

The Finest Kind of Public Service in Medical Transportation

The network of providers making possible the many non-emergency medical transportation connections around the nation is as varied as the patients and passengers it serves. Yet all of these systems profiled below — and hundreds of others — have one thing in common: They are more examples of the finest kind of public service in community and public transportation. The nature of their non-emergency medical transportation service, in many ways, depends on their location and the needs of their communities. The critical nature of their service, however, is unquestioned. The network of community and public transportation providers that has responded to meet the non-emergency medical transportation needs of the American people is also acutely aware that much need remains unmet.



Community transportation in every sense — medical professionals, businesses, mayors, Girls Scouts, Congressional representatives and individuals all help Kid One connect Alabama's children with needed healthcare.

Kid One

Hoover, Ala.

Russell Jackson was a 24-year-old firefighter volunteering in one of Alabama's poorest rural communities when the realization hit him. That's where he met Christopher, a young boy unable to speak. Christopher had never been to a doctor. Did the family lack insurance, Jackson wanted to know? No. What they lacked was transportation.

Jackson used his own car to transport Christopher to Children's Hospital in Birmingham. While he sat in the waiting room, hospital workers heard about his trip that day, and talked with him about other rural children they knew who were unable to reach the hospital. Jackson started exploring and discovered that a ride — not insurance — was often the missing link to children's healthcare. He learned that some half a million of the state's children live in homes with little or no transportation, and thus forgo preventative care and are often unable to seek medical attention for illness or participate in ongoing treatment.

The doctors found an operable tumor on Christopher's brain. After an operation to remove it, Jackson transported Christopher to regular therapy appointments. Today he's a talkative, active young adult.

"All it took was for me to see what this care could mean," says Jackson. "I thought, surely, someone should be able to solve this problem. This was just four wheels and an engine preventing someone from getting care."

Kid One educates elected representatives about the ripple effect of access to healthcare. Then-Congressman Bob Riley, now the state's governor, understood the power of healthy children in addressing community development issues, and directed a discretionary earmark to Kid One in 2001. Senator Richard Shelby understood the need to help the children of people in job training and those transitioning into the workforce — and Kid One was awarded a one-time Job Access and Reverse Commute grant in 2004. Both grants were matched dollar for dollar, and were used to expand connections in areas currently un- or underserved by Kid One. Jackson stresses the financial challenge of ensuring that service made possible such one-time grants remain intact with private sector contributions.

Kid One's outreach to the private sector is phenomenal, and the result has been equally so. Mercedes



In rural Alabama, the nearest medical care may be 50 miles away. Thousands of children live in households with limited or no transportation options.

Benz, with a manufacturing plant in Alabama, donates the use of four vehicles a year. Trapeze Software has upgraded Kid One's scheduling capability at no cost. Mentor Engineering is soon to supply the operator with on-board data terminals purchased by a private grant. On-board advertising on the exterior of the vans brings in additional dollars.

"I'll talk to these business people, tell them the statistics, tell them the stories, and they'll say, 'I never knew!'" says Jackson, again underscoring the importance of education. "We convinced them of the economic impact of getting children to medical care. It's dollars and sense. If we keep people out of the emergency room, hospitals will see an overall reduction in costs of care."

He emphasizes the impact businesses can in turn have on public officials.

"I call the president of a company. He or she calls a

carrier

state representative. Mountains get moved.”

Jackson says Kid One has also devoted a lot of time and energy in delivering its message to the media ... in selling non-emergency medical transportation for children, for families, for communities.

“We put a face on public transportation,” he says. “We go for the heart. We tell them about children. ‘And now that I have your attention, let’s talk about your

Mom, your Grandmother.’”

To launch Kid One, Jackson sold almost everything he owned. With one van and a whole lot of passion, Kid One started rolling. He contacted potential donors and the media. As a master storyteller, Jackson showed people what Kid One was trying to do, describing families and situations, needs and results. He talked his way onto numerous spots on news stations, extolling the

benefits of connections for children and expectant mothers. By the time Kid One was featured on Oprah’s and Rosie O’Donnell’s nationwide talk shows, powerful decisionmakers were paying attention.

“The next thing I know, Mercedes Benz is approaching me!”

