



Perfect Together:

Public Transportation and Medical Transportation

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The former New Jersey state motto of “Perfect Together” might be better suited for tourism, but in my travels as one of five United We Ride Ambassadors over the last year, I think it’s an ideal description of public transportation and medical transportation working together. “Perfect together” because their combination represents an affordable and reliable option for non-emergency medical transportation as well as a vital component in the redefined role of public transportation in our communities throughout this nation.

In many ways, with so many people taking traditional public transit to healthcare appointments and with community-based transportation providers having long been vital components in the non-emergency

medical transportation network, public and medical transportation are already together.

The need for non-emergency medical transportation is not going to diminish as a significant portion of our population continues to age and the medical community carefully monitors over the length of patient hospital stays due to the extreme pressures on health care costs nationally. Non-emergency medical transportation is an essential support service to medical treatment. Jon Burkhardt, in a recent TCRP report (see page XX), has accurately quantified the economic impact of this transportation. Without reliable non-emergency medical transportation, an abuse of emergency transportation occurs, an increase in the incidence of emergency medical treatment is predictable and the

overall quality of life throughout the community suffers.

The context of transportation within the larger health care arena always needs to be in our thinking as community and public transportation providers. Transportation is akin to visiting nurses, hospice treatment or physical therapy. It is a support service. Within healthcare, the primary concern is maintaining the individual’s well-being through his or her medical treatment. Measures such as average length of stay or outpatient visits or number of rehabilitation treatments are utilized as yardsticks. Within this arena, community and public transportation is a means to end, not the end. For many, but certainly not all patients, it is the vital link that connects the individual to the essential treatment. We need to think in this

relative context, while translating areas of our expertise appropriately to ensure connections are made.

In many areas, community transportation providers have been delivering non-emergency transportation for years, some using volunteers, some as part of another critical transportation service, some through paid staff, some through extraordinary cooperation with other human service providers. In some communities, non-emergency medical transportation occurs naturally with the transportation of the general public in other places, separate networks entirely exist where duplication abounds as defined medical transport shadows the other transportation being provided by the public transit network.

Many public transportation entities, particularly in rural areas, have routinely completed medical trips as part of their core transportation mission. Other public transit systems run fine without reaching out to any specific group, inclusive of the non-emergency medical contingent.

So why the marriage now? Why is this suddenly important?

The reality in our country is that the population is both getting older and increasing in number. The mobility and healthcare needs of our population are changing. These pressures are foreseen for the near future. Simultaneously, community and public transportation is stretching to meet changing community needs; it is being redefined in some instances and overall is being encouraged to serve the needs of the community as contrasted to structuring a mechanism to transport the defined mass of that community.

For domestic programs to survive, the coordination as manifest in the United We Ride initiative must become fulfilled. Similarly, for traditional public transportation to address — in a meaningful way — changing community mobility needs, expansion beyond the larger vehicle, curb-to-curb option becomes critical. This is recognized in the landmark SAFETEA-LU legislation as well as in the Presidential Order (for more on this order, go to www.whitehouse.gov/news/releases/2004/02/20040224-9.html) motivating the change.

Change doesn't come easy, it never has. Many people with non-emergency medical transportation needs can — and already do — have those needs met by the emerging community and public transportation network. With innovative tools such as enhanced technology, the ability to provide beyond curb-to-curb service; the encouragement to include non-traditional providers, the fervor of the faith-based community, and the strength of volunteerism as a meaningful option, community and public transportation is better positioned than ever before to meet the needs of non-emergency transportation. It's about life itself, not just quality of life.

Similarly, with the realities of the increased numbers of persons in need; the removal of traditional barriers, such as single-use vehicles, dictated by governmental funding streams; the encouragement to engage in meaningful coordination; the budget restrictions at a time of dramatic increases in fuel overshadowing normal cost of living escalations and the ease of desired data collection with the technology capabilities, funders of medical transportation are increasingly looking to the transportation experts, those in community and public transportation, for solutions.

A cautionary note, however. Sometimes the piece doesn't fit in the puzzle. Non-emergency transports need to work financially within the business plan of the transit system. Specific awareness of the existing cost structure and the impact of the change on the cost structure are key. Once the parameters are known, situations may exist where meeting a portion of the demand will cost more than is recoverable. Systems need to understand this reality and be prepared to say no to the opportunity. Hopefully these situations will result in an understanding by both parties of the separation and a revisiting of the opportunity at another time in the future. This, too, is a success as information has been exchanged, reviewed, critiqued and understood by the stakeholders.

Ours is an exciting time within the community and public transportation industry. There has been an explosion of demand for non-emergency transportation, and our success in this area has bred demand. Folks are talking, planners are involved with transportation efforts, varied agencies are meeting to express needs, and traditional and non-traditional stakeholders are exchanging views. Community and public transportation is positioned to succeed in meeting the needs of those in our neighborhoods.

Perfect together. Not quite, but certainly with hard work, compromise and visionary leadership we can make public transportation and non-emergency medical transportation work for everyone involved.