

Northwest Michigan

Accessing Healthcare:

The Challenge of Non-Emergency Medical Transportation
in Northwest Lower Michigan



Networks
Northwest
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2015

The *Framework for Our Future* includes a wealth of information and tools that all parts of the community—including the public, community leaders, businesses, nonprofits, public agencies, and statewide stakeholders—can use as they work to address these issues in ways that also support regional goals. Data and information will help communities supplement their local deliberation, planning, and decision-making processes. Resources include:

- Samples of master plan language used in other parts of the region that communities can consider when updating their own plans and ordinances;
- New studies and research that will aid in decision-making;
- Goals, strategies, and actions that are provided as a set of tools and best practices that stakeholders can choose to use if they desire.

The information included in the Framework is intended to serve as a compilation of best practices to help guide local decision-makers and community organizations who would like to address the issues identified in the Framework.

For complete reports and accompanying resources for each topic, including background reports and data, please visit:

networksnorthwest.org/rpi

Introduction

In rural Northwest Michigan, most residents depend on cars to get around. We use them to get to work, to school, to the store, the doctor, and more. Yet, many of the region's rural residents can't or don't drive, because of age, disability, or income. For these residents, transportation options are limited; cities and villages offer some non-motorized transportation choices, but walking or biking might not be safe or viable options for rural residents living long distances from work or services. Transit services, meanwhile, are constrained by large geographies and limited budgets. Most rural bus service is demand-response, or dial-a-ride, and users of this service must contend with lengthy travel times and few assurances that they can reach their destinations in time. Further, many rural residents must cross county lines to access employment or medical services, and these cross-county trips come with additional complications, longer travel times, and added costs.

For those who can't drive but have regular or frequent needs for medical care—such as cancer treatment, physical therapy, or chronic conditions requiring regular care—transportation limitations can have major health impacts. Without transportation to needed medical appointments, residents may be unable to adequately manage their medical conditions, ultimately eroding their health and increasing costs. In fact, region-wide discussions consistently identify transportation as a primary concern in the health of residents throughout the region.

“When [people in] rural areas have a medical issue with no transportation they call the ambulance.”

— Michigan Department of Human Services staff member

Fortunately, transportation services known as non-emergency medical transportation (NEMT) offer options to residents who can't drive to needed medical care. NEMT may be organized or operated by volunteers, by human service agencies, or by transit providers. It can be funded by grants, integrated in existing transit services, or provided by charitable organizations or individuals. Regardless of by whom or how it's provided, NEMT is a critical service for many, filling important gaps in the region's transportation network. But because of inconsistency in how the service is provided, there is a limited understanding of what services are available region-wide, and what specific medical transportation needs are.

The *Framework for Our Future* includes community-identified strategies for meeting Northwest Michigan's transportation needs, including efforts to support NEMT while improving transit and supplemental transportation services for medical appointments. But in order to take that action and commit to supporting NEMT, there are many factors that community stakeholders need to better understand. What NEMT services are available in our region? Who is using it? What are the gaps in service, and how can they be filled? Understanding these issues is imperative in any local initiatives – including increased funding, better transit coordination, or enhanced services – designed to ensure adequate access to transportation for medical care. This Networks Northwest research brief discusses each of these issues, and identifies important questions and next steps that will help community stakeholders as they work to meet medical transportation needs.



Background: What is NEMT?

Non-emergency medical transportation, or NEMT, gets individuals without other means of transportation to and from medical appointments. The destinations for NEMT are often local doctors' offices, and often cross several counties for specialist care. NEMT is used primarily by seniors, individuals with physical or mental impairments, low-income persons, and often by individuals that have a combination of these characteristics. Lack of convenient, accessible, and affordable transportation options can cause medical problems to go untreated. Not only can this cause poor health outcomes, reduced quality of life, and loss of income for these individuals, but it can also transform the need for routine or preventive medical services (which are covered generally by insurance or state health benefits) into the need for costly emergency care and hospitalization.

Individuals in need of NEMT in Northwest Lower Michigan rely upon family and friends, volunteer drivers, public-sector transportation (bus service), private-sector transportation (taxi, private NEMT companies, private duty health services, intercity bus service), and walking or biking. Unfortunately, access to these options is inconsistent across the region, which makes it difficult to find the most convenient and affordable provider, especially for cross-county trips. In addition, some of these NEMT options are not accessible for individuals with physical or mental impairments, which narrows drastically the choices in many areas of the region.