Eight years later, Kid One has connected thousands of children living in 38 Alabama counties with routine checkups, dentist appointments, mental health counseling and physical therapy, as well as dialysis, radiation and chemotherapy treatment and lifesaving surgeries.

Connecting Alabama’s children to vital healthcare is complicated by geography and regulations, explains Jackson. A scarcity of physicians in rural areas, especially pediatricians and OB-GYN specialists, can mean a three-hour one-way trip to the closest medical service accepting Medicaid. Only two locations in the entire state — Birmingham and Mobile — serve children with dialysis treatment, blood transfusions and chemotherapy. Complicating matters, federal transit investment does not target children.

Medicaid funded transportation in Alabama currently works as a voucher program. To receive a ride to medical care, patients must request a voucher and have it endorsed by their physician. They are also given a slate of transit providers from which to choose, and

Only two medical facilities in the state offer specialized pediatric care, such as chemotherapy, radiation and dialysis.



carrier

they pay the provider with their voucher. The complication, says Jackson, is that one out of every four Alabamans can't read or write. The low literacy rate presents a problem any time forms need to be signed. And one additional barrier for many children trying to connect to medical care — many rural families don't have a telephone.

Kid One provides car seats, boosters and infant carriers, which are kept on board and replaced every six months. All of Kid One's 15 drivers have their own theme for their particular vehicle. Some play music, some educational videos. Local Girl Scout troops have provided activity boxes. Local restaurants have donated vouchers for families in need to have something to eat in transport. The on-board entertainment is important, explains Jackson. Many of these families are nervous. Some have never been on the freeway before. Kid One drivers, he says, connect not only with the child but with the entire family.

"As our drivers say, their rear-view mirror offers them a glance at the real world," says Jackson.

Currently, communities invest \$48,000 to pay for Kid One service (driver, gas and maintenance) for one year. Creativity is encouraged — two or more towns may join forces, pool funds, partner with businesses. In the latest service expansion, Evergreen Medical Center, D.W. McMillan Memorial Hospital, Monroe County

Hospital and Atmore Community Hospital partnered and raised the necessary funds to initiate Kid One connections in Monroe, Escambia and Conecuh counties. In Pell City, a suburb of Birmingham, the mayor pledged \$15,000 and challenged the county to match. He then challenged other cities in the county.

"A lot of times it's one person in each county who raises a hand and says, 'I will bring Kid One to my community,'" says Jackson of many individuals' determination to make a difference, to make a connection.

Kid One provides a system of accountability so each community sees exactly how their dollars are used for their residents. Community investment, however, does not cover the costs of capital and operations. State Medicaid program payments provide only a little over two percent of Kid One's annual costs.

"I came to have a lot of respect for transit operators," says Jackson. "It's expensive and it's difficult."

The need for non-emergency medical transportation is far greater than the services available. In 2004, Kid One made nearly 20,000 trips — a 40 percent increase over 2003. The Johnson & Johnson Community Health Care Program at Johns Hopkins Bloomberg School of Public Health recognized the organization last year as an innovative healthcare program in America. Still, many requests must be turned down.

"We can't be the sole provider," says Jackson. "We



A teddy bear for first-time Kid One passengers can help ease anxiety.

can't meet the demand."

Coordination is crucial, say Tracy Smith, Kid One's new director. When Jackson passed her the torch earlier this year, they assessed the challenges ahead. There were many more families to reach in Alabama's rural areas. Ongoing communication and collaboration with other providers, says, Smith, is the path to healthy communities.

"We get a number of calls that aren't even for children," says Smith. "Are there services to refer them to? We have to know. We also have to know if we're duplicating services."

In the meantime, Smith knows fundraising will continue to be front and center for Kid One. Private foundations, local investment, Medicaid, fundraising events, corporate support. Smith says Kid One has an effective pitch. The operator uses snapshots of children, effectively illustrating the remarkable impact of non-emergency medical transportation.

"We show people why we do what we do. 'Let me tell you about Dillon. Let me tell you about Linda.' We put a face with a story. It gives people a direct tie," emphasizes Smith.

"What we do is so simple. We take children to the doctor. We improve a child's health. The general public can get behind it."

And Kid One is out in front — raising awareness, creating connections, strengthening both today's and tomorrow's communities.

