Transportation Domain SMEs

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The Transportation - Health Link
The Universality of Transportation

Mobility and transportation affect numerous components of a person's and communities health and well-being:

- Access to Health Care Services
- Access to Health–Related Services
- Impact on Community & Individual Health
- Impact on Environmental Health
The NEMT Trip

Past Vs. Future
SDOH x Mobility: an opportunity to connect the dots
Defining Transportation Barriers

Currently there is no standard method used to assess transportation as a barrier to accessing health care.

The following are commonly used factors across current methods:

- Time spent traveling to a health care provider
- Distance between patients and available health care facilities
- Existing Transportation Infrastructure (Personal & Public)
- Cost of Transportation Services
- Knowledge Perception and Use of available transportation services
- Appropriateness of Transportation Mode
Quantifying the impact of transportation and health
5.8 million people who don’t get the healthcare they need due to lack of transportation*

$150 billion cost to the US healthcare system in missed appointments and the resulting care delays

*Based on 2017 Data

2. Syed, Samina “Traveling Towards Disease: Transportation Barriers to Health Care Access”
Unmet transportation needs are among the most costly SDOH

In a recent survey, respondents reporting an unmet transportation need are 2.6x more likely to report multiple ER visits and 2.2x more likely to report an IP visit over a 12-month time period.

A 2005 systematic review by the National Academies of Sciences, found the use of NEMT services for chronic disease management and preventive services to be either cost effective or lead to lower spending¹

**Cost Effective**
- Influenza Vaccinations
- Breast Cancer Screening
- COPD
- Hypertension
- Depression / Mental Health*
- Dental Care

**Cost Saving**
- Asthma
- Congestive Heart Failure
- Prenatal Care
- Diabetes
- ESRD
- Colorectal Cancer Screening

Current transportation needs screening approaches
Current screening approaches

Major SDOH screening tools
A. National Association of Community Health Center’s PRAPARE survey
   a) Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool (adapted from PRAPARE)
B. The NAM’s 2014 Recommended Social and Behavioral Domains and Measures report, which is the basis for the Office of the National Coordinator for Health Information Technology (ONC) Social, Psychological, and Behavioral data
C. Health Leads/ AAFP Social Needs Screening Tool- (Blazer et al, )

Less known screening tools
A. PhenX Social Determinants of Health Assessment Collection by the National Institute of Minority Health and Health Disparities
B. Transportation-specific Screening Tool (Transportation Barriers Measure)

Note: there is no ICD z-code specifically for transportation
Transportation and health use cases and core programs
Use cases for transportation and access to health (not exhaustive...)

A. Patient / Member / Beneficiary
- Rides to and from medical appointments
- Rides to and from clinical trials
- Rides to and from pharmacy
- “Non-medical” Rides to and from other social determinants of health (grocery store, gym, community center, etc.)

B. Caregiver travel
- Home / other site-based care (school, “pop-up”)
- Workforce balancing

C. Delivery
- Pharmacy
- DME
- Test kits
## Transportation x Health: Core Programs (Slide 1/2)

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<th>Program</th>
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| Medicaid non-emergency medical transportation (NEMT) | ● Rides to medical appts for Medicaid beneficiaries who are eligible, given they do not have another mode of transportation available or meet criteria  
● Each state administers NEMT differently -- vendors, screening/eligibility, prior authorization | 66.7M individuals were enrolled in Medicaid as of May 2020 (CMS)1  
Subset of population is eligible (Dependent on state) | Federal (CMS) + State  
~$5B total in 2019, ~$3B federal and ~$2B state2 |
| Medicaid Waiver transportation: ex: Home and Community Based Services (HCBS) | ● Medicaid Waiver beneficiaries often have more expansive transportation benefits to non-medical destinations to promote independence, self-determination for seniors and people with disabilities and chronic conditions3 | Enrollment: 81k individuals receiving Section 1915(i) state plan services,  
1.8M individuals receiving Section 1915 (c) waiver services3 | Federal (CMS) + State |
| Medicaid MCO value-added transportation | ● Medicaid contracted health plans, Managed Care Organizations (MCOs), may provide value-added transportation for beneficiaries, subject to state reqts | Dependent on state programs | Health plan |
| Medicare Advantage Supplemental Benefits (Medicaid Part C) | ● Medicare Advantage plans can offer transportation to medical appointments, as well as “wellness” or social needs rides  
● Some tailoring of the benefits are allowed across MA population based on chronic conditions, SNPs | 5.6M MA enrollees have some transportation benefit in 2020 out of  
25.3M MA enrollees as of Sept ‘204,5  
2021 CMS MA data available 10/1 | Federal (CMS) |
| No benefit - Medicare Parts A & B | ● N/A | 44.6M Medicare + Med Sup enrollees w/o non-ambulance trans benefit6 | Federal (CMS) |
| Other Health plan transportation | ● Commercial or exchange business transportation benefits | Dependent on private carrier benefits | Health plan |

3. HCBS enrollment  
Assumption: Programs for dual (Medicaid/Medicare) eligibles assumed to be included
## Transportation x Health: Core Programs (Slide 2/2)

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| **Veterans Administration beneficiary travel** | ● Beneficiary Travel program pays Veterans back for mileage and other travel expenses for approved health care appts  
● General health care travel: This benefit covers regular transportation, like car, plane, train, bus, taxi, or light rail.  
● Special mode transportation: This benefit includes special types of transportation, like an ambulance, ambulette, or wheelchair van.¹ | 9M Veterans in VA system (VA.gov)²  
Subset of population is eligible | Federal (VA)  
$1B in 2019³ |
| **Healthcare delivery funded transportation** | Often inpatient and emergency room discharge rides for:  
● Health systems (hospitals, IDNs, health systems)  
Other relevant trips for:  
● Outpatient/ancillary providers (surg, PCP, IPA)  
● Long-term Post Acute Care (LTPAC) (SNF, Home, Rehab) | Dependent on healthcare organization funding, policies | Healthcare delivery organization |
| **Community Transportation**                 | ● General mobility - can provide access to health care and SDOH Destinations | According to APTA, 55% of American's have access to Public Transportation ⁴ | Federal (FTA), State DOTs, and local match |
| **Paratransit**                              | ● General mobility - can provide access to health care and SDOH Destinations | A subset of general population is eligible (Determined by the local transit system) | Transit Agencies |
| **Not for profit organizations funded transportation** | ● Beneficiary transportation, for ex: United Way “Ride United”, American Cancer Society, Be the Match | Dependent on relevant programs | Grants, fundraising, philanthropy |

¹. VA benefits: [https://www.va.gov/health-care/get-reimbursed-for-travel-pay/](https://www.va.gov/health-care/get-reimbursed-for-travel-pay/)  
². VA enrollees: [https://www.va.gov/health/aboutvha.asp](https://www.va.gov/health/aboutvha.asp)  