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Pre-Release of the Findings from a Study on the
Intersection between Health/Wellness and Transportation

Proceedings Booklet

January 24, 2012 • U.S. Access Board • Washington, D.C.

On January 24, 2012, Easter Seals Project ACTION (ESPA) hosted a pre-release of the findings from a study on the intersection between health/wellness and transportation. The event, held at the U.S. Access Board in Washington, D.C., allowed attendees to preview the highlights of the study and provide feedback on the implications of the research, ideas for future research needs, and suggestions for the final report.

The study was funded through Federal Transit Administration cooperative agreements ESPA, managed by Easter Seals, and the National Center on Senior Transportation, co-managed by Easter Seals and the National Association of Area Agencies on Aging. The research team for the study was led by Thomas R. Prohaska, Ph.D., of the University of Illinois, Chicago, with a team of researchers, all of whom are part of the Centers for Disease Control and Prevention Program – The Healthy Aging Network. This project was a collaboration with significant in-kind support from the American Medical Association and LogistiCare.

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Proceedings Booklet: Pre-Release of the Findings from a Study on the Intersection between Health/Wellness and Transportation



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Foreword

Transportation plays a vital role in a person's overall health. Unfortunately, this intersection is often overlooked. From the health benefits of walking—people who take transit walk more—to the reduction of depression, transportation options are important to wellness. Transportation plays a critical role in determining the degree to which older adults, persons with disabilities and low income individuals will be able to participate in the workforce, contribute to their communities, access healthcare, continue social connections, and help reduce hospital re-admissions.



A critical component to maintaining the health and wellbeing of Americans is their ability to access healthcare. The lack of access to non-emergency medical transportation (NEMT) is a critical barrier to the management of chronic illness and disabilities. The intersection between health and transportation is central to the mission of the Administration for Community Living and the Federal Transit Administration. Over the past nine years these two agencies have been active partners in the Federal Council on Access and Mobility (CCAM), working towards greater coordination and access to transportation for older adults, person with disabilities and low income individuals.

As the population continues to age, health and transportation are integral ingredients to the recipe for aging in place. The CCAM is intensely interested in the synergies between health care, wellness and transportation. Almost all programs sponsored by members of the CCAM help individuals live independently within their own communities. Yet, we know so little about how some of these programs intersect and affect each other. Research such as this is beginning to show some relationships where the wellness of the recipients of federal funding is improved due to better access to transportation choices in their communities. This increased health and wellness of citizens is not only increasing their quality of life, but it is also good for the communities in which they live and may help significantly reduce government expenditures for care and support. We need to understand how transportation access achieves community living objectives and helps improve and maintain the health of some of the most vulnerable citizens. This study responds to this need and begins to show the linkage between the costs of good health care and continued mobility through access to transportation options.

Doug Birnie

Federal Transit Administration
U.S. Department of Transportation

Danielle Nelson

Administration for Community Living
U.S. Department of Health and Human Services

Many of the people that Easter Seals serves rely on a variety of transportation options to get to work and school, visit friends/family, participate in recreation and leisure activities, and go to medical and other appointments. There is an increasing awareness that a person's health and wellness is intrinsically linked to their ability to remain mobile. Easter Seals launched an effort to take an in-depth look at this topic. The American Medical Association (AMA), with a strong focus on ensuring that people get the care they need, and LogistiCare Solution, LLC, with industry expertise on providing transportation brokerage services with a large database of information on medical trips, became partners for exploring this study.

In April 2011, Easter Seals, the AMA and LogistiCare announced that they would conduct a study for the U.S. Department of Transportation, Federal Transit Administration on the relationship between transportation access and health and wellness. The study would be funded through FTA's technical assistance centers Easter Seals Project ACTION (ESPA) and the National Center on Senior Transportation (NCST), both administered by Easter Seals, with significant in-kind support from AMA and LogistiCare. Easter Seals released a competitive request for proposal and received a number of excellent responses.

Reviewers for the proposals overwhelmingly chose a team of researchers from the Healthy Aging Network led by Thomas R. Prohaska, Ph.D. of the University of Illinois at Chicago, Center for Research on Health and Aging within the Institute for Health Research and Policy, with other notable scholars from the Texas A&M University System and the University of California, Berkeley. David Ragland, Ph.D., emeritus professor of public health and director of the UC Berkeley Safe Transportation Research and Education Center, became an integral part of the research team, as did Cheryl A. Irmiter, Ph.D, senior scientist for AMA's Science, Medicine and Public Health Division. After performing an extensive literature review, the team began to assess medical transportation data provided by LogistiCare to answer a number of research questions, including:

1. What types of older clients/patients use what types and levels of transportation and services for NEMT?
2. What are the documented benefits of access (and consequences of non-access) to NEMT?

On January 24, 2012, ESPA hosted an event to pre-release the findings from this study. The event, held at the U.S. Access Board in Washington, D.C., allowed attendees to preview the highlights of the study and provide feedback on the implications of the research, ideas for future research needs, and suggestions for the final report.



Thomas R. Prohaska, Ph.D.

Event Overview

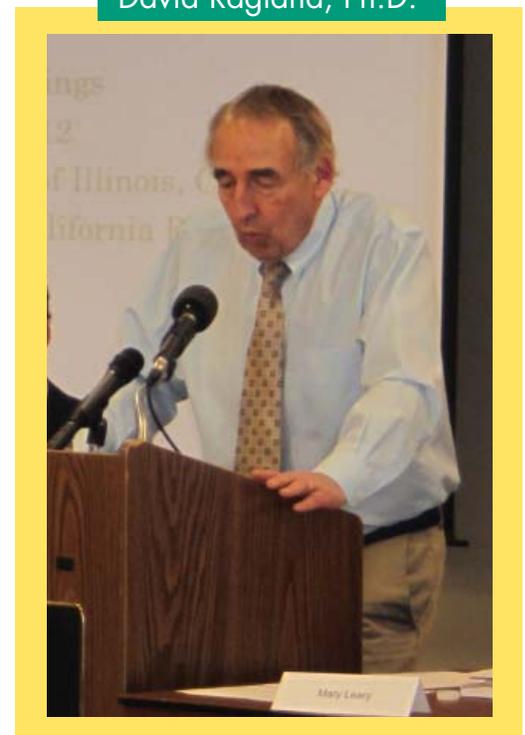
Goals:

1. Preview highlights from the Health and Transportation Study led by Dr. Thomas Prohaska of the University of Illinois, Chicago and Dr. David Ragland of the University of California Berkeley with a group of researchers, colleagues, and national organizations familiar with the transportation needs of older adults and people living with disabilities.
2. Gather feedback from attendees of the findings including implications of the research, ideas for future research needs, and other feedback/suggestions for the final report and for the research team.

Agenda:

- 12:30 p.m. Welcome and Introductions
Mary Leary, Ph.D., vice president of the transportation group, Easter Seals
- 12:40 p.m. Opening Remarks
Randy Rutta, executive vice president of public affairs, Easter Seals
- 12:50 p.m. The Importance of Transportation for Health and Wellness
Cheryl Irmiter, PhD, LCSW, CADC, senior scientist, Science, Medicine and Public Health, American Medical Association
- 1:00 p.m. Public Service through Data Access (Presentation of LogistiCare NEMT Service)
Kenneth Hoggard, corporate director of provider relations, LogistiCare Solutions, LLC.
- 1:10 p.m. Presentation of Findings from the Intersections between Health and Access to Transportation Services Study
Thomas Prohaska, Ph.D., professor of public health, co-director for the Center for Research on Health and Aging, University of Illinois at Chicago (UIC) School of Public Health and David Ragland, Ph.D., emeritus professor of public health, director of University of California Berkeley Safe Transportation Research and Education Center (SafeTREC), UC Berkeley Traffic Safety Center
- 2:30 p.m. Primary Respondent
Dale Marsico, executive director, Community Transportation Association of America
- 2:45 p.m. Audience Discussion/Feedback

David Ragland, Ph.D.