Northeastern Colorado Association of Local Governments

Northeastern Colorado Transportation Authority (County Express)

Fort Morgan, Colo.

Unlike the mountainous terrain, national forests and ski resorts covering so much of the state, it's open plains, small towns and rural expanses that blanket the northeast corner of Colorado. Housing is less expensive here, utilities affordable, and there are excellent medical facilities in the area. Reaching them, however, is challenging. The City of Sterling holds

the region's only dialysis center, a 150-mile one-way trip for some residents.

Since 1981, County Express has been connecting communities here in six counties stretching across 9,600 square miles taking people to a wide variety of activities, including healthcare. Long-distance trips, many of which are medical in nature, present a tremendous challenge to the system.

Leaders in the region, cognizant of rural isolation and the needs of a growing senior population, understand the vital nature of County Express.

The Northeastern Colorado Association of Local Governments (NECALG) took over transit operations in August 1998 and set out to develop new mindsets about mobility, and to establish local investment commitments.

Like the country's population in general, the population of northeast Colorado is aging. Sedgewick County has the oldest average population in the state and as they age, their healthcare needs escalate. For those residents that eventually are no longer able to safely drive themselves, mobility options are vital.

Non-emergency medical transportation needs in the region are growing, and County Express has made trips for dialysis treatment and other medical appointments a priority. Larry Worth, executive director of the Northeastern Colorado Association of Local Gov-

ernments, and general manager for County Express, underscores non-emergency medical transportation's wider significance to the small rural communities in the region.

"Access to medical facilities is important. It means people can continue living in their communities, and that's important for their economic development and important for the community itself," he explains. And Worth has gone that proverbial extra mile to make his case, including testifying before the U.S. Senate a few years back about this very subject — rural viability.

While non-emergency medical transportation is only some 10 percent of all County Express service, these rides make up 35 percent of the system's mileage. Long distances to healthcare facilities and extended timeframes for drivers increase the cost of connections.

Local leaders understand. All six county commissioners have dedicated funds to match federal public transportation investment. Also, NECALG applied for financing from the Community Transportation Association to make structural changes — most notably the transfer of dispatch responsibility to the operations team, and the consolidation of dispatch centers. Drivers and vehicles were designated for each community, and, over time, half of the aging, high-mileage 48-vehicle fleet was replaced. An interactive website is in the works. Last year, the service was back up to record levels.

"The real transition was looking at investment," says Worth. "If communities were going to put that kind of money into it, they had obviously decided that public transportation was important to them. Our connections to healthcare was certainly a factor."

The Authority has crafted an innovative approach to non-emergency medical transportation. First, the Association of Governments has built partnerships — with the Human Service Programs of the state Department of Social Services, with nursing homes and assisted living facilities and with Banner Health and the Yuma District Hospital for subscription services. Anybody who wants or needs a trip can board those buses at a reduced price.

A combination of Title III funds of the Older Americans Act with private foundation money, and even an out-of-state trust — County Express brings Nebraska patients to medical facilities in Sterling — make up a second component.

Thirdly, the Authority is a state-designated entity for Medicaid transportation, with one staff member brokering rides for the region. While County Express is the provider of last resort, the service ends up be-

ing the link for most trips since options are so limited especially for passengers requiring a lift.

And that means that the Association of Governments must use a portion of its public transit dollars, the fourth element, for non-emergency medical transportation. As fuel costs, insurance premiums and passenger needs grow, the public transit system must devote increasing levels of resources to getting residents to the doctor.

"There's been a greater awareness of the need for effective transit," says Worth. "You may have good medical services, but patients end up canceling appointments because they can't get there."

Local communities understand this, says Worth, and there's been a growing awareness of the resources required to make these connections. The six member counties more than quadrupled their individual commitments in 2005.

A new road sign was recently erected by the state's Department of Transportation, and Worth points to it as a symbol of the challenges County Express confronts everyday.

No gas for 75 miles.

"That gives you a visual of what we're facing in this region," says Worth. "Of the great distances we're moving people to serve them and their communities."

Montachusett Area Regional Transit Authority (MART)

Fitchburg, Mass.

Taking an entrepreneurial approach to non-emergency medical transportation, is how Mohammed Khan does business. A community and public transportation pioneer in Massachusetts, Khan understands that the more efficiently he provides medical transportation, the more service he can put on the street. These values have shaped his agency's considerable success.

The Montachusett Area Regional Transit Authority (MART) applies a sound business model to Medicaid transportation, fueling competition, lowering costs and expanding mobility options in numerous Massachusetts communities.

Established in 1978 to provide public transportation to 18 northcentral Massachusetts communities, the Authority contracts with a variety of service providers to offer fixed-route and paratransit services. MART's main hat is that of a regional transit authority running an extensive fixed-route system serving three urbanized



Building partnerships and building awareness, Larry Worth and his team are expanding access to healthcare in rural Colorado.



MART's Medicaid brokerage uses high-end technology and trained staff to make efficient ride matches, fueling competition and expanded access the healthcare.

areas — Fitchburg, Leominster and Gardner. In addition, the Authority serves a variety of clients in eastern Massachusetts, including Councils on Aging, Welfare to Work programs, and veterans organizations.

The Authority also operates as a brokerage service, fielding bids on rides for passengers in the state's Medicaid, Department of Mental Retardation and the Early Intervention programs. The Commonwealth's leaders originally envisioned that each of 18 regional authorities would manage transit services for the three programs' participants in their area. But then came the realization that competition would reduce the cost. Since the early 1990s, six Massachusetts Authorities have been managing all rides for these programs. MART coordinates with more than 200 private sector operators to cover two-thirds of the state with its \$50 million a year operation.

It's about efficiency, enhanced through the use of advanced software, which chooses winning bids, determines if ride sharing is possible and even generates a bill for each trip. MART's computer sorts all bids every two hours based on location (who is nearest) and cost (whose is lowest). At the end of each day, all the following day's trips are distributed. Almost 20 percent of MART's Medicaid trips become shared rides; an average of 2.5 percent of the brokerage passengers make their connections on its fixed route.

"We spend only 64 percent [of the state's program funds], but we're providing 71 percent of the Commonwealth's Medicaid trips," notes MART Administrator Mohammed Khan.

It's about expanded access to medical care. Since MART began its Medicaid brokerage service in 1992, two dozen new operators have initiated non-emergency medical transportation services, many have expanded

service, and the volume of rides has reached 11,500 a day.

The agency's computerized system enables all transit providers to view bid results, so each one understands their competition. A provider may decide to lower its rate to be more competitive, and is permitted to do so during the first five business days of each month.

MART has also reduced trip costs through innovative accounting practices. It pays contractors immediately so that they don't have to borrow money — and pay high interest rates — to balance their books. Since the organization is a government agency, explains Khan, it can borrow the money at a much lowest percentage rate, which it passes on to the contractor. With the lower cost of interest, the contractor can lower the trip costs.

With high-end technology and staffing needs, MART's administrative costs are 20 percent of each ride's costs. While that proportion is high, MART's overall total trip cost is low, and that efficiency has prompted the state to give MART more program coverage.

"I need more people, who then allow us to do all the things that bring the cost down," explains Kahn.

The state's Medicaid reimbursement policy until recently paid a flat fee for each ride. The actual cost, depending on distance and time, might be two or three times that figure, or it might only be 15-20 percent of it. By the end of a fiscal year, Kahn estimates cost savings in the \$1 million range.

That is money that MART has turned into capital investment, using it to buy vans to lease to small providers. This kind of investment, explains Kahn, enables small operators to gain a solid footing, become productive and be competitive. Many small providers that began service with one or two vehicles are now operating with 20-25, strengthening the state's network of non-emergency medical transportation. The Springfield area, an example Kahn uses, used to be served by only one large provider. Now the area is served by 13 operators. Access writ large.

While the state budget benefits from MART's efficiency, so do passengers. More non-emergency medical transportation providers, says Kahn, improves flexibility and service. Additionally, the system's cost savings enable the Authority to support its public transit service. Since the state froze transit funding several years ago, the cost of operations has risen. The other 14 regional transit authorities have had to freeze or reduce their service. MART was the only one able to maintain services and even grow a little. Money from the brokerage was put into fixed service, enabling stable service and

fares in all areas, and even expansion in Gardner.

As Massachusetts' Medicaid program transitions to a new reimbursement scheme, Kahn says, the agency is exploring new strategies — steering small providers toward the Community Transportation Association's Transportation Lending Services Corporation, for instance, for capital loans to facilitate vehicle purchase. As always, the focus will remain on reducing total trip costs in order to expand service and connect more people with the healthcare they need.

HealthLink Medi-Van

Redlands, Calif.

"I've been told that 10,000 people a day turn 60 in this country. There's a tidal wave headed our way."

Greg Linsmeier underscores the growing volume of healthcare need in America, and the equally vital need for ways to reach it. Crafting a unique service to fill a mobility gap, Vice President Linsmeier says HealthLink Medi-Van (HLMV) meets an in-between need for those passengers too frail to use traditional public transit yet not requiring ambulance transport. And it's a growing population.

Medi-Van was a family business begun in the mid-1970s to provide dialysis transportation. It merged

with HealthLink — a smaller private operator — in 2001. Today, the system operates a large fleet of both wheelchair- and gurney-accessible vehicles throughout Southern California, partnering with dialysis clinics, hospitals and health maintenance organizations. Passengers are connected with on-going treatment, transferred between hospital and skilled nursing facilities and transported to follow-up physician visits. As a door-through-door company, drivers can enter a passengers' houses, wheel them out, transport them to a facility and wheel them into the building to meet a medical staff member.

Three-quarters of HealthLink Medi-Van's trips connect passengers — some 1,000 patients a day — with vital dialysis treatment.

"The number of people predicted to go into end-stage diabetes, headed for dialysis, is staggering," says Linsmeier, highlighting the population's growing need for non-emergency medical transportation. "They can't build treatment centers quick enough."

HealthLink Medi-Van's system has expanded as the demand for dialysis treatment has grown, says Linsmeier. HLMV dispatches vehicles from Redlands, Anaheim, Lancaster and Hesperia, operating dedicated hospital and adult daycare shuttles, organized outings for skilled nursing facilities, demand-response service for HMO clients and private-patient transportation. Additionally, some out-of-state brokerages (such as



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As a door-through-door company, HealthLink Medi-Van meets an in-between need for those passengers too frail to use public transit.

Logisticare and Olsen) contract with HealthLink Medi-Van.

“If people don’t get to dialysis treatment, they end up in the hospital at a cost 10-20 times the cost of transport,” says Linsmeier, explaining the economics of access. “One day in the hospital could instead be three months of transportation.”

Investment comes primarily through Medi-Cal,

California’s Medicaid program. Linsmeier’s great concern is a state reimbursement level that fails to keep pace with costs, especially with rising fuel and insurance prices. “There has been only one rate increase since 1984 (in 2000), and the current \$17.26 paid per ride is, in Linsmeier’s estimation, “less than it cost to move a large package.”

“Every system is financially strapped. In California, we’ve got some of the country’s highest fuel costs and one of the lowest Medicaid reimbursement rates,” he says.

Investment in non-emergency transportation is not only smart economics, its smart health care.

“It’s no secret that it’s much cheaper to transport people in a gurney van than in a Basic Life Support ambulance. That’s where Medicare could make a big difference. Instead of three, four, five hundred dollars, we could transport them for less than a hundred dollars. Non-emergency medical transportation is efficient, cost-effective and humane by enabling patients to access life-sustaining care on an outpatient basis rather than being institutionalized.”

There is no one way to meet every person or every community’s medical transportation needs. The four examples we’ve highlighted here prove that through innovative partnerships, an entrepreneurial spirit and leadership, people get to the care they need.

National Conference on Transportation for America’s Elders:

mobility **for life**

The National Conference on Transportation for

America’s Elders: Mobility for Life, is being held as part of the Community Transportation EXPO 2005 and is co-sponsored by the Beverly Foundation.



Join policymakers and practitioners from across the country in setting the agenda for the future of senior mobility at the Community Transportation Association’s National Conference on Transportation for America’s Elders: Mobility for Life. You’re invited — May 23 and 24 in St. Louis, Mo. — to come and participate in this vital dialogue on senior transportation issues and innovations where we’ll:

- Analyze current senior transportation practices and policies;
- Identify the strategies necessary to meet future senior transportation needs;
- Build an issues platform and procedures document for implementing these strategies; and
- Create the springboard for action at the upcoming White House Conference on Aging.