize strategies** to help health care providers collect, analyze, and use data to inform transportation (requires multi-disciplinary engagement)
- Develop **community tools** to facilitate coordination across transportation and health care providers
- Identify empirically based **data collection** methods
- Encourage **cross-displinary research** proposals and events
- Ensure that all funded work includes a **focus on people with disabilities**
- Facilitate Departments of Transportation to **focus on social determinates of health**

Contact Information

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Federal Transit Administration Technical Assistance (TA) Centers

National Center for Mobility Management
www.nc4mm.org; info@nc4mm.org

National Aging and Disability Transportation Center
www.nadtc.org; contact@nadtc.org

Rural Transit Assistance Program
www.nationalrtap.org; info@nationalrtap.org

Shared-Use Mobility Center
www.sharedusemobilitycenter.org;info@sharedusemobilitycenter.org

National Center for Applied Transit Technology
www.ctaa.org/about-n-catt/