Speaker Highlights:

Welcome and Introductions: Mary Leary, Ph.D.

- Leary opened with a quote by Michele Montan: “Value lies not in the length of days, but in what we make of them.”
- She introduced the opening speakers and panelists noting the importance of transportation and breaking down silos between health care providers, human services providers and transportation providers to leverage their programs in a more coordinated way to better enable people with disabilities and older adults to maintain their mobility and independence.
- Leary thanked FTA, the National Association of Area Agencies on Aging (n4a), staff who helped put the event together, AMA, LogistiCare, Thomas Prohaska, and David Ragland for everyone’s dedication to teamwork and excellence in research inquiry.
- Leary asked the audience to be highly participative with feedback and further suggestions after the researchers finished sharing their information.

Opening Remarks: Randy Rutta

- Rutta spoke about the potential impact of this event and the importance of transportation for Easter Seals, Inc. for the 1.5 million people served by Easter Seals through 73 affiliates. He shared how care is shifting from institutions to homes and the importance of transportation for person-directed care.
- Rutta stated that United We Ride has brought a new level of thinking to transportation and people working together in communities.
- He also urged event participants to help the group understand the results and makes the best use of all services and resources around the county.

The Importance of Transportation for Health and Wellness: Cheryl Irmiter, PhD, LCSW, CADC

- Irmiter stated that millions of people do not have access to transportation, and that non-drivers need alternatives.
- She provided background on the AMA and noted the AMA’s longstanding commitment to understanding alternatives for non-drivers. She said AMA members identified the need for further inquiry regarding non-emergency medical transportation, especially the importance of it being affordable and cost effective for both individuals and society.
- Irmiter also announced that AMA will be releasing a book on the needs of geriatric patients with a chapter focusing on transportation needs.

Public Service through Data Access: Kenneth Hoggard

- Hoggard stated that he started in specialized transit many years ago, and noted his passion for promoting safety in specialized transit.
- Hoggard provided background on LogistiCare, a leader in NEMT. Located in 40 states with over 1,600 employees, LogistiCare manages 26 million trips a year through call centers. Over 8.5 million people used their services last year.
- LogistiCare’s database, which was used in this study, contains trip data (origin, destination, date, time, vehicle trip, if a stretcher or wheelchair is needed), membership data, and general trip purpose but does not include medical data or treatment information.

Next, Dr. Prohaska and Dr. Ragland presented their findings—the full text of their slides follow.



“Lack of access to transportation options is a major barrier to living, learning and working in the community...We need to better understand how that lack of access truly impacts people’s lives from an economic and quality of life standpoint.”
James E. Williams, Jr., president and CEO, Easter Seals

ASSESSING THE INTERACTION BETWEEN HEALTH AND TRANSPORTATION ACCESS

Pre Release of Findings

January 24th, 2012

Thomas R. Prohaska, University of Illinois,
Chicago

David Ragland, University of California Berkeley

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PARTNERS

- Funded by the Federal Transit Administration of the Department of Transportation
- Through two cooperative agreements,
 - One with Easter Seals – Easter Seals Project ACTION
 - One with Easter Seals and the National Association of Area Agencies on Aging – the National Center on Senior Transportation
- LogistiCare
- American Medical Association

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CDC HEALTHY AGING RESEARCH NETWORK PARTNERS

- University of Illinois at Chicago
 - Thomas Prohaska, Sue Hughes,
 - Amy Eisenstein, Firas Dabbous
- University of California Berkeley
 - William Satariano, David Ragland,
 - Kara MacLeod
- Texas A & M University/ University of Georgia
 - Matthew Smith

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PRESENTATION OBJECTIVES

- Introduction to project objectives and background

- Findings from Phase 1
 - Environmental scan of the literature
 - Determining the potential of LogistiCare data to address project objective

- Findings from Phase 2
 - Comprehensive literature review
 - Findings from analyses of LogistiCare data files
 - Discussion and future directions

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INTRODUCTION

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ASSESSING THE INTERACTION BETWEEN HEALTH AND TRANSPORTATION ACCESS

- A critical component to maintaining the health and well being of older adults in the community is their ability to access health care
- Lack of access to nonemergency medical transportation (NEMT) is a critical barrier to the management of chronic illness and disabilities.

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ASSESSING THE INTERACTION BETWEEN HEALTH AND TRANSPORTATION ACCESS

- Aging baby boomer generation will present significant demand for (NEMT).
 - Prevalence of chronic illness and disability
 - Increased focus on self care and chronic disease management.
- Research is needed to understand the role of transportation on the health and well being of older adults, especially in the context of improving access to non-emergency medical care.

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ASSESSING THE INTERACTION BETWEEN HEALTH AND TRANSPORTATION ACCESS

Overall Objective

- To determine the role of transportation in obtaining access to non-emergency medical care.
- To examine the role of transportation access on health and health care use of community residing older adults.

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PROJECT ACTIVITIES

- Phase I.
 - Environmental scan of the literature
 - Examine feasibility of LogistiCare data files to address proposed objectives
 - To propose the Phase 2 study
- Phase II.
 - Comprehensive literature review
 - In depth analyses addressing NEMT among older adults

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PHASE 1 ENVIRONMENTAL SCAN OF LITERATURE

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LITERATURE SCAN PHASE 1, OBJECTIVE

The intention of the environmental scan literature review is not to provide an exhaustive evaluation of the scientific literature, but rather to provide direction toward answering the two major questions raised in our research proposal.

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LITERATURE SCAN PHASE 1, OBJECTIVE

These two questions are:

- What types of clients/patients use what types and levels of NEMT services?
- What are the documented benefits of access (and consequences of non-access) to transportation services for the use of NEMT services?

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ANNOTATION PROCEDURE

- Search methods: Ageline, PubMed, TRIS etc.
- Original data only
- Identified 70 documents/publications
- Entered into a reference base
- Two reviewers for subset of articles (inter-rater reliability)

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ANNOTATED ITEMS

- Identifiers
- Nature of document (reports, articles, conference presentation)
- Purpose
- Design
- Sample size and characteristics
- Type of Transportation
- Outcomes of interest

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ANNOTATION PROCEDURE FINDINGS

Patterns in literature subtopic areas

- Behavioral Findings
- Ecological Findings
- Limitations of Existing literature

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ANNOTATION PROCEDURE FINDINGS

Limitations of Existing literature

- Use of two primary sources-existing data, focus groups
- Limited (sample size and external validity)
- Limited in terms of ecological perspective (person, cost, coordination).
- Many of the systematic reviews are reports and not peer-reviewed

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CONCLUSIONS OF ENVIRONMENTAL SCAN

- Overall, it is clear that this field lacks a comprehensive quantitative analysis of data from actual users of transportation alternatives across a broad spectrum of geographic areas, residential settings, and socioeconomic strata and provides a good justification for the proposed research.

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CONCLUSIONS OF ENVIRONMENTAL SCAN

- Having established the importance of such an analysis, we next explore the possibilities for a more comprehensive review of the literature.
- This comprehensive review can then be used to provide a more critical statement about the interaction between transportation and health among older adults and to provide context and insight into the findings generated from the analysis of the LogistiCare NEMT data files

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PHASE 2 COMPREHENSIVE LITERATURE REVIEW

- As in Phase 1, the purpose of this literature review was to identify what is currently known about issues encountered by older adults with respect to NEMT (e.g., sources of transportation, utilization patterns, barriers).
- Focused on relevant journal articles, books, government reports, and grey literature between **June 30, 1971 and June 30, 2011**.
- 11 distinct databases (e.g., Medline PubMed, WorldCat, Transport Database, Web of Science, Transportation Research Board, CINAHL).

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PHASE 2 COMPREHENSIVE LITERATURE REVIEW

- 265 pieces of literature pertaining to transportation use among older adults, a rubric was created to categorize/inventory the results.

