

Strategic Plan to Improve Access to Non-Emergency Medical Services (NEMS) in the Genesee-Finger Lakes Region

June 2004

The Strategic Plan recommends ten initiatives that address the need to improve access to non-emergency medical services within the nine-county Genesee-Finger Lakes Region. The Plan focuses on the needs of consumers within the region who do not have access to private means of transportation. The Strategic Plan presents the proposed initiatives and recommended actions, identifies the organization that would be responsible for carrying out the action, suggests potential funding sources, and projects a timeframe for implementing the initiatives.

This document includes a summary of the background information compiled during the planning process, including information about the location of patients and services, the types of non-emergency medical services that require access, and existing transportation options.

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in the Genesee-Finger Lakes Region**
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Steering Committee

A Steering Committee consisting of representatives from transportation providers, medical service providers, human service agencies, county planning departments and insurers guided the process of preparing this Strategic Plan. The following individuals served on the Committee:

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- Dr. David Broadbent, Rochester Primary Care Network
- Peg Consadine, Strong Health Social Work
- Bonnie C. DeVinney, Finger Lakes Health Systems Agency
- Angela Ellis, Ontario County Planning Dept.
- Joan Ellison, Livingston County Dept. of Health
- Katie Evans, Monroe County Dept. of Planning
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- Andrew Lucyszyn, Orleans County Health Dept.
- William McDonald, Medical Motor Service
- Timothy McMahon, Catholic Charities of Livingston County
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Administration and Consulting Services

The Genesee Transportation Council provided administrative assistance and oversight for the preparation of this study. Stuart I. Brown Associates conducted the technical work and prepared the written reports.

Location of Patients and Services

The nine-county Genesee-Finger Lakes Region includes Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates Counties. Rochester is the major urban center in the region, and is a destination for medical services for many residents of the more rural counties.

The majority of the region's population (61%) resides in Monroe County. The Cities of Batavia (Genesee County), Canandaigua (Ontario County) and Geneva (Ontario County) are important regional centers outside of Monroe County. The remainder of the region is primarily rural. Map 1 depicts the distribution of the region's population by municipality.

The locations of major hospitals within the region are depicted in Map 2. However, many residents of the communities at the edges of the region are likely to travel outside of the region (Buffalo, Syracuse, Ithaca, etc.) for major medical services.

Populations with special needs for transportation include:

- Seniors who are no longer able to drive
- People with low incomes who do not have access to private means of transportation
- People with disabilities or medical conditions that prevent them from driving
- People in rural areas who need to travel long distances to access medical services

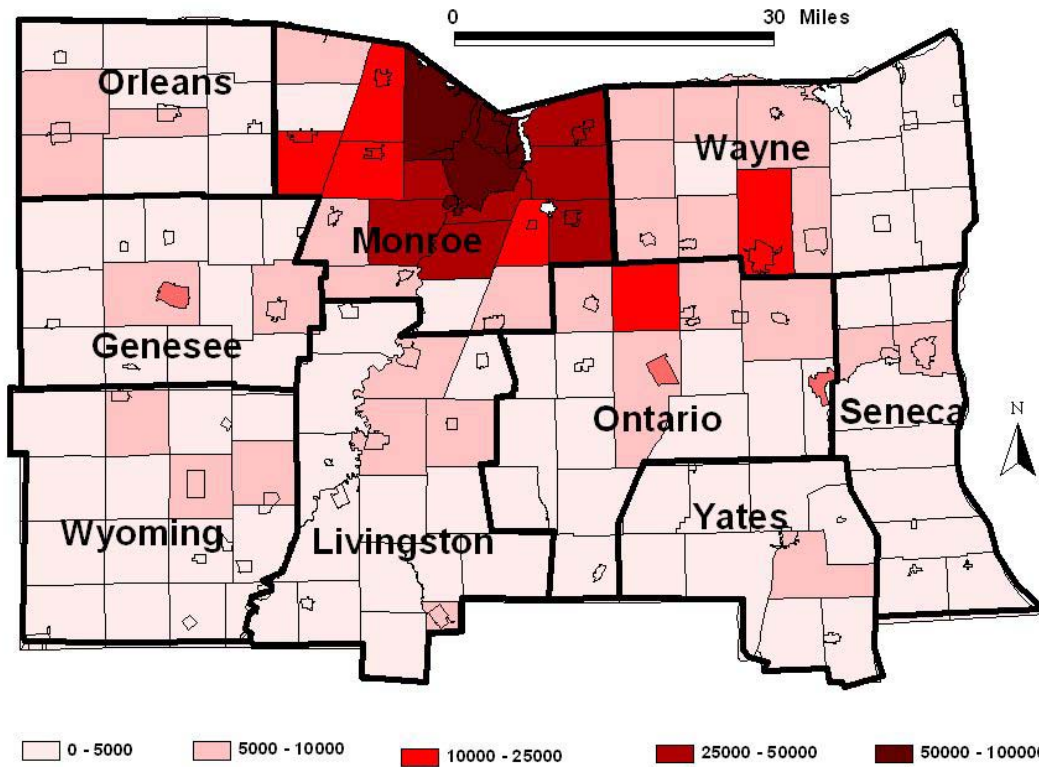
Non-Emergency Medical Services that Require Access

