MOHEG Student Essay Award

Non-emergency Medical Transportation: Supporting the Continuum of Care

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"I would pay for Uber," Dr. Nick Pfannenstiel, the Vice President of Oral Health at Jordan Valley Community Medical Center in Springfield, Missouri, said regarding the importance of health care accessibility to the achievement of wellbeing and reduction of health care spending (personal communication, April 2016). Annually, about 3.6 million people in the United States miss non-emergency medical care due to lack of transportation (National Academy of Sciences, 2005). Among those, 3.2 million are children (Redlener, MD, Brito, MD, Johnson, MPS, & Grant, MA). Missing routine or preventative care puts patients at risk for developing disease, not catching a disease in its early stages or complicating an existing condition; therefore, increasing the likelihood of incurring expensive emergency treatments and hospitalization (National Academy of Sciences, 2005).

Currently, Medicaid pays for eligible patients to use non-emergency medical transportation to obtain routine care and travel to needed services away from home (Centers for Medicare and Medicaid Services, 2016). However, since 19 states did not expand Medicaid as incentivized by the Patient Protection and Affordable Care Act as of July 2016 (The Henry J. Kaiser Family Foundation, 2016), many patients in need are left without this option. If healthcare providers partnered with private transportation providers in order to cover this gap, millions of patients nationwide could routinely access basic health care that will help them stay healthier longer.

Medicaid Coverage

State Medicaid agencies provide non-emergency medical transportation to beneficiaries under the Code of Federal Regulations to ensure access to non-emergency care. Non-emergency medical transportation services are typically covered when there is no immediate threat to life or health and when patients do not have their own means of transportation due to lack of a working

vehicle, not having a driver's license, or inability to travel alone because of mental, physical or developmental limitation. Additionally, Medicaid imposes many regulations intended to protect against fraud, such as requiring contracts with approved vendors, preauthorization and minimum standards for vehicles, which limits availability (Centers for Medicare and Medicaid Services, 2016).

Depending on the State, Medicaid covered non-emergency medical transportation services may be funded by capitated payments, on a fee-for-service basis or with public transit vouchers. Regardless of the type of reimbursement, the Centers for Medicare and Medicaid Services only spends about 1% of its annual budget on non-emergency medical transportation while having a huge impact on health care costs, especially for the chronically ill (Musumeci & Rudowitz, 2016). To substantiate this claim, the National Academy of Sciences found that non-emergency medical transportation is cost-effective – the additional cost of transportation is justifiable according to its contribution to improving quality adjusted life years (QALY) – for all chronic diseases and preventative measures in their study and cost saving in the case of prenatal care, asthma, heart disease and diabetes (National Academy of Sciences, 2005).

Bridging the Gap

A recent study by the Patient Advocate Foundation found "extensive transportation barriers…for older adults, women, low-income patients and those living in rural areas," whom they cite as having increased risk of contracting and dying from chronic diseases. Their study revealed that only 15% of those without reliable transportation were uninsured. The rest were covered by Medicare, Medicaid or commercial insurance (National Patient Advocate Foundation, 2016). These findings suggest that lack of transportation is not exclusive to the uninsured and even though coverage for health care may be available, actually obtaining care is another issue.

Studies examined by Syed, Gerber and Sharp show a positive correlation between access to transportation and receiving timely health care. Patients with transportation problems are more likely to miss appointments and less likely to fill prescriptions. Both are necessary for maintaining good health, especially for those with long-term medical needs such as diabetes or heart disease. Researchers found that more patients felt that they could keep their appointments and obtain their medications on time if they had reliable access to transportation. Even among Medicaid patients, many found that restriction of coverage for transportation reduced the likelihood of refilling medications (Syed, Gerber, & Sharp, 2013).

Activists at the National Patient Advocate Foundation policy consortium called for government action on transportation barriers to health care. Requests included breaking down jurisdictional boundaries that prevent transportation providers from crossing borders, expanding Medicaid's non-emergency medical transportation benefit, covering transportation under Medicare and increasing funding to the Federal Interagency Transportation Coordinating Council on Access and Mobility in order to increase aid to those with the most serious diseases (National Patient Advocate Foundation, 2016). Another useful expansion of transportation coverage could involve a push for commercial insurance to offer non-emergency medical transportation as a benefit with incentives for using efficient providers.

Implications for Research

Local provision of non-emergency medical transportation through alternative sources could help reduce overall health care spending for underserved populations by supporting appropriate access to routine care and disease management services. Since data concerning actual savings on health care due to access is conflicting at best and highly dependent on locale, more research into the cost-effectiveness of such services is necessary to entice health care

providers to make an effort to fund some transportation themselves. Improved access to medical appointments means fewer no-shows and cancellations, more revenues associated with those appointments, reduced expenses for treating those with complications from unmanaged diseases and better care for patients.

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