Demand for NEMT services is projected to increase.¹ A correlated increase in NEMT access will necessitate a high level of coordination and collaboration among providers, and perhaps additional financial investment. Bolstering this infrastructure and service is typically considered an investment, because there are multiple returns. First is the very tangible return in better health outcomes and therefore lower healthcare costs and higher incomes.² The second return is the added benefit to parents of youth, commuters, and tourists of having better networked transportation options.

"I feel very strongly that simply eliminating the hassle and decreasing the out of pocket cost of transportation to/from care for these illnesses will significantly improve the outcomes and [reduce] long-term impacts of these diseases."

- Ty Curtis, Northern Lakes
Community Mental Health

What does NEMT look like in our region?

In March and April 2015, Networks Northwest conducted a survey of health and human service providers in the northwest region to gauge the demand for NEMT services and to identify gaps in service.³ Numerous staff at fifteen different agencies responded to the survey, including agencies such as the local offices of the Department of Human Services and Community Mental Health, the Disability Network, local councils/commissions on aging, and the regional Area Agency on Aging. Public transit agencies in the region were surveyed separately as part of a regional transit mobility study currently underway, and the results are not aggregated in this report.

How many people need NEMT?

The estimated demand for NEMT in the northwest region is 1,270 rides per month or over 15,000 rides annually. This is an estimate of rides, and not individual riders. Some riders may require NEMT infrequently, while others require daily or multiple trips per week. We don't know how many riders are using NEMT. To provide a general reference point, the population of the 10-county region is about 300,000. The population is about 30% senior citizens,⁴ about 12-15% disabled,⁵ and about 10% of families are below the federal poverty line.⁶ These estimates of population composition are not mutually exclusive; for example, about 35% of seniors in the region are disabled.⁷

¹ See section below, "Is the Demand for NEMT Increasing?".

² Healthcare costs will be lower for all insured, which means higher discretionary incomes. Healthcare costs will be lower for our regional health systems that provide indigent care, allowing reinvestment into region health infrastructure. Personal incomes will be higher for the working poor with well-managed chronic diseases. Personal incomes will be higher for family and friends who defer employment opportunities to caretake and/or provide NEMT for those in need.

³ Agencies serving veterans and tribal members were contacted, but survey response was not provided. There is a non-profit service, Disabled American Veterans, which provides NEMT rides to veterans, and makes long trips outside the region to VA hospitals.

⁴ EMSI, 2015. For more information, see section below titled, "Is the Demand for NEMT Increasing?"

⁵ American Community Survey, 2009-2013 Five-Year Estimates

⁶ Benchmarks Northwest, 2014. www.benchmarksnorthwest.org

⁷ A rough estimate based on American Community Survey, 2009-2013 Five-Year Estimates for Counties

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Anecdotal evidence suggests that the demand for rides is highest in the winter months due to poor weather conditions, and to some extent (for seniors) during the summer tourist season when traffic counts are higher. During these periods, seniors who might still drive generally, decide not to drive. In addition, some able-bodied adults without money, transportation options, or driver's licenses may bike or walk to medical appointments in good weather, but are prohibited from doing so in winter conditions.

The current estimated demand for NEMT in our region is 15,000 rides annually. These data are not perfect though. Using the projected growth of the senior population alone, we expect that there will be 8,700 more seniors in need of NEMT assistance in 2020 than there were five years ago.

Where do the data come from?

The data are not perfect. This is the first “knowledge gap” uncovered in the task of understanding NEMT in our region: there is no common method or procedure for collecting data on users of NEMT services. The estimate comes from two types of sources: We collected actual program data from agencies that provide reimbursements for rides. We also asked for estimates from agencies that either receive requests (but do not provide NEMT services) or that actually provide transportation support services, but whose services are not limited to NEMT.⁸

without in/out migration) but each one of these cohorts above age 60 is also shifting up, to indicate population growth. In fact, the above-60 population will comprise 32.6% of our total population in 2020, compared to just 24.9% in 2010. Over this same period, the above-80 population, which likely needs the most NEMT assistance, will increase by about 2,000 people or 13.5%. The Area Agency on Aging of Northwest Michigan estimates that on average about 35% of the senior population needs assistance with NEMT. Using that estimate, there will be about 8,700 more seniors in need of NEMT assistance in 2020 than there were five years ago.

Counties	Demand for NEMT Service (in average number of requests per month)
Antrim, Charlevoix, Emmet	344
Benzie, Manistee	330
Grand Traverse, Kalkaska, Leelanau	198
Missaukee, Wexford	398
Total	1,270

Source: Networks Northwest survey of health and human service providers, March-April, 2015.