Non-emergency medical services include treatments and examinations that require access on a scheduled (non-emergency) basis. The types of medical needs addressed in this study include:

- Outpatient surgery
- Dialysis
- Radiation and Chemotherapy
- Substance Abuse Counseling
- Mental Health Treatments
- Preventative Examinations and Primary Care

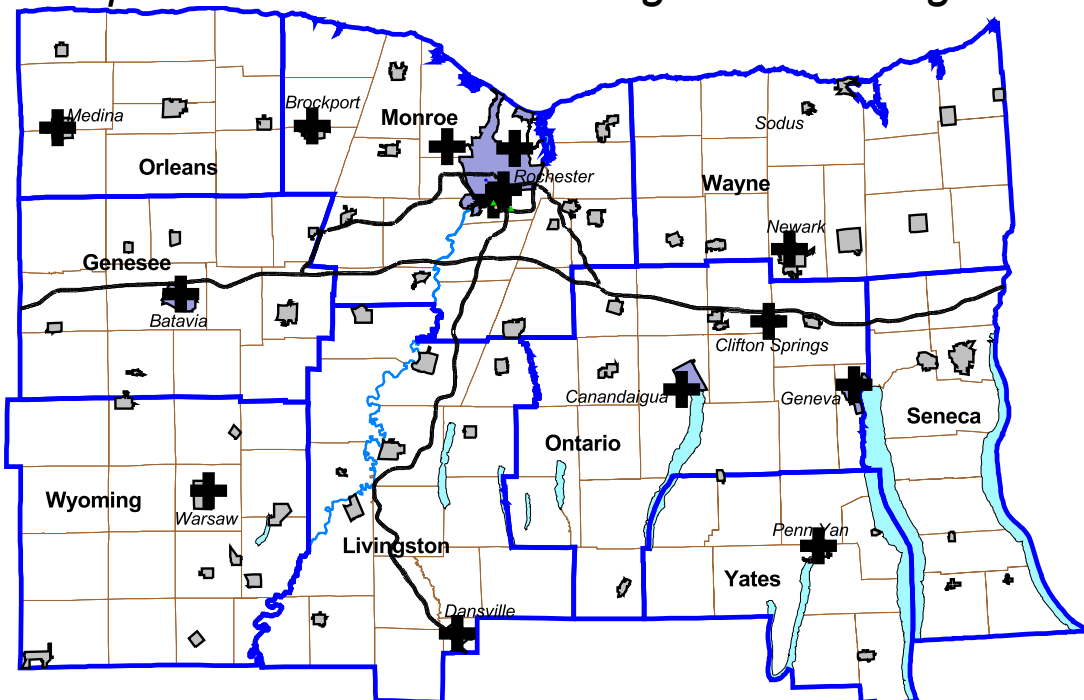
Population by Municipality Genesee-Finger Lakes Region

Map 1



Map 2

Hospitals in the Genesee-Finger Lakes Region



Existing Access Options

A patient who needs to get to an appointment must choose from the available means of transportation. A majority of patients arrive at medical appointments in private vehicles. They either drive themselves or get a ride from a friend or family member. This means of transportation is preferred by the vast majority of patients, as it provides maximum convenience, flexibility and marginal cost. The following narrative describes these transportation options.

