

Module 19. Transportation
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Objectives:

1. To understand how geography and lack of transportation are barriers to accessing care and good health.
2. To understand the different resources available to help someone access care.
3. To learn to advocate for patients who need assistance to access care.

Case:

A 46-year-old man comes to the emergency department after being transferred from urgent care for a blood pressure 240/110. Patient denies any headache, chest pain, weakness, or any other symptoms. He had simply gone to urgent care to refill his medications.

When you ask the patient why he didn't go to his doctor, the patient explains that he doesn't have a car and the doctor assigned to him is 30 miles away, on the other side of town. It would take him 2-3 hours to get there on public transportation. He already must take 3 buses to work each day and works long hours. He cannot make it to his doctor without missing work. He has tried to ask Medicaid for help with transportation but was informed that, because he is not disabled, he cannot get the transportation services that Medicaid offers. He asks why he can't just keep coming to urgent care for medication refills. He also asks if you know whether any doctors participate in Uber Health – he would love to switch to them.

What do you do?

Discussion Questions:

1. How does transportation affect health and access to care?
2. What are the different options this patient has for being able to see his primary care doctor?
3. Who is eligible for Medicaid transportation services?
4. What is Uber Health?

Teaching Points:

1. People can change the doctors to whom they are assigned.
2. Transportation and geography are barriers to accessing care.
3. Local governments and Medicaid provide transportation options for those who have challenges accessing care.

Practical Questions:

1. What are the local resources available for transportation?
2. What are your state's policies around Medicaid non-emergent transportation?
3. What committees in your clinic/hospital should you approach to help improve access to care for patients?

Transportation Health Tool: Provides access to data that practitioners can use to examine the health impacts of transportation systems <https://www.transportation.gov/transportation-health-tool>

Recommended Screening Question(s):

1. Have you experienced difficulties getting needed services because you do not have transportation?

Paired Reading:

Aleccia J, de Marco H. “Medicaid Nation: No Car, No Care? Medicaid Transportation at Risk in Some States.” Kaiser Health Network. Jan 30, 2018. Available at: <https://khn.org/news/no-car-no-care-medicaid-transportation-at-risk-in-some-states/>.

Discussion Points from the Reading:

1. Non-emergency medical transportation (NEMT) is a Medicaid benefit that transports people to and from medical services including mental health counseling sessions, substance abuse treatment, dialysis, physical therapy, adult day care and specialists.
2. The program covers almost 104 million trips each at a cost of nearly \$3 billion (2013).
3. Lack of transportation is the third greatest barrier to care for adults with disabilities, with 12.2% of those patients reporting they couldn’t get a ride to the doctor’s office (2104) and about 3.6 million Americans miss or delay non-emergency medical care each year because of transportation problems (2005).
4. Currently, with states trying to cut costs, there are proposals to cut NEMT. Proponents say that data from Indiana shows that providing transportation does not increase access to appointments. However, opponents argue that NEMT is vital for those who do not have any other way of getting to the doctor – it is a program of last resort.

Additional Reading:

1. Chaiyachti KH, Hubbard RA, Yeager A *et al*. Rideshare-Based Medical Transportation for Medicaid Patients and Primary Care Show Rates: A Difference-in-Difference Analysis of a Pilot Program. *J Gen Intern Med* 2018 [Epub ahead of print]. <https://www.ncbi.nlm.nih.gov/pubmed/29380214>
2. Weber, C. Introducing Uber Health, Removing Transportation as a Barrier to Care. Uber Newsroom. March 1, 2018. Available at: <https://www.uber.com/newsroom/uber-health/>
3. Smith ML, Prohaska TR, MacLeod KE, *et al*. Non-Emergency Medical Transportation Needs of Middle-Aged and Older Adults: A Rural-Urban Comparison in Delaware, USA. *Int J Environ Res Public Health* 2017;14(2):174.
4. Thomas LV & Wedel KR. Nonemergency medical transportation and health care visits among chronically ill urban and rural Medicaid beneficiaries. *Soc Work Public Health* 2014;29(6):629-39. <https://www.ncbi.nlm.nih.gov/pubmed/25144703>