Another “knowledge gap” is the perspective of actual user, and those in need of, NEMT service. Individuals that use and need NEMT were not surveyed as part of this preliminary research brief. These individuals’ perspectives on the state of NEMT service in the region are required in order to pinpoint viable solutions, and should be included in a more comprehensive study of this issue.

Is the Demand for NEMT Increasing?

We don’t know for sure, but anecdotal evidence and demographics make the case that demand for NEMT is increasing. When we examine just one of the populations that use NEMT, senior citizens, we can observe a high amount of projected population growth. The graph on page 6 of population by age shows three points in time: past, current, and projected. This time series shows that all cohorts above age 50 are not only shifting right (as one would expect as populations age,

What type of NEMT Transportation is in Demand?

Currently, according to health and human service agencies, individuals in need of NEMT are utilizing volunteer drivers (where available), family and friends (when available), the public transit service (where available), taxis (where available), other private sector transportation or aides, or walking or biking. Anecdotally, the demand for volunteer drivers is highest. There seem to be two factors at play that make this transportation option the most highly-desired. Some individuals have physical or mental impairments that require door-to-door service without wait times, and therefore public transit is not a viable option. These same individuals may be low-income or on a limited/fixed income, and therefore private sector options are not within their financial means. In counties where public transit is not available, many individuals (with or without disability) cannot afford private sector options, which also increases demand for volunteer drivers.

⁸ On the one hand, the estimates from agencies that receive requests but do not provide services are very conservative, because their clients have stopped requesting rides, knowing that agency cannot provide assistance. On the other hand, the estimates from agencies that provide a variety of transportation services are inflated, because data are not collected on the reasons—medical or otherwise—for the trips. In addition, the estimates are not unduplicated; the same individuals may be requesting and ultimately receiving rides from multiple agencies.

Where are NEMT users going?

We asked the agencies surveyed to list the top three general destinations for NEMT. Two thirds of respondents, from all areas of the region, listed Traverse City/Munson Health System as a top destination for their clients. Locations of other health systems, Munson affiliates, and major cities were also mentioned, for example, Cadillac, Kalkaska, and McLaren/Petoskey. Half of all respondents also listed destinations outside of the region, for example, Ann Arbor, Gaylord, Grand Rapids, Muskegon, and Saginaw. Of those destinations, Grand Rapids seems to be the major draw, with a third of all respondents naming that city.

What service gaps are NEMT users experiencing?

Health and human service agency staff reports several types of service gaps, namely in coordination and operation of public transit, general infrastructure and service for the disabled, and access to available resources.

Eleven of the fifteen respondents listed various gaps in public transit services. Where there is service, the main concern is the coordination of cross-county NEMT trips. The need to transfer busses makes the service inconvenient to use and the added time creates a physical burden for many NEMT clients. Other service gaps reported were in the timeliness, frequency and location of stops, hours of operation, and scheduling barriers with paratransit (such as when out-patient procedures necessitating NEMT are not scheduled until the night before).

Survey respondents also reported gaps in service and infrastructure for those with physical and mental impairments. One service gap is in affordable door-to-door transportation, for those who need assistance from getting out their door to inside the doctor's office, as opposed to curb-side service. A few respondents also observed gaps in wheelchair-accessible infrastructure.

Another area of concern is gaining access to the Medicaid resources that do exist to support NEMT. Concerns surround the eligibility criteria and process, and the timeliness of approvals.⁹ Several agencies serving the mentally ill noted that psychiatry and nursing appointments do not qualify as medical, and therefore are not eligible for NEMT. Other comments were that the eligibility and approval process is cumbersome, and that by the time the trip is approved, the need no longer exists.

While the cause of many of these gaps is lack of financial



resources for both individuals and agencies, there are also other substantial causes. One of the most commonly reported causes is the lack of coordination among the patchwork of providers across our rural geography. There are also liability concerns for agencies that want to provide volunteer drivers and door-to-door service. Another cause is the limited social networks among people suffering chronic or debilitating diseases. One might think that family and friends could fill many of the NEMT gaps, but not only are these supports often unavailable during the scheduled time of medical appointments, but people with certain diseases such as mental illness or substance abuse are often stigmatized, leaving little to no network to rely upon.

Where do we go from here?

This research brief seeks to provide an introduction to the topic of NEMT and to gauge the demand for this service in the Northwest region. This brief raises more questions than it answers, such as:

- What is the true demand for NEMT services? How can data gathering methods and reporting be standardized across all agencies?
- What is the cost of providing NEMT vs. the benefit of better health outcomes (and reduced medical expense, higher incomes, etc.)?
- How can public transit agencies coordinate and collaborate to provide the best user experience across county lines?
- How can public sector and private sector providers coordinate and collaborate to provide a one-stop shop for consumers to find the best options?
- What are the liability issues of volunteer driver programs, and how are agencies mitigating risk?