Public transportation

Public transportation services include fixed routes, demand-responsive (“dial-a-ride”) and fixed route with deviations (by advance reservation, the bus can deviate from the planned route up to a specified distance to pick up or drop off passengers.) Nearly all of the major medical facilities in the region are accessible by fixed route service.

Public transportation is available in all counties in the region except for Seneca and Yates. Public shuttle services have been established in Wayne and Livingston Counties to bring residents to medical facilities in neighboring counties. A similar shuttle in Seneca County is expected to begin in June 2004.

The Rochester-Genesee Regional Transportation Authority and its subsidiaries operate public transportation services in Monroe (RTS and LiftLine), Genesee (B-Line), Livingston (LATS), Orleans (OTS), Wayne (WATS) and Wyoming (WYTS) Counties. Seneca County joined the Authority in 2003 and service is expected to begin in June 2004. Ontario County operates its public transportation system (CATS) under contract with a private provider. Yates County currently has no public transportation, but will conduct a Strategic Plan for public transportation in 2005.

Public transportation for persons with disabilities

All RTS buses are equipped with wheelchair lifts. For residents of Monroe County, Lift Line offers demand responsive, curb-to-curb service to certified persons with disabilities with advance reservation within a service area of $\frac{3}{4}$ mile from regular RTS bus lines, excluding Park & Ride routes. The demand responsive services of transit systems operating outside of Monroe County provide transportation to persons with disabilities in accordance with the Americans with Disabilities Act (ADA).

Taxi services

Several taxi companies operate in the City of Rochester and Monroe County. Smaller companies operate in the rural counties.

Specialized medical transportation services

Several not-for-profit and commercial transportation services provide transportation to medical appointments.

- Medical Motor Service, a not-for-profit transportation provider, provides an average of 450,000 trips a year to more than 6,000 area residents, primarily within Monroe County, who are disabled and/or unable to use traditional transit services. The organization contracts with human service agencies and health care providers to transport clients to medical appointments and treatment programs.
- For-profit private carriers transport ambulatory patients and provide wheelchair, ambulance or “stretcher van” service. The cost varies depending on the type of service, distance and time of day.

- Not-for-profit organizations such as Community Action Transportation Service (CATS) in Orleans County, and the local ARC chapters in Seneca, Wayne, Livingston and Wyoming Counties provide transportation to medical services under contract with human service agencies such as County Offices for the Aging and Departments of Social Services.

Public and private human service agencies

Many public and private human service agencies either operate vehicles to transport their clients to medical appointments or contract with a transportation carrier to provide such services. These include local ARC chapters, County Offices for the Aging, County Mental Health services agencies and County Veterans agencies. The cost, eligibility requirements, and limitations on services vary widely.

Volunteer services

Many churches and other organizations arrange for volunteers to drive people to medical appointments. These services depend on volunteers to drive as well as to schedule rides with an available driver. Formal and informal volunteer services are available throughout the region through organizations such as churches, Catholic Family Center (STAR program) and the American Red Cross of Northern Livingston County.

Medicaid transportation

The Medicaid program pays for medical care for low-income residents. (This program is different from Medicare, which provides health coverage to seniors and disabled people). Unlike most insurance coverage, including Medicare, Medicaid covers the cost of necessary transportation to medical appointments. In New York State, Counties are required to pay for a portion of Medicaid expenses, including transportation. As the Medicaid program has a significant impact on County budgets, there is currently an effort to reform the program.