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PHASE 2 COMPREHENSIVE LITERATURE REVIEW

- Current efforts include categorizing the literature within the rubric to specific content areas for in-depth abstracting including:
- repeated/routine visits versus incidental visits (e.g., comparing life-sustaining visits to voluntary visits, chronic conditions versus treatments like dialysis);
- missed appointments and associated consequences; and
- disparities (e.g., percent rural, age), missed appointments and associated consequences; and cost (of services (e.g., per ride).

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LOGISTICARE DATA ANALYSES

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QUESTIONS GUIDING ANALYSES

- Who is using NEMT?
- What types of rides are users getting?
- How are they acquiring these rides?
- What is the cost for the rides and who is paying?
- Who is providing the rides?
- What types of healthcare services are they gaining access to through NEMT?
- How efficiently are they able to get to and from the healthcare services of their choice when they have access to transportation resources?

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QUESTIONS GUIDING ANALYSES

- What are the implications for no-show patients? Is lack of transportation a factor in cancelled visits? What are the costs of cancelled visits?
- Among patients with access to NEMT, what factors are associated with cancelled transportation trips? What can we learn about the “no show” users?
- Does use of NEMT differ for elderly vs. non-elderly populations?
- How do these NEMT issues differ across states, regions?

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SELECTION OF STATES FOR ANALYSES

- Our overall strategy was to select states that met the criteria of having at least 5 years of complete data on LogistiCare NEMT use, including overlapping years across states, data covering the entire state, and data on rural and urban areas.

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SELECTION OF STATES FOR ANALYSES

Five States met the criteria

State	Start Date	End Date
Delaware*	Jan 2004	to date
Nevada	Jan 2004	to date
Mississippi	Oct 2006	to date
Oklahoma*	Jan 2004	to date
Virginia	Jan 2004	to date

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PRESENTATION OF FINDINGS LOGISTICARE

- Univariate
 - Users
 - Eligibility
 - NEMT Trips
- Multivariate
 - Cost
 - Missed appointments
- Longitudinal
 - User attrition
 - Program growth

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USERS

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Table 1a. Age of LogistiCare NEMT Users Delaware and Oklahoma 2010

	Total users DE n (%)	Total users OK n (%)
Total User Population N	16,195 (100)	39,353 (100)
Age		
0-<18	4583 (25.2)	11,027 (27.9)
18-<65	9645 (59.6)	21,704 (54.9)
65-<75	915 (5.7)	3601 (9.1)
75+	1552 (9.6)	3203 (8.1)
Total Users Age 65+	2,467 (15.2)	6804 (17.2)

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Table 1b. Gender of LogistiCare NEMT Users Delaware and Oklahoma 2010

	Total Population		Population 65+	
	Total users DE n (%)	Total users OK n (%)	Total users DE n (%)	Total users OK n (%)
N	16,195 (100)	39,353 (100)	2,467 (100)	6804 (100)
Gender				
Male	6297 (38.9)	14,154 (35.8)	741 (30.0)	1856 (27.3)
Female	9883 (61.0)	25,351 (64.1)	1721 (69.8)	4941 (72.6)
Unknown	15 (0.1)	30 (0.1)	5 (0.2)	7 (0.1)

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Table 1c. Urban/Rural Status of LogistiCare NEMT Users Delaware and Oklahoma 2010

	Total Population		Population 65+	
	Total users DE n (%)	Total users OK n (%)	Total users DE n (%)	Total users OK n (%)
N	16,195 (100)	39,353 (100)	2,467 (100)	6804 (100)
Urban/rural				
<=50% rural	12,716 (78.5)	26,997 (68.3)	2040 (82.7)	4274 (62.8)
>50% rural	3159 (19.5)	12,197 (30.9)	396 (16.1)	2457 (36.1)
Unknown	320 (2.0)	341 (0.9)	31 (1.3)	73 (1)

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Table 2a. Age by Gender, Age by Rural/Urban Status of LogistiCare NEMT Users Oklahoma 2010				
	Urban	Rural	Male	Female
Oklahoma (39,353)				
Age				
0-<18	7,594 (28.1)	3,346 (27.4)	5,742 (40.6)	5,272 (20.8)
18-<65	15,129 (56.0)	6,394 (52.4)	6,556 (46.3)	15,138 (59.7)
65-<75	2,315 (8.6)	1,263 (10.4)	1,118 (7.9)	2,480 (9.8)
75+	1,959 (7.3)	1,194 (9.8)	738 (5.2)	2,461 (9.7)

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Table 2b. Age by Gender, Age by Rural/Urban Status of LogistiCare NEMT Users Delaware 2010				
	Urban	Rural	Male	Female
Delaware (16,195)				
Age				
0-<18	3,038 (23.9)	1,002 (31.7)	2,169 (34.4)	1,910 (19.3)
18-<65	7,638 (60.1)	1,761 (55.7)	3,387 (53.8)	6,252 (63.3)
65-<75	778 (6.1)	129 (4.1)	340 (5.4)	574 (5.8)
75+	1,226 (9.9)	3,159 (8.5)	401 (6.4)	1,147 (11.6)

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ELIGIBLE VS. USERS

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USERS AND ELIGIBLE BY AGE, GENDER, RURAL-URBAN LOGISTICARE (2010)

- Eligible—Medicaid patients
 - Users—At least one trip during 2010

 - Eligible = 158,117
 - Users = 16,195
- Three Tables:
- Percent users by age, gender, rural/urban
 - Totals vary slightly because of missing values

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**USERS AS A PERCENT OF ELIGIBLE BY AGE
LOGISTICARE (2010) DELAWARE**

Age	Users	Eligible	Percent
0-<18	4083	74095	5.5%
18-<65	9,645	76,011	12.7%
65-<75	915	2,402	38.1%
75+	1,552	3,367	46.1%
Total	16,195	155,875	10.4%

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**USERS AS A PERCENT OF ELIGIBLE BY
GENDER
LOGISTICARE (2010) DELAWARE**

Gender	Users	Eligible	Percent
Female	9,883	89,525	11.0%
Male	6,297	68,586	9.2%
Total	16,180	158,111	10.2%

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USERS AS A PERCENT OF ELIGIBLE BY
URBAN/RURAL
LOGISTICARE (2010) DELAWARE

Urban/Rural	Users	Eligible	Percent
Urban	12,716	123,038	10.3%
Rural	3,159	33,859	9.3%
Total	15,875	156,897	10.1%

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SUMMARY

- Steep gradient by age
- No difference by gender
- No difference by rural/urban

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ADDITIONAL ELIGIBILITY ANALYSES

- **Within State analyses**
 - Longitudinal trends
 - Regional difference (e.g. Census data on age distribution)

- **Across State analyses**
 - Consistency of demographic patterns
 - Association with Scope of Work factors
 - CDC chronic disease state profiles and Behavioral Risk Factor Surveillance System BRFSS

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NEMT TRIPS

- **Number of Trips**

- **Frequency of Length of Trips**

- **Reason for Trips**

- **Level of Service**

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TRIPS DELAWARE

- A “Trip” is defined as a completed unit of transportation provided to an individual for NEMT.

- May consist of one or more legs (segments) and multiple destinations.

