Medical Transportation Study for the Needs of the Elderly

Executive Summary

BACKGROUND

The intent of this Medical Transportation Study (MTS) on the Needs of the Elderly is to assess the following in Mercer and Middlesex Counties in New Jersey:

- *Medical transportation providers* – The resources and current ridership utilization of transportation providers with regard to getting older adults to and from their health care appointments.

- *Health care providers* – The perceptions of health care providers about the impact of patient transportation on their daily office operations.
- *Elderly patients* – Elderly patients' access to transportation and health care services and their degree of satisfaction with various modes of transportation.

- *Senior residents* – The modes of transportation utilized by a non-patient senior group.

The Robert Wood Johnson Foundation commissioned this study.

A variety of survey tools were developed that could be utilized for this limited study but also for other New Jersey and national locations since the need medical transportation for seniors is a generic issue. The data generated by these survey tools provides a snap shot of the transportation modes that seniors use for general purposes and to get to their health care providers. It also identifies the seniors' mobility issues and what barriers they have identified regarding their use of transportation. The data pool for this study is limited and for this reason we advance this data as a snapshot to begin the process for more comprehensive planning to address this issue. The recommendations advance the groundwork for further dialog to address the overwhelming need to assist seniors get to where services are. "Getting there" is the crucial and enabling step to receiving services, treatments, and accessing essential elements that influence older adults' ability to age well within their community.

KEY FINDINGS

Based on the detailed tables and data analyses that appear in the report narrative, key findings of this study are as follows:

Medical transportation providers

- Medical transportation providers were very responsive to their survey and willing to share ridership information.

- It is clear from this study that there is a need for better coordination among medical transportation providers, better and more uniform data collection by medical

transportation providers, more effective marketing by medical transportation providers, and more reliable funding for their operations.

- Because it provides door-to-door and escort services and crosses county lines, the American Red Cross comes closest to being a best practice model in New Jersey compared to other medical transportation providers.

- The key role of volunteer services and paratransit providers in helping seniors access medical care is not generally recognized by health care providers, nor were specific providers mentioned by elderly residents and elderly patients in their surveys. This may signify a failure of medical transportation providers to clearly identify themselves ("branding"), thus diminishing the likelihood of their receiving much needed donations and funding to support their operations.

- Several medical transportation providers provide a great many rides to a low number of riders (see Table 39.) This high per capita ridership (which is significant when compared to national profiles of programs that provide medical transportation as reported by the Beverly Foundation, see Appendix C.) could be a result of satisfied riders or riders who have no other way to get to their medical appointments. In terms of volume of service provided, these medical transportation providers are particularly noteworthy:

(a) Middlesex Board of Social Services (BOSS) – provides approximately 54,000 rides to 600 riders. This is an average of 90 rides per rider per year or 7.5 rides per rider per month (door-to-door service; no escort).

(b) Mercer Board of Social Services (BOSS) – provides approximately 1,256 riders with an average of 34,800 rides per year or 27 rides per rider per year (door-to-door service; no escort).

(c) American Red Cross – provides 7,484 rides to 149 riders who receive approximately 50.2 rides each per year (door-to-door service; includes escort services; crosses county lines).

Health care providers

- Health care providers, as a group, were <u>not</u> interested in providing data and participating in the study. Their office staff knew little about how their elderly patients got to their offices or who may have escorted them. In general, health care providers appeared not to care how patients got to their offices.

Elderly patients

- The disinterest of most health care providers made it difficult to access elderly patients in physicians' waiting rooms, thus limiting the volume of respondents to the elderly patients survey.

- Given that over 40% of the seniors who were surveyed indicated that they use assistive devices or have significant difficulty boarding buses, going up stairs, or getting in and out of vans, their ability to utilize vans and public buses is clearly

problematic across the board. Mobility or health status is a key factor in one's ability to utilize a van service or public transportation.

- Medical appointments are a higher priority than general purpose activities when it comes to driving or getting rides. The need to get to a medical appointment resulted in a higher driving rate for seniors and an increased number of rides with family members as compared to the need for transportation for general purpose activities.

Senior residents

- Senior residents were very responsive to their survey and interested in the MTS study.

- It is clear from this study that the elderly need escort services, door-to-door transportation, evening and weekend transportation, short lead times for reserving a ride, wheel chair lifts, transportation that crosses municipal and county boundaries, transportation that can go off route, increased public awareness of available transportation services, etc.

RECOMMENDATIONS

Medical transportation providers

- Seniors with mobility issues are better accommodated with escorted assistance and passenger cars.