Each county's Medicaid coordinator has developed a system to provide or arrange for transportation for Medicaid clients. Three counties—Monroe, Ontario and Livingston—use a “brokerage” system to coordinate Medicaid transportation. The broker identifies the most efficient means of transportation, relying on public transportation when available. (See “Promising Current Initiatives,” page 10.)

The Genesee County Department of Social Services (DSS) requires clients to make their own arrangements for transportation, and will pay a pre-determined amount provided that the transportation provider receives prior approval. Orleans County contracts with CATS (Community Action Transportation Service) to provide transportation to Medicaid clients within Orleans County and to Brockport. Out-of-county trips, primarily to Buffalo and Rochester–area facilities, are provided by staff drivers. Wheelchair and other specialized services are contracted to other vendors.

Beginning in June 2004, RGRTA will transport Medicaid clients in Seneca County to medical appointments through a shuttle program. Previously, the Seneca County Division of Human Services operated a fleet of vehicles and paid drivers to transport clients to medical appointments. Specialized trips will continue to be contracted to private vendors.

Wayne County DSS operates its own vehicles to transport clients to medical appointments, encourages the use of the medical shuttles and other public transportation, and arranges for transportation with private vendors. Wyoming County DSS directs its clients to use public transportation for medical appointments within the County, and operates vans to transport clients to appointments outside of the County. DSS contracts with WYTS and private vendors for wheelchair and other specialized transportation.

Key Issues

A range of issues were identified during the planning process. The following issues were found to be most significant based on their impact on consumers (number of people affected and effect on individuals and families) and institutions (effect on health care providers, transportation providers, human service agencies and insurers).

A. Issues relating to specific demographic groups

Seniors

The number of residents age 65+ and 85+ is increasing. Seniors who are unable to drive may become increasingly isolated. Many need assistance getting to the curb and/or into vehicles. This population has a high need for medical services and are significant users of transportation services. Human service agencies, such as Lifespan and County Offices for the Aging, are dedicated to assisting seniors.

Persons who use wheelchairs

Persons who use wheelchairs have significant needs for transportation. Public transportation is available, subject to schedule and service area limitations. Commercial services are expensive, especially for long distances.

Persons with other disabilities or medical conditions

Many people with developmental disabilities, mental illness and other disabling conditions, particularly those who are not affiliated with an agency, find it difficult to access medical services as well as transportation. Though small in number, these consumers have significant needs, such as transport in stretcher van or ambulance or other specialized attention. Private transportation services are expensive and not covered by insurance (other than Medicaid).

Severely obese people

Severely obese people are difficult, and expensive, to transport, often requiring special vehicles and extra staff. Reimbursement from insurance is often inadequate to cover the necessary equipment and staffing.

Persons who need to travel long distances to specialized medical services

Patients in rural areas must travel for an hour or more to access certain services, such as dialysis and radiation, which are only available at major medical facilities.

B. Issues relating to medical treatments and health care practices

Insufficient access to primary care

Transportation barriers, combined with inconvenient service locations, discourage people from obtaining routine screenings. Emergency rooms and ambulances are used too often for primary care. Medicare and private insurance plans do not cover transportation, except for ambulances for emergencies or when medically necessary. Low income residents in both the City of Rochester and in isolated rural areas are disproportionately affected by this issue.

Dialysis and cancer treatments

The need for transportation to life-sustaining medical treatments challenges families and individuals, especially when long-distance travel or specialized transportation is required.

Transportation following hospital discharges

Patients need transportation following discharges, emergency room visits and outpatient surgery. Such transportation is often expensive and is not covered by most insurance plans. As a result, there are “stand-offs” between the hospital, transportation provider and consumer regarding “who pays.”

Confidentiality

Confidentiality is important to patients receiving transportation to medical treatments, especially for conditions that have stigmas attached, such as HIV/AIDS, drug and alcohol treatments, and mental health treatments.