- Range 1 to 8 legs
 - 1 leg 6.3%
 - 2 legs (91.7%)
 - 3+ legs (2%)

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NUMBER OF TRIPS

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Number of Trips by age Delaware								
	Age							
	0-<18		18-<65		65-<75		75+	
	N	%	N	%	N	%	N	%
# trips								
1	1,397	39.1	1,608	20.0	121	15.5	297	23.2
2	653	18.3	883	11.0	84	10.7	171	13.3
3-4	578	16.2	1,012	12.6	94	12.0	207	16.1
5-12	542	15.2	1,664	20.7	173	22.1	320	25.0
13-75	293	8.2	1,865	23.2	154	19.7	170	13.3
76-364	114	3.2	1,005	12.5	156	19.9	117	9.1
Total	3,577	100.0	8,037	100.0	782	100.0	1,282	100.0

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FREQUENCY OF TRIPS

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REASON FOR TRIP

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Table 4, Reason for Trip by Total population and Age 65+, Delaware and Oklahoma 2010

	Total Population		Population 65+	
	Total users DE n (%)	Total users OK n (%)	Total users DE Age 65+ n (%)	Total users OK Age 65+ n (%)
Reason for Trips				
Total	339,778 (100)	420,047 (100)	54,164 (100)	93,826 (100)
Dialysis	96,215 (28.3)	167,299 (39.8)	38,449 (71.0)	46,924 (50.0)
Mental Health	36,163 (10.6)	32,763 (7.8)	390 (0.7)	1082 (1.2)
Other	207,400 (61.0)	219,685 (52.4)	15,325 (28.3)	45,820 (48.8)

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SUMMARY OF REASON FOR TRIPS

- Of all trips, dialysis was a relatively common reason and slightly more notable for Oklahoma (nearly 40%). Nearly 11% (Delaware) and 8% (Oklahoma) of all trips were for mental health reasons. It is very rare for individuals age 65 years and older to use NEMT for mental health reasons (less than 1% for women and 2% for men).
- The majority of trips for Delaware older adults were for **dialysis**. Of the 33,306 trips taken in by older women in 2010, 22,368 (67%) were for dialysis, while among older men 14,962 of 19,533 trips (76%) were for dialysis. Oklahoma has a notably lower proportion of trips by older adults for dialysis

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LEVEL OF SERVICE

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LEVEL OF SERVICE BY AGE AND GENDER LOGISTICARE (2010)

Level of Service Categories

- Ambulatory
- Stretcher
- Wheelchair

Two Tables

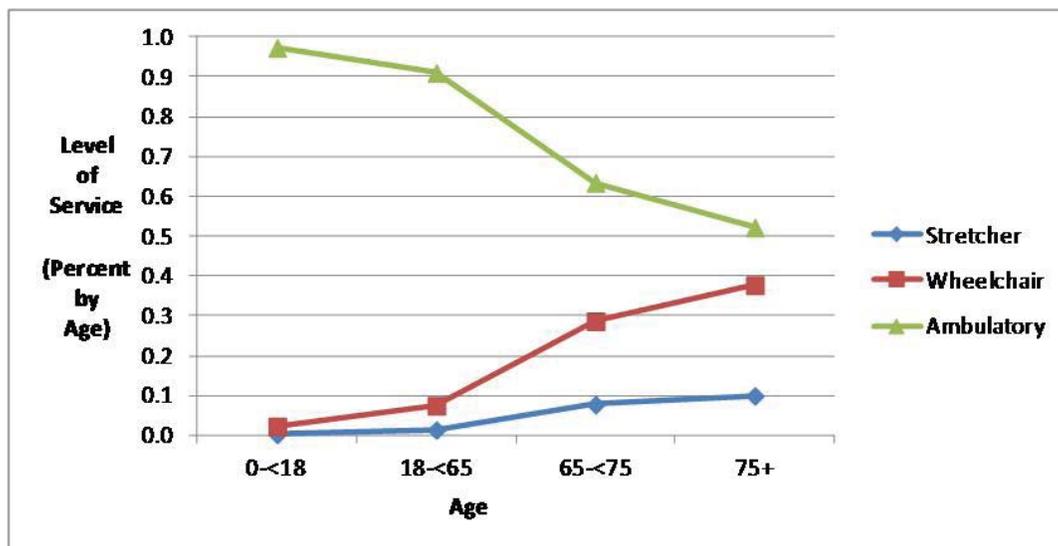
- Level of service by gender
- Level of service by age

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Level of Service	Trips byAge							
	0-<18		18-<65		65-<75		75+	
	N	Col %	N	Col %	N	Col %	N	Col %
Any leg - stretcher	101	0.3	3,640	1.4	2,248	7.8	2,522	10.0
Any leg - wheelchair	754	2.3	19,067	7.5	8,313	28.7	9,526	37.7
Ambulatory	31,348	97.3	230,704	91.0	18,361	63.5	13,194	52.3
Total	32,203	100.0	253,411	100.0	28,922	100.0	25,242	100.0

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LEVEL OF SERVICE BY AGE LOGISTICARE (2010)



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LEVEL OF SERVICE SUMMARY

- The majority of trips for older NEMT users (age 65+) were ambulatory (58.3% for Delaware and 67.3% for Oklahoma) which as expected, decreased with age.
- The least ambulatory NEMT users were older (75+) women with just over half requiring wheelchair or stretcher transportation (DE data not shown).
- Among the NEMTs for this population, very few trips in Oklahoma required stretchers.
- For both states, almost a third of NEMT services for older adults involved the use of or accommodation of a wheelchair.

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ASSESSING THE INTERACTION BETWEEN HEALTH AND TRANSPORTATION ACCESS

PART II

Pre Release of Findings

January 24th , 2012

Thomas R. Prohaska, University of Illinois, Chicago

David Ragland, University of California Berkeley

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
- Cost Analyses (Delaware 2010)*
- Longitudinal Analyses (Delaware 2006-2010)*
- Proposed Follow-up Research
- Final Comments

*Most analyses in these sections are based on LogistiCare data from Delaware

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
- Cost Analyses (Delaware 2010)*
- Longitudinal Analyses (Delaware 2006-2010)*
- Proposed Follow-up Research
- Final Comments

*Most analyses in these sections are based on LogistiCare data from Delaware

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CANCELLATION ANALYSES BY GENDER AND AGE DELAWARE 2010

- Cancellation by gender
- Cancellation by age
- Multivariate analysis

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REASONS FOR CANCELLATION

Reason for cancelling	N	%
Not cancelled	284,474	83.7
Client cancelled	17,398	5.1
Client cancelled due to health	2,881	0.8
No service available	524	0.2
Found alternative	2,842	0.8
Denied	1,150	0.3
No longer needed	7,970	2.3
Re-routed	9	0
Access issues	450	0.1
Processing mistake	481	0.1
Other	8,596	2.5
Rider not ready	114	0
Administrative	12,889	3.8
Total	339,778	100

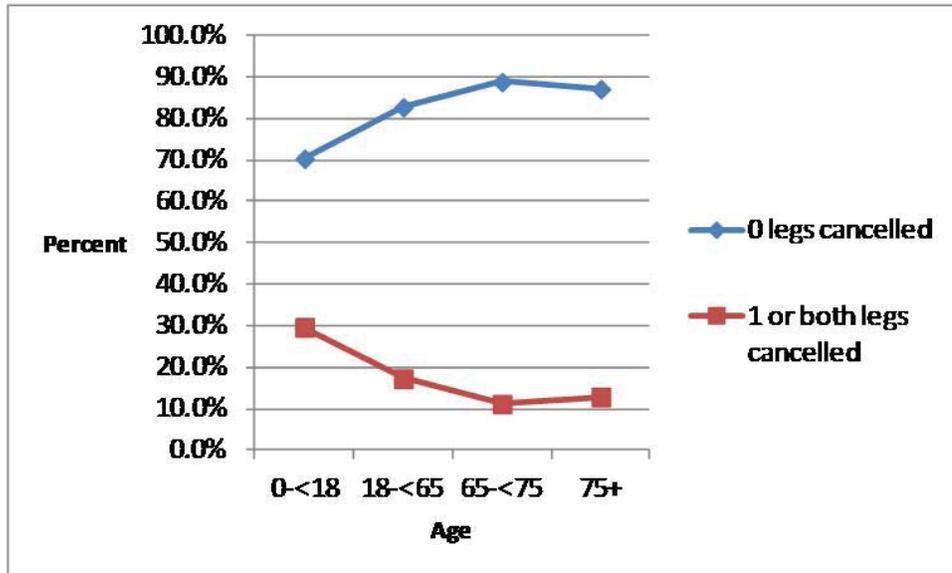
5

CANCELLATION BY GENDER DELAWARE 2010

Cancel status	Female		Male		Total	
	N	%	N	%	N	%
0 legs	158,522	81.8%	121,350	83.3%	280,030	82.4%
1 or both legs	35,329	18.2%	24,396	16.7%	59,748	17.6%
Total	193,851	100.0%	145,746	100.0%	339,778	100.0%

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CANCELLATION BY AGE DELAWARE 2010



7

SUMMARY

- About 17% of trips cancelled—A variety of reasons
- No difference by gender
- Decrease in cancellation with increasing age (up to 65)

8

CANCELLATIONS—FOCUS ON SENIOR USERS (65+) DELAWARE 2008-2010

Background

- Personal and travel characteristics associated with cancelled trips in Medicaid, older adult (65+)
- About 11 percent of all trips were cancelled

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CANCELLATIONS AMONG SENIOR USERS DELAWARE 2008-2010

Cancellation Variables

- All cancellations (16,057)
- Client cancelled due to health (1,212)
- Client found other transportation (633)
- Client cancelled for other reasons (5,685)

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CANCELLATIONS AMONG SENIOR USERS DELAWARE 2008-2010

Variables

- Gender
- Age (65-<75, 75<85, 85+)
- Rural/urban (census)
- Hispanic (census / $\geq 10\%$ Hispanic)
- Poverty (census)
- Type of trip (dialysis, mental health, *wheel chair, *stretcher)

*Persons with wheel chair or needing stretcher

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CANCELLATIONS AMONG SENIOR USERS DELAWARE 2008-2010

Results

- Over 3 year period, 152,182 trips were scheduled by 4,092 adults
- High proportion scheduled for dialysis
- About 11% of the trips were cancelled

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CANCELLATIONS AMONG SENIOR USERS DELAWARE 2008-2010

Results

- Females more likely to cancel than men for all causes
- Persons with wheel chair more likely to be cancel
- Persons needing stretcher more likely to cancel for health reasons
- Mental health trips more likely to be cancelled, but not significant

- Dialysis trips much less likely to be cancelled
- Pre-schedule (repeat) less likely to be cancelled
- >10% Hispanic less likely to cancel

- No significant differences by age

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
- Cost Analyses (Delaware 2010)*
- Longitudinal Analyses (Delaware 2006-2010)*
- Proposed Follow-up Research
- Final Comments

*Most analyses in these sections are based on LogistiCare data from Delaware

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COSTS—RATIONALE

- Need costs in order to evaluate cost-benefit or cost-effectiveness
- Costs vary by type of service, trip length, etc.
- Generally, costs of transportation are minor relative to costs of adverse medical outcomes—analyses can help demonstrate that fact

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COST SUMMARY

- The next two tables provides a summary of NEMT LogistiCare costs:
- Costs per trip and costs per mile by level of service
- These findings include all trips completed regardless of the number of legs

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AVERAGE COST PER TRIP AND PER MILE BY *LEVEL OF SERVICE, DELAWARE, LOGISTICARE 2010

Level of Service	Completed #of Trips	Trip Cost	Total Miles	Cost Per Trip	Cost Per Mile
Ambulatory	339,396	\$3,172,476	3,320,758	\$9.35	\$0.96
Stretcher	12,019	\$555,905	104,552	\$46.25	\$5.23
Wheelchair	44,751	\$893,266	52,282	\$19.96	\$2.54
Special Rate*					
Ambulatory	2,897	\$32,195	14,936	\$11.11	\$2.16
Stretcher	18	\$996	127	\$53.67	\$7.61
Wheelchair	114	\$3,368	335	\$29.55	\$10.06
Total	399,195	\$4,658,178	3,792,990	\$11.67	\$1.23

*Level of Service: Person is ambulatory, uses wheelchair, or needs stretcher.

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AVERAGE COST PER TRIP AND PER MILE BY *LEVEL OF SERVICE, OKLAHOMA, LOGISTICARE 2010

Level of Service	Completed #of Trips	Trip Cost	Total Miles	Cost Per Trip	Cost Per Mile
Ambulatory	617,891	\$15,045,864	16,574,348	\$24.35	\$0.91
Stretcher	492	\$80,675	10,366	\$188.06	\$7.78
Wheelchair	132,143	\$4,514,996	2,644,548	\$34.17	\$1.71
Special Rate*					
Wheelchair Extra Passenger	263	\$2,780	5,978	\$10.57	\$0.47
Total	756,637	\$19,701,575	19,376,537	\$26.04	\$1.02

*Level of Service: Person is ambulatory, uses wheelchair, or needs stretcher.

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COMMENTS

- The overall cost for Oklahoma over four times greater than Delaware (\$19,701,575 versus \$4,658,178)
- However, Oklahoma had more trips and higher mean miles per trip (9.5 vs. 25.6 miles per trip).
- Cost per mile for ambulatory trip slightly less in Oklahoma than Delaware (\$0.91 vs. \$0.96 respectively)

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MULTIVARIATE ANALYSIS

- Costs are determined by mile and by level of service (*ambulatory, *wheel chair, *stretcher)
- Costs related to other variables (e.g., age) depend on how the variables differ with respect to distance or level of service

*People who are ambulatory, use a wheel chair, or need a stretcher

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COSTS-MULTIVARIATE ANALYSIS

- Costs are contracted for mile travelled and for level of service (ambulatory, wheel chair, stretcher)
- Costs will differ for age, gender, etc. if these variables are related to the underlying contract costs

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VARIABLES FOR MULTIVARIATE ANALYSIS

- Gender (male, female)
- Age (0-17, 18-64, 65-74, 75+)
- Urban/Rural (50% rural from U.S. Census)
- Poverty (from U.S. Census)
- Type of trip (non-urgent, pre-scheduled, urgent)
- Level of service (user is ambulatory, uses a wheel chair, needs a stretcher)
- Total miles
- Reason for trip (dialysis, mental health, other)

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RESULTS OF MULTIVARIATE ANALYSIS

- Total miles → higher costs*
- Increased level of service → higher costs*

- Middle aged adults less than youth
- No urban/rural difference (controlling for miles)
- Pre-scheduled and urgent trips less
- Dialysis less
- No difference between male and female
- No urban/rural difference

*Necessary outcome

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DISCUSSION OF COSTS

- Overall costs determined primarily by mile and type of service
- Costs per mile comparable in Delaware and Oklahoma (by contract)

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
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LONGITUDINAL ANALYSES FOR DELAWARE LOGISTICARE (2006-2010)

- Conducted to determine turnover from year to year
- Obtain estimate of follow-up time available for fatality or other outcome analysis
- Membership data obtained for 2006-2010

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LONGITUDINAL ANALYSES FOR DELAWARE DROP IN AND DROP OUT LOGISTICARE (2006-2010)

	2006	2007	2008	2009	2010
Total in each year	11,738	13,156	14,311	14,841	14,610
Dropped from 1st to 2nd year	n %	4,100 34.9%	4,281 32.5%	5,064 35.4%	6,029 40.6%
New in 2nd year	n %	5,518 41.9%	5,436 38.0%	5,594 37.7%	5,798 39.7%
In both 1st year and 2nd year		7,638	8,875	9,247	8,812

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LONGITUDINAL ANALYSES FOR DELAWARE LOGISTICARE (2006-2010)

- 34,084 individuals received trips at some time over the period from 2006 to 2010.
- Turnover of membership over each pair of years is quite high—about 35 to 40% of current members each year were not members the following year during this period, and, about 40% of members in any one year were new during this period.

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LONGITUDINAL ANALYSES FOR DELAWARE LOGISTICARE (2006-2010)

- Older rider membership for Delaware (new members minus attrition) from 2006 to 2010 showed an overall growth of 24%
- However, the overall **rate** of growth in membership has declined. For example, from 2006 to 2007 there was a 12% growth in membership (11,738 to 13,156) and a reduction of 1.5% from 2009 to 2010.

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LONGITUDINAL ANALYSES FOR DELAWARE NEXT STEPS LOGISTICARE (2006-2010)

- Our next step will be to contrast the stability in membership growth and participant attrition across states (e.g., Oklahoma)
- Examine longitudinal patterns by key characteristics associated with growth and program attrition such as age, gender, type of service (ambulatory, use of wheelchair, needing stretcher) and reason for service (mental health, dialysis, diabetes).

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
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FOLLOW-UP STUDIES LOGISTICARE STUDY

- A. Estimate benefits of NEMT service
- B. Increase efficiency of transportation service related to health care
- C. Identify current unmet NEMT needs
- D. Determine future NEMT needs

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A. ESTIMATE BENEFITS OF NEMT SERVICE

- Method #1—Map cost effectiveness against results from the TCRP B-27 -RRD75 Cost Benefit of NEMT
- Method #2—Conduct longitudinal follow-up of NEMT users compared to control group of eligibles but non-users

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METHOD #1 MAP COST EFFECTIVENESS AGAINST RESULTS FROM THE TCRP B-27 -RRD75 COST BENEFIT OF NEMT

TCRP B-27 -RRD75 Cost Benefit of NEMT

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NEMT CATEGORIES MAPPED AGAINST COST EFFECTIVENESS OF NEMT SERVICE*

Condition	Type	Result
Influenza Vaccinations	Preventive	Highly Cost-Effective
Prenatal Care	Preventive	Cost Saving
Breast Cancer Screening	Preventive	Moderately Cost-Effective
Colorectal Cancer Screening	Preventive	Moderately Cost-Effective
Dental Care	Preventive	Highly Cost-Effective
Asthma	Chronic	Cost Saving
Heart Disease (Congestive Heart Failure CHF)	Chronic	Cost Saving
Chronic Obstructive Pulmonary Disease (COPD)	Chronic	Highly Cost-Effective
Hypertension (HTN)	Chronic	Highly Cost-Effective
Diabetes	Chronic	Cost Saving
Depression / Mental Health	Chronic	Highly Cost-Effective
End-Stage Renal Disease (ESRD)	Chronic	Highly Cost-Effective

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*TCRP B-27 -RRD75 Cost Benefit of NEMT

METHOD #2 CONDUCT LONGITUDINAL FOLLOW-UP OF NEMT USERS COMPARED TO CONTROL GROUP OF ELIGIBLES BUT NON-USERS

- Select control group from among eligible Medicaid members
- Conduct prospective follow-up

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B. INCREASE EFFICIENCY OF TRANSPORTATION SERVICES RELATED TO HEALTH CARE

Hypothesis that NEMT could be more efficient,
for example, by:

- (i) Reducing cancellations
- (ii) Facilitating use of transit and other sources
- (iii) Promote companion rider

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C. IDENTIFY CURRENT UNMET NEMT NEEDS

Hypothesis that eligible populations
exist that don't use NEMT because:

- (i) Don't know about it;
- (ii) Not easily available to them;
- (iii) Stigma associated with such services

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C. IDENTIFY CURRENT UNMET NEMT NEEDS

Method:

- (i) Obtain sample of Medicaid members from health plan or provider group or obtain listed sample and filter for Medicaid recipients.
- (ii) Conduct survey to determine need for, knowledge of, NEMT services.

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D. DETERMINE FUTURE NEMT NEEDS

Assumption:

- Future demographic changes will increase the need for NEMT
- Changing demographics may be associated with changing patterns of disease (e.g., diabetes)

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E. DETERMINE FUTURE NEMT NEEDS

Methods:

- Develop current baseline of medical conditions / medical visits
- Estimate changes in medical conditions / medical visits
- Apply demographic profile of medical conditions / medical visits to projected demographic profiles

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TOPICS

- Cancellation Analyses (Delaware 2008-2010)*
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FINAL COMMENTS CONTEXT

- Currently many people lack transportation (can't drive, no other access)
- In next few years these numbers will increase (aging population)
- We want to encourage independence (self care, grow on in place and in the community)
- NEMT provides a critical element making this possible for current and future populations

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FINAL COMMENTS CONCLUSIONS

- Clearly a need for NEMT, as evidence by increasing proportion using with age, increasing fragility with age
- NEMT must be tailored to meet needs of diverse populations (age, gender, ethnicity, clinical condition, etc.), both currently and in the future
- We must prove that NEMT as currently configured is beneficial for older adults through empirical studies.
- LogistiCare data holds promise by itself and in conjunction with other data (either existing or collected via surveys) for generating further insights about NEMT.

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Primary Respondent

Primary Respondent to the Findings: Dale Marsico, Executive Director of the Community Transportation Association of America

- Marsico noted his long-standing advocacy in defense of NEMT: Today, we heard about the important role of NEMT in dialysis treatment, age issues, the value of escorts showing up. This data helps us say 'This effort is absolutely valuable.' If we're to be successful in a non-institutional environment, we have to close the gap by providing more transportation. It's about what we save the government and having better outpatient services.
- He stated, "It doesn't matter if you have the best health care services in the world if you can't get to them...these are the kind of things the facts we heard today lead us to support."
- He further added "Thanks to you, we know factually for the first time that we've been heading in the right direction on this for years. Thanks for legitimizing what some of us have always known."
- Today's presentation underscores the arguments that have been made for the importance of NEMT services for older adults and people with disabilities, and the research is valuable to help us create solutions.
- We have to close the gap between those who are considered eligible and ineligible for services, and this study demonstrates that the cost of NEMT is minor compared to emergency trips that lead to expensive institutionalized care.
- The government saves money by having effective transportation for outpatient services.
- We have to explore more ways to make these services affordable.
- There is an opportunity to reeducate people on the values of these services.
- This research is an affirmation of the argument for the importance of NEMT to help people most in need to receive life-sustaining and supportive services.
- NEMT is sustainability of a different kind that makes living possible for people in urban and rural communities who otherwise would not be able to live in a non-institutional setting.



Dale Marsico

Upon conclusion of the presentations on the research findings, participants voiced their ideas and asked the panel questions about the study. Participants were interested to see the data and wanted to delve deeper into specific topics and issues unearthed by the study.

Overall Excitement

- “This is great research, I am glad to see it...I applaud the work you have done, it’s interesting.”
- “This presentation has just been absolutely wonderful. Dale captured the excitement that many of us feel about the level of detail. It’s a very thought-provoking presentation.”
- “I think this is a great endeavor. Too often academics don’t think about the type of data that shows other types of benefits associated with healthcare, so I think it’s just terrific that you are breaking that ground. I hope there will be a more structured collaboration or more collaborations between academics and government contractors, particularly benefit managers in public health care programs so that the data that contractors collect would be more research friendly.”
- “Thank you so much for doing the work that you guys have done. What you presented today is incredible. This information is timely for the American Cancer Society and our advocacy arm, the Cancer Action Network. We are going to convene a large group with people in Atlanta and the CAN group based in DC to talk about transportation as the organization and the society is re-evaluating the transportation program that we offer to cancer patients. ”
- “I am excited in terms of the potential for other research questions.”
- “You all have done a fabulous amount of work.”
- “This is great work and I’m impressed and I look forward to seeing the final report and thank you.”

Specific comments on various findings follow:

Reasons for Trip

Comment: I would like to see what co-efficient can be used to predict growth in paratransit ridership and a model based on causes, not on trends. Studies that project ridership for ADA paratransit [and other forms of paratransit] are based on overall trends; yet, professionals in the paratransit area know the major drivers: deficits on activities of daily living kick up at age 85; students with severe cognitive, intellectual or physical disabilities graduate from school; and traumatic brain injuries are increasing. I would like to see a series of papers by discipline.

Response: We have had preliminary discussions about drilling down by content areas such as the major cause of reason for the trip (dialysis and diabetes). We recognize there’s literature outside of transportation but inside the field of gerontology that could inform the interpretation of these findings. The TCRP research report provides a useful look at the cost effectiveness of prevention as well as treatment.

How Age Affects the Use of NEMT

Comment: There are relational databases looking at density by ZIP code, and it would be interesting to look at these findings against Medicare longitudinal claims data. [Regarding slide 39] Isn’t it possible

that the younger people were still using other modes of transportation and didn't need NEMT? Let's start to look at the 80-85 year old range and see how the modes of transportation change. In addition to death, factors that can affect drop-outs include: the rider moved to other settings; he entered an institution; someone else is driving him; he's using a volunteer driver program; the type of vehicle he's using has changed; or, though you don't have this from the data, the rider didn't like how he was treated by the driver and other issues.

NEMT-Eligible Riders Not Using the Service

Comment: Some people are eligible for NEMT but are not being served because they either choose not to or do not know about it. Eldercare Locator receives a high percentage of calls for an immediate need for transportation, and sometimes people believe the NEMT service for which they are Medicaid-eligible is not available to them. What is the incentive for increasing the usage of this valuable service by those who don't use it?

Response: Typically, when you begin a NEMT program there's an outreach effort made. It's usually part of the contractual effort between the state agency and, in our case, the brokerage service. Another thing is that, particularly with Medicaid, people are often discouraged from using NEMT because it has to be the last source of transportation. A rider must exhaust all other sources before she can be billed for a Medicaid trip. Regarding stretcher services, people are probably unnecessarily in emergency type ambulances. Riding in a different type of vehicle with a stretcher would cost riders about a third as much, but people are not aware that they do not always need NEMT just to be transported in a reclining position. In many cases, riders aren't comfortable that the people providing the [Non-NEMT] services are properly credentialed, trained or monitored.

There are creative ways to develop estimates of how little or how much we are serving a community. There are models to identify the individuals who haven't been reached and the true denominator. One of the ways you can approach finding the real numbers is to piggyback on an existing infrastructure that's already serving an at-risk population. For example, in Illinois, a community care program that provides services to 60,000 older adults who would otherwise be in nursing homes has in-depth information on their customers' activities of daily living (ADL) and instrumental activities of daily living (IADL) needs.

Comment: We should think about the issue of statewide coordination in lowering cost and increasing use of NEMT.

Coordinating Dialysis Trips

Comment: Is there a movement or is there the ability to coordinate dialysis trips to save costs?

Response: We need to get the medical community involved in the coordination efforts. It could and should be done. We have made an effort to do this with individual dialysis clinics. In some cases, we have been successful in working with groups of dialysis patients.

One-Way Versus Roundtrips

Comment: I was struck by was the high percentage of round trips. Sometimes, people call NCST and are able to take NEMT to their medical facility but must use a different method of transportation after receiving dialysis or chemotherapy. Perhaps people use NEMT roundtrip if it's their only alternative. In your further research, it might be interesting to tease this out.



Cancellations

Comment: What is the difference between a cancellation and a no-show? Aren't there different costs?

Response: Cancellations in this study include all the no-shows—if we arrived at the door and the passenger doesn't come out. There are different costs, and it's a loss of opportunity. If two thirds of the people don't show up, then you have more cost to the operator, to the programmer and all around. This is why looking at the cancellations, what's causing it and why it's happening is important.

Comment: Cancellation seems quite high in general and this is a central issue. We need to get a better sense of who cancels. Being hospitalized or ill is a reasonable explanation for cancelling. In the dialysis-mental health comparison, the data on dialysis patients makes sense as people who signed up for dialysis must receive it. I was surprised that the mental health group cancellation rates weren't worse.

Response: Numbers in the data were working the way we expected them to. We then ran into some quirks, for example with the urgent care point. When I understood the operational definition was not based on seriousness but on the timing of it, I felt a little better that this was a real finding. It took us a year to feel somewhat comfortable with this data.

How Policy Could Have Affected Findings

Comment: Regarding the role of public programs, be aware of the extent to which your findings are driven by policy. You may have a low take-up rate for a NEMT benefit simply because the Centers for Medicare and Medicaid Services has guidance that says this is a benefit of last resort. It is a mandatory benefit, but a person is not entitled to it unless he lacks transportation to a covered benefit. The turnover you are seeing in your population from year to year may be nothing more than the turnover of the Medicaid-user population.

Also, it's important to keep in mind that you are looking at data from managed NEMT, not the NEMT Medicaid benefit in general, although there's been a big growth in managing NEMT under brokers like LogistiCare due to a change in policy in 2006 with the Deficit Reduction Act when barriers for states to



brokers were eliminated. In terms of all the variables you are examining, you may see significant differences if you were to look at the same benefit in a non-managed environment.

Response: We are being cautious about how [these findings are] interpreted and we leave that for others and for other sources of information to either supplement or confirm that the interpretation is appropriate. I like the idea or concept that what we are seeing may be the result in policy, and certainly it is to some extent. I think it would be interesting to model potential changes to see what the outcomes would be. We do have a natural experiment in the concept of scope of work by state. We can look at how variations in that seem to play a role in the pattern of use.

Managed Transportation Benefits

Comment: I was interested in your comments about residents of Delaware and Oklahoma who have other types of chronic conditions and rely on the NEMT benefit. It will be interesting to watch the managed transportation benefits as more and more states are starting to shift their aid to people with disabilities and visual impairments into managed care. It will be interesting to see how people with disabilities access the benefit when they are in a coordinated delivery system.

Use of Companions

Comment: You spoke about how we might save money by encouraging companions to accompany patients and take them further to the door, thus keeping transportation non-urgent. In addition to using a less expensive transportation method, by using NEMT, two caregivers do not have to miss a day of work/lose income in the effort to help get their older adult family member to a doctor's appointment (one would park the car and the other would assist the family member). When you do surveys, consider the companion. You could show a savings in terms of society, not just transportation. We should encourage caregivers to use NEMT through being a companion to their family member.

Response: If we were to do the survey, we would want to use that context. Shared care, or the transition to becoming a caregiver, is associated with transportation. Part of the scope of service with the contract may or may not include companion assistance. You must remember this is NEMT, not paratransit services. We don't necessarily have a really good handle on that service and what's being required because drivers often go above and beyond. Notably, a companion passenger is typically allowed to ride at no extra charge.

Urgent Trips

Comment: Regarding urgent trips booked less than 24 hours in advance, it seems odd that people that make their appointments at the last minute would have less expensive trips than those planning in advance.

Future Plans for the Study

Comment: Are you planning to extend this study to groups and states other than Delaware and Oklahoma? It would be interesting to look at less homogenous states, such as in Virginia and Ohio (size and diversity) and Mississippi (African American minority and low-economic status groups).

Response: We needed to understand the data set and Delaware was appropriate for that. Oklahoma seemed like the best fit for the next level, and indeed we found another level of complexity in that data. Each state has a level of complexity unto itself. We had a suspicion that Virginia would be complex in a number of ways, and we decided that, while that would be a nice state to add, it was premature to do at this point in our work.

You bring up a good point, however, as we do need to go further. This was a pilot project. We only had a complete set with five years data on five states. For what the research team has done and what time and effort they put in on this initial study, they went far beyond in terms of what we hoped in terms of scope. It would be great to provide the researchers with information from states that do not use managed care to look at the difference in the direction these services take and the cost.

Comment: These findings are just a part of the picture. Maybe we should call NEMT *non-emergency medical transportation* with small letters rather than capital letters as that may distort the role of policies. In River City, we attempted to blend our paratransit together with a very small amount of money from the Older Americans Act. Also, we don't want to lose site in the United We Ride effort in terms of what we can do in a given locality to maximize the efficiency, effectiveness and service to people. Getting a ride to where a person needs to go is more important than who provides it.

Response: The Peduca area has good coordination. It might be worthwhile to get data through that system to do some comparison here in terms of how it works. They are doing a completely coordinated model in terms of their services. The Medicaid model is the model that we have because we haven't been allowed to provide the human service transportation yet.