⁹ Much of the literature on Medicaid NEMT report that the level of reimbursement to providers does not cover actual cost of the trip. That was not reported by any of the health or human services staff in the region. It was studied last fall in the Lansing region, where the Medicaid reimbursement rate is only 10% of the cost incurred by the public transit provider: <http://smartgrowthamerica.org/documents/tri-county-mm-final-report.pdf>

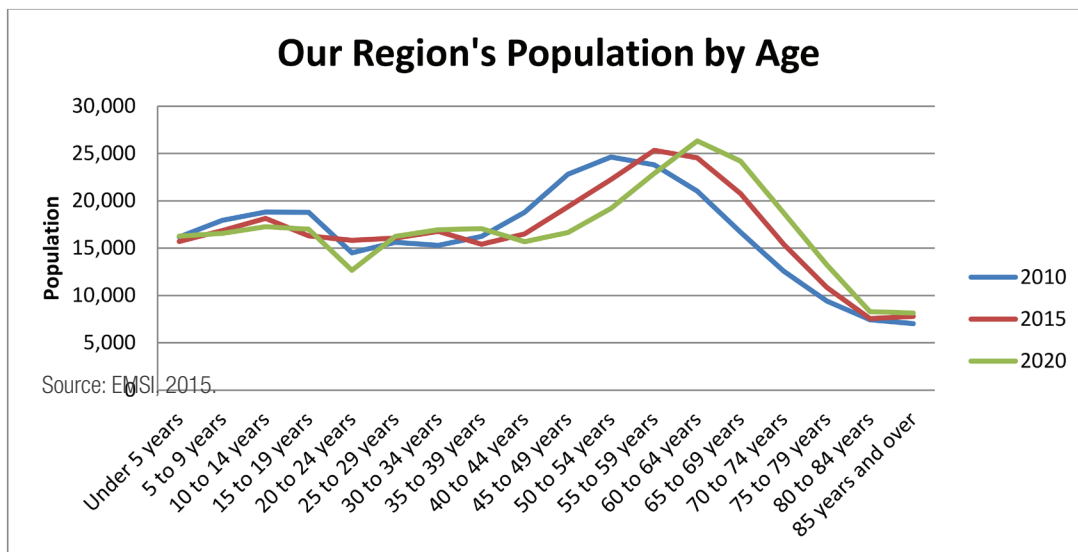
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- How can we make the best use of current public resources? How can we best navigate Medicaid eligibility and other programs? How can we blend multiple resources to support trips or vehicles shared by more than one type of individual or agency?

We are not the only region raising these questions. In Michigan and around the country, NEMT is being studied and new service models are being tested, especially around Mobility Management practices. Mobility Management is a set of strategies designed to create community transportation options (i.e. public and private providers and multimodal) that are networked to provide the best user experience for a variety of customers, in the most financially and operationally efficient manner. In this way, mobility management practices better serve consumers of NEMT, and provide better networked transportation options for youth, commuters, and tourists alike. Mobility management involves a broad collaborative of transportation providers, health and human service agencies, customers and other stakeholders. Some elements of mobility management practice may include centralized information and referral, brokerage service for reservation of rides, cost/revenue allocation across providers, coordinated marketing of services, and shared Intelligent Transportation Systems across providers. There are many pilots and demonstrations of these practices.

Last June, Governor Snyder addressed the Michigan Legislature on the topic of aging, and asked specifically for the Michigan Department of Transportation to partner with regions to improve regional transit mobility. Regional transit mobility is the ability to move people from one county to the next for accessibility to jobs, health care, education, shopping and other purposes. While the impetus for this work is improving senior mobility, like mobility management, the initiative will benefit all types of transit users. The crux of the work, to take place later this year, will involve the creation of regional human service coordinated transportation plans. This work will include the Michigan Association of United Ways, which has received a federal grant to enhance the transportation functionality of the 211 system, the regional planning bodies, and local transit and human service agencies within each region. The coordinated plans will identify local and regional needs and create action plans to fill gaps.

If you would like to be involved in these efforts, or have more information to offer regarding NEMT in our region, please contact Sarah Lucas, Regional Planning Department Manager, Networks Northwest at 231-929-5034, or via email at sarahlucas@networksnorthwest.org.



For more information about transportation, check out:

A Framework for Transportation in Northwest Michigan, available online at:

networksnorthwest.org/rpi

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