C. Issues relating to existing access options

Public transportation capacity

A majority of residents, including those with disabilities, can access medical facilities using existing fixed route and demand-responsive public transportation. The vehicles and administrative infrastructure already exists and offers the most efficient and cost-effective option for agencies.

However, public transportation is not available in all geographic areas at the time service is needed, and is inconvenient compared to using a private vehicle.

Timeliness

Timeliness is a difficult challenge when transportation providers are pressured to maximize efficiency and keep costs down. When patients are late, appointments may be cancelled and group therapy sessions may be compromised. This issue affects patients who rely on demand-responsive, shared ride transportation services. Transportation providers must constantly balance timeliness with cost efficiency.

D. Coordination, cost and payment issues

Use transportation resources more efficiently

Human service agencies that operate their own vehicles are challenged to coordinate with other agencies, due to regulations and insurance requirements. “No-shows,” late cancellations, and scheduling of appointments at peak hours challenge transportation providers to improve efficiency.

Medicaid transportation

Medicaid programs continually seek to reduce costs while providing fair payment to transportation providers and service to clients.

Ensure funding for transportation

Continued funding from Medicaid, public transportation revenue, human service agency contracts, and foundations is needed to support the transportation network. An increasing number of consumers depend on the network of transportation providers. Commercial providers have found it difficult to succeed. Significant funding for transportation comes from Medicaid and human service agencies.

Improve access to information

There is no central source of information source about transportation. Each agency or facility maintains its own data. Information “hotlines” provide such information to consumers. For example, to Eldersource (a program operated by Lifespan) responds to approximately 5,000 calls annually regarding transportation.

The key issues were evaluated based on the following parameters:

Consumer Impact: Number of people affected and/or effect on individuals and families

Institutional Impact: Impact on health care providers, transportation providers, human service providers and/or insurers

Effectiveness of Current Approach: How well is the existing system meeting needs?

Ability to address: How likely is it that specific, achievable actions can be identified that have the potential to address the issues?

Promising Current Initiatives

Several existing programs within the region have helped to improve access to non-emergency medical services. The Strategic Plan encourages actions that build upon these existing programs.

Brokerage services and brokerage-type arrangements

In Monroe, Ontario and Livingston counties, brokerages have reduced the cost of Medicaid transportation as well as the cost of transportation to programs sponsored by County Departments.

- Monroe County contracts with Medical Motor Service to “broker” transportation for its Medicaid clients who have no other means to get to medical appointments. Medical Motor Service distributes bus tokens to patients who are able to use public transportation, and makes arrangements with other carriers to provide the other rides. In 2002, Medical Motor Service arranged 253,590 rides to other vendors for medical services.
- Ontario County contracts both its public transportation service and Medicaid transportation to a single vendor. The transportation carrier arranges for rides on public transportation whenever possible, and contracts with private vendors for other needed rides. The Transportation Coordinator, a County employee, also coordinates all transportation arrangements for County programs.
- Livingston County established an in-house transportation broker within the Department of Social Services in 2002. Clients are provided with the least expensive means of transportation, starting with LATS’ fixed route, demand-responsive and medical shuttle services. The Transportation Broker also coordinates transportation for other County programs.

Brokerage-type arrangements operate in counties where public and private human service agencies have elected to contract for transportation rather than operate their own vehicles. Such arrangements allow the agency to focus on its primary mission. These arrangements also result in increased efficiencies, as independent transportation providers can use the same vehicles for multiple clients without the regulatory and insurance constraints faced by human service agencies.

- In Orleans County, Community Action Transportation Service (CATS) provides transportation services under arrangements with several public and private human service agencies, including in-County Medicaid transportation, Office for the Aging and the Arc of Orleans County.
- The Seneca County Division of Human Services recently made arrangements for RGRTA to develop public medical shuttle service to transport Medicaid patients to appointments. This arrangement will eliminate the need for the Department to operate its own vehicles for this purpose.