  While transportation in passenger cars may appear to be the most costly form of transportation, it has the highest rides per capita given the example of the Middlesex BOSS Medicaid transpiration service 90 trips per person, the Red Cross 50 trips per person, Mercer BOSS 27 trips per person and National Profile Programs of at least 10 trips per person. This is reflective of consumer satisfaction, and overall accommodation to mobility issues. This is consistent with AARP studies regarding preferences for transportation[1].

- Funding needs to be directed to door-to-door, escort service transportation for seniors.

  This priority reflects usage and high per capita rides when available, as well as seniors' preference and the need to accommodate assistive devices frequently utilized by seniors over age 64.

- Volunteer/paratransit providers must improve their method of identifying themselves as providers of medical transportation for the elderly in order to gain important recognition for their key role in this arena, funding to support their operations, and full utilization of their services.

[1] See the AARP report entitled Transportation and Older persons: Perceptions and *Preferences*, 2001.

This “branding” problem on the part of medical transportation providers enables health care providers to remain oblivious to how their patients reach them. It is also clear, based on information provided by ITN[2], that even when medical transportation providers are clearly identified, medical offices may disregard this information anyway.

- Better data collection and more uniform information is needed from the medical transportation providers in order to fully recognize their role in meeting the needs of the elderly, to articulate the unmet need, to compare the efficacy of various modes of transportation, and to identify best practices.

  Little information is currently available from the medical transportation providers on where they take their patients, what offices they frequent, what level of miles are provided, as well as the reasons and frequency of why they can not transport (turn downs), etc. The largest non governmental provider, when asked to identify physicians’ offices so that the MTS study team could survey health care providers and elderly patients, could only identify physicians’ buildings and general specialties like cardiology, and not specific health care providers. This lack of knowledge and awareness undermines communication between medical transportation providers and health care providers regarding the services that the volunteer/paratransit carrier is providing. Likewise, turndown information was sparse and anecdotal, although it is commonly estimated that there is an unmet need 30 % over the current ridership.

- Encourage wider service areas and expanded availability after 3:00 PM and on weekends by municipal/volunteer transport services.

  Town limits and time constraints for transportation providers place an undue burden on volunteer services like the American Red Cross which will go beyond the town limits. Seniors in need of specialized services like chemotherapy and dialysis may need to go from one adjacent county to the next for treatment, but restrictions that require municipal services to remain within municipal boundaries bar seniors from using these services for medical purposes. This may limit a municipality’s expenses, but it doesn’t serve its taxpayer base. Perhaps a reimbursement scale could be set up to assist with covering this expense.

- Improve driver selection, screening, and training practices for medical transportation services that serve the elderly.

- Encourage better coordination among existing medical transportation providers in order to ensure adequate service after 3:00 PM, on weekends, across county and municipal boundaries, off-route, etc.

Public Policy and Planning

- Public transportation planners and paratransit planners must make the medical transportation needs of the elderly a priority in order to adequately serve this significant population.

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[2] *ITN Case Study*, by Katherine Freund, 5/29/02, in Appendix D.

Public transportation and access link programs are not used by seniors. During the initial data gathering phase (re: the service and vehicle inventory phase) of the MTS study, transportation planners in the region (NJ DOT and NJ Transit) indicated that they plan transportation for all residents without restriction to age or purpose. Nevertheless, it was noted that specialized efforts were undertaken to address the needs of Work First participants. These planners should address the fact that there is a significant population in a central area of the State that is aging and cannot fully access the public or van services provided for general purposes. In addition, people over age 85, who generally no longer drive, will resort to driving in order to get to their medical appointments, thus creating a road safety risk for themselves and others. Regional transportation planners should address these issues.

- Policy makers must make the medical transportation needs of the elderly a priority in order to overcome barriers to health care and assure the continued well being and dignity of elderly citizens.

  Since there is no single government or non-governmental agency with sufficient authority and responsibility to adequately address the medical transportation needs of the elderly, it is incumbent on existing agencies to initiate joint planning and policy-making in this arena. This may take the form of a task force that includes representatives from the NJ Department of Health and Senior Services, the NJ Department of Transportation, the NJ Department of Human Services, the NJ Association of Area Agencies on Aging, the Medical Society of NJ, AARP, the NJ Foundation for Aging, and others. Their collective action would likely result in proposed legislation, regulation, funding, and/or advocacy on behalf of the medical transportation needs of the elderly, thus mobilizing the resources required to meet these needs.

- National private and public funders, government researchers, policy makers and legislators must address the barrier of transportation to accessing routine health care relevant to its direct relationship to health outcome statistics and health care providers economics reflecting the national transportation provisions and priorities within the Medicaid and Medicare programs as well with the reauthorization Federal Transportation legislation and the Older Americans Act.