Comment: At the federal level, we have a federal interagency group looking at health. We are going to be grappling with federal policy issues associated with that (though this is not a legislative group). We want to help to make our programs more responsive. The other database you might be interested in is [from] the Veterans Administration, one of the members of our group. They are trying to upgrade the transportation of their own system and have created, for the first time within the VA, a veterans transportation service group. They have discreet grants they are making to the medical centers around the country, and they want to measure the impacts of these investments on the cost of health care they are delivering.

The Future

In recent years, the human-service community has broken major barriers to community inclusion through progressive ways of providing health services, such as integrated care models or medical/health homes. Shifting care from an institution to a home has allowed people with disabilities or illnesses as well as older adults to remain at home in their local communities with their family, friends and co-workers. Accessible and affordable transportation, however, is a necessity to maintaining that independence and receiving health services. A person is only able to remain at home and increase their level of health if he is able to get to medical appointments, talk to health professionals and pick-up medications. The intersection between health/wellness and transportation has become an increasingly important area for the services community to understand, as efficient transportation and health services decrease costs and increase a person's quality of life.

With 73 affiliates, Easter Seals served 1.5 million people last year, and all of them used transportation to get where they needed to go. Human-service organizations across the country recognize the significance of reliable transportation for their clients and can now use data from this study to improve their service delivery. Together, we must look at new ways to coordinate care between providers and communities, further develop person-centered care, look at existing gaps in transit systems, and work together to provide transportation services in the most efficient manner possible. People are open to new options as long as they can get where they need to go—developing more efficient transportation services or healthcare service delivery processes could make a huge impact in their lives.

The findings of this study are consistent with the goal to increase access to transportation for all people, but research on this area has only just started to unravel all of the health implications of accessible and efficient transportation. Discovering how transportation affects health and wellness is key to helping people lead healthier, higher quality and happier lives. This is an exciting time, and we look forward to looking further into the results of this study with our partners and making the best use of resources around the country to help people access the health services they need.

Randy Rutta

Executive Vice President of Public Affairs
Easter Seals

Left photo credit: www.pbicimages.org / Dan Burden



Appendix A: Participants

Jeanne Anthony, **AARP**

J. Barry Barker,
Transit Authority of River City

Doug Birnie,
**U.S. Department of
Transportation**

Pamela Boswell,
**American Public
Transportation Association**

Pam Brown, **U.S. DOT**

Catherine Caldwell,
U.S. DOT

Flora Castillo, **NJ TRANSIT**

Anne Dickerson,
East Carolina University

Virginia Dize,
**National Center
on Senior Transportation**

John Eberhard,
**Howard County
Commision on Aging**

Katherine Freund,
ITN America

George Gaberlavage, **AARP**

Jane Hardin,
**Community Transportation
Association of America**

Kenneth Hoggard,
LogistiCare, LLC

Cheryl Irmiter,
American Medical Association

Teresa Keenan, **AARP**

Helen Kerschner,
Beverly Foundation

Reginald Knowlton,
**National Resource Center,
CTAA**

Richard Marottoli,
Yale-New Haven Hospital

Dale Marsico,
**Community Transportation
Association of America**

Dennis McCarthy,
**Florida International
University**

Kara McLeod,
University of California Berkeley

Harold Morgan,
**Taxicab, Limousine and
Paratransit Association**

Danielle Nelson,
U.S. Administration on Aging

Dorothy Northrop,
National MS Society

Germaine Odenheimer,
**The University of Oklahoma
Health Sciences Center**

Jane Oxley,
Monash University (Australia)

Thomas R. Prohaska,
University of Illinois at Chicago

David Ragland,
University of California Berkeley

Jo Reed,
**National Association of Area
Agencies on Aging**

Nina Silverstein,
University of Massachusetts Boston

Marsha Simon,
Simon & Company, LLC

Citseko Staples,
American Cancer Society

Scott Windley, **U.S. Access Board**

Steve Yaffe,
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Mary Andrus,
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Tony Brown,
Jennifer Dexter,
Whitney Gray,
Mary Leary,
Jed Johnson,
Marie Maus,
Kristi McLaughlin,
Rik Opstelten,
Randall Rutta,
Ken Thompson,
Jennifer Walton,
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Appendix B: Study Press Release

Easter Seals, American Medical Association and LogistiCare to Conduct Study on Impact of Transportation Access on Health Care

CHICAGO, April 4, 2011 /PRNewswire-USNewswire/ – Easter Seals, the American Medical Association (AMA) and LogistiCare today announced they are working together to conduct a study for the Federal Transit Administration (FTA) on the relationship between transportation access and health and wellness. The study findings are expected to be announced in late 2011.

“Approximately 2.6 million adults in the U.S. don’t get the health care they need because they don’t have transportation,” said Cecil B. Wilson, president, AMA. “Understanding the relationship between access to transportation and access to care is key to helping patients get the care they need.”

Physicians and service providers have long noted the absence of transportation resources as a barrier to care. There’s also the potential that a lack of transportation access may result in increased hospitalizations and complications from neglected health care. Yet there is still little research available on these issues.

“Lack of access to transportation options is a major barrier to living, learning and working in the community. We consistently hear this message from the many people living with disabilities, older adults and families we serve,” said James E. Williams, Jr., president and chief executive officer, Easter Seals. “We need to better understand how that lack of access truly impacts people’s lives from an economic and quality of life standpoint. Easter Seals is pleased to work with such notable researchers and partners to study this intersection between health, wellness and transportation options and learn how we can better serve our publics.”

Competitively selected, the study’s research team is led by Dr. Thomas R. Prohaska of the University of Illinois at Chicago, Center for Research on Health and Aging, within the Institute for Health Research and Policy, and with other notable scholars from participating universities Texas A&M Health Science Center and the University of California, Berkeley. Working with medical transportation data from LogistiCare, the team expects to learn new information regarding the interaction between health and transportation access.

“As the nation’s leading client focused medical transportation mobility solution, managing over 26 million medically necessary transports annually, LogistiCare observes first hand the positive results of access to medical treatment for our clients,” said Herman Schwarz, chief executive officer, LogistiCare. “Our database resources will provide a rich data environment for this study on measuring the importance of transportation in improving healthcare outcomes.”

The study is funded through the Federal Transit Administration Technical Assistance Centers Easter Seals Project ACTION and the National Center on Senior Transportation with significant in-kind support from the AMA and LogistiCare.

About Easter Seals & Easter Seals Project ACTION

Easter Seals is the leading non-profit provider of services for individuals with autism, developmental disabilities, physical disabilities and other special needs. For more than 90 years, we have been offering help and hope to children and adults living with disabilities, and to the families who love them. Funded through its Federal Transit Administration Cooperative Agreements, Easter Seals Project ACTION expands accessible transportation for people living with disabilities through training, technical assistance, outreach and applied research. Easter Seals has collaborated with the Federal Transit Administration for twenty-three years to advance transportation access for people living with disabilities for all ages through close collaboration with the disability and transportation communities. For resources to help expand accessible transportation and transportation options for people living with disabilities and older adults, visit <http://www.projectaction.org/> and <http://www.seniortransportation.net/>.

About the American Medical Association (AMA)

The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional, public health and health policy issues. The nation's largest physician organization plays a leading role in shaping the future of medicine. For more information on the AMA, please visit <http://www.ama-assn.org/>. And visit the AMA's Aging and Community Health website to learn about various activities and resources to help our aging society www.ama-assn.org/go/aging.

About LogistiCare Solutions, LLC

LogistiCare provides coordinated and mobility specific transportation services in 38 states and is headquartered in Atlanta, GA. Learn more at <http://www.logisticare.com/>.

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"There's so much more that needs to be done...On behalf of all of our partners, we hope this area of inquiry will continue to be a conversation that, at the end of the day, will enable people with disabilities and older adults to find and use their preferred transportation choices that support community living."

Mary Leary, vice president of the transportation group, Easter Seals

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from the U.S. Administration on Aging and is administered by Easter Seals, Inc.
in partnership with the National Association of Area Agencies on Aging (n4a).