Public transportation medical shuttle services in rural counties

The public transportation services in Livingston and Wayne Counties have developed “medical shuttle” services to bring patients to medical appointments in neighboring counties. As part of the public transportation system, the shuttles are open to the public. The Departments of Social Services, Offices for the Aging, and other public and private human service agencies in both counties rely on the shuttle service to help transport agency clients.

- The Wayne County medical shuttle service was designed to serve dialysis patients. The service picks people up at their homes, according to a pre-arranged schedule, and takes them to dialysis centers in

Victor and Geneva. The service is operated by WATS and is subsidized by the Wayne County Rural Health Network. Health care providers are aware of the shuttle and have cooperated by scheduling dialysis appointments to coincide with the shuttle's schedule.

- The Livingston County medical shuttle service was established in 2002 to take patients from two locations in Livingston County (Dansville and Lakeville) to Eastman Dental, Strong Hospital and Highland Hospital. A 24-hour advance notice is required and the fare is \$6.50/ one-way. The bus picks up at 7:30 and 8:00 a.m., arrives at Rochester medical facilities between 8:45 and 9:15 and returns to Livingston County between 1:00 and 1:30 pm. The shuttle runs every Tuesday and Thursday. The Department of Social Services directs all of its clients to make appointments for Tuesday and Thursday mornings if they need transportation. Extensive outreach has resulted in increased ridership. The cost per ride is now lower than the previous Medicaid reimbursement rate per ride.

Volunteer transportation services

Lifespan, with funding from Preferred Care through the Rochester Primary Care Network Health Initiative Fund, has organized a consortium of organizations, representing faith-based, social service and government agencies, that use volunteer drivers to transport residents to medical appointments. Lifespan Volunteer Services will recruit, train and place drivers with volunteer-based transportation programs. The program provides volunteers with supplemental accident and liability insurance and other benefits. In addition, Lifespan Volunteer Services will help develop new volunteer transportation programs, especially in underserved and rural areas of Monroe County. Although the service is limited to organizations within Monroe County, the public relations campaign and proposed training manual may benefit organizations in the other counties in the region.

Same-day access to primary care

A demonstration project in northeast Rochester, known as the "Safety Net", has been working to improve access to primary care for patients who are enrolled in the Monroe Plan, a Medicaid managed care program. The project has resulted in participating health care facilities setting aside the capacity to accommodate same-day appointments. However, the project has been challenged to arrange for transportation.

For same-day appointments, it is not possible to send tokens to the patients in advance of the appointment, as is done with other Medicaid transportation. Arrangements need to be made with RTS or other transportation providers to transport patients to the appointments and arrange for payment through the Medicaid managed care plan.

Information-sharing resources

Several existing referral "hotlines" provide information to consumers about transportation resources. For example, Eldersource, a "hotline" administered by Lifespan and Catholic Family Center, responded to 5,000 calls regarding transportation in 2003. Regional Action Phone provides information about transportation and other services to residents of Genesee and Orleans Counties.

The Provider Resource Network links human service and health care agencies that provide services to seniors. It uses the a secure network through the internet to share information about clients and programs.

New York State has developed a plan to institute a central phone number —"211"— to call for information about health and human services. Lifeline, a program of The Health Association, has been proposed to serve as the hub for the Finger Lakes region (including Monroe, Wayne, Ontario, Livingston Counties).

Trends

Two somewhat divergent trends may affect access to medical services in the future. One, is that new specialized services are being developed that will only be available in major facilities. Two, is that some services are becoming available in “satellite” locations, thus reducing the distances that patients in “outlying” areas need to travel.

Recommended Initiatives

Recommended initiatives are presented in order of priority based on their ratings (High, Medium or Low) for “impact” and “feasibility”.

Impact: Benefit to consumers (number and extent) and institutions (health care, transportation, human service agencies, insurers)

Feasibility: Cost to implement; willingness and ability of organizations to carry out the recommendations.



Planning Process and Public Involvement

- A Fact Sheet was prepared in September 2003 as the study was initiated. The Fact Sