

Unfinished Business: Ensuring Community Transportation's Role in Medicare

by Scott Bogren

Long before there was any federal commitment to providing access to medical care there was community transportation, bridging the gap between doctors and isolated Americans. Indeed, since its inception community transportation has connected millions of Americans with life-sustaining medical care. But too many senior citizens still go without the vital health care they need due simply to a lack of mobility alternatives.

For America's senior citizens, what has always been a primary quality of life indicator is increasingly becoming a matter of life and death. How often has the tale been told: A healthy, independent older adult slips and breaks a bone, or contracts a non-life threatening virus. With no family or friends nearby to assume the role best played by community transportation, the otherwise hale senior ends up warehoused in a nursing home. Tragically, this is how many elders spend their final days.

Not long ago, I saw this very fate befall my own grandfather. Once institutionalized, he virtually willed himself to die. And I thought then, as now, there simply must be a better way. There is — through Medicare, America's largest health insurance program, which does not include non-emergency transportation. If, as the current Administration often vows, no Americans should be left behind, then non-emergency transportation must be made a viable component of Medicare.

Support for this logical change in Medicare is growing. Recently, the General Accounting Office, at the behest of Senate Minority Leader Tom Daschle (D-S.D.), published a report entitled Rural Ambulances, Medicare Fee Schedule Payments Could Be Better Targeted, that documents that nearly 90 percent of current rural Medicare ambulance trips are actually of a non-emergency nature, even though the program forbids such trips. The issue persists in urban areas as well, where emergency medical technicians confirm that far too many of their calls are responding to seniors with non-emergency needs. It seems both rural and urban older adults, too often, have no other way to go, except ambulances.

As a rural community transportation operator told me earlier this fall, "How can we transport all these seniors — and we have so many more — without any funding?"

But how can we deny them a trip we know without which they'll at best lose their independence, and at worst even die? That's our dilemma."

This simple solution will impact thousands, if not millions, of Americans by improving their quality of life and, in some cases, restoring life.

A Crisis for America's Communities

Medical transportation has long been a defining role for community transportation, but it can no longer meet the challenge of senior medical transportation alone – or without help. With services designed to meet the needs of people, community transportation operators offer their service areas flexibility, availability, convenience and cost-effectiveness. More simply, these agencies have succeeded because they perfectly meet the needs of the customers they serve.

Traditional public transportation is too often not a real option for seniors. Forty-foot fixed-route buses can be inaccessible due to factors as varied as the bus stops, weather and steep stairs.

In Michigan, an 81-year old end-stage renal disease patient who had been on dialysis for three years depended on the city of Detroit's Metro Lift paratransit service to take her to and from her dialysis facility in Detroit. But the disease took a toll on her body, and after being discharged from a month-long stay in the hospital, she was discharged to a nursing home closer to her daughter, but outside of Detroit. None of the nursing homes provide transportation and Metro Lift only serves the city of Detroit. Southfield's paratransit service won't go into Detroit, where she goes thrice weekly for her dialysis. Her daughter tried relocating her to another facility, but they are all filled. Private transportation companies quote prices of \$37 to \$84 per one-way per trip. These are the type of situations many seniors and their adult children face — and dread.

A wise investment, community transportation is a highly effective aspect of preventive health care that helps citizens, communities and government programs alike to avoid more expensive emergency medical services, to get to a routine doctor's appointment or to access pharmacies. In this role, community transportation saves money and improves lives.

Non-emergency medical transportation can be thought of as preventative or treatment transportation. These trips are typically non-urgent in nature, but many are of the utmost importance for individuals with chronic illnesses, surgical follow-ups or ongoing therapy.

For many community transportation providers, medical trips represent the single-most popular trip destination. And more often than not, these medical trips are for

senior citizens. For community transportation, providing Medicare-funded non-emergency transportation trips would be a logical service extension.

"Though our services are open to anyone, seniors are an important part of our ridership. Our sole purpose is medical transportation," says Rex Knowlton of Wheels, Inc., in Philadelphia, Pa. " There is no more important trip than connecting someone with medical care — whether that's just a check-up or life-saving dialysis. You just can't overstate the importance of this transit connection."

Leave No One Behind

Seniors are the fastest growing segment of the U.S. population today. And the fastest growing segment of the older adult population are those over the age of 85. With no alternatives, these often-frail seniors are forced to drive long after many feel comfortable behind the wheel. In fact, the number of drivers over the age of 85 in the year 2030, according to government statistics, will be four to five times greater than the number today. And where are most of these elders headed? You guessed it, the doctor (or the pharmacy).

There is insufficient investment on transportation alternatives for seniors today. A handful of programs offer relatively minimal funding levels considering the burgeoning older adult population, currently 40 million people. And the bulk of these programs can only be used to buy vehicles, not fund the operations of a transit organization. The largest funding program for senior transportation is the nation's largest health care program — Medicare. But the more than \$2 billion spent by the Medicare program for transportation is limited to emergency ambulance services.

Imagine the cost savings to the Medicare program and to the American taxpayer of transforming the \$2.5 billion spent on ambulance trips into far less expensive and more appropriate community transportation service. If only half of the current Medicare trips were moved to community transportation, it would equal \$1 billion in additional funding for transportation alternatives for seniors. Improved senior mobility at less cost to the taxpayers! In the end, having a community transportation benefit or making these costs allowable in Medicare greatly reduces the overall cost of our nation's largest health program.

Change is Needed — Now!

As the nation's population ages and as more health care is delivered on an outpatient basis, community transportation's key role in the quality of life of our nation's elderly population grows ever more important. Medicare reform must include a non-emergency transportation component.

The opportunity to effect this vital change is upon us. Medicare was a much debated topic in the last presidential election. President Bush even mentioned Medicare reform in his acceptance speech from the Texas Capitol on December 13. For the 107 th Congress, developing a Patient's Bill of Rights will likely be an early course of action. The time is now.

"Senior citizens are part of the general population. Somehow, we've allowed our transit systems to be either for the general public, or for seniors, or people with disabilities. Aren't seniors and people with disabilities part of the general public. Developing cost-effective, practical solutions for senior mobility challenges ought to be the top priority for public and community transportation organizations. Non-emergency Medicare transportation will be a big part of the solution," says Dave O'Connell, general manager of Mason County Transit in Shelton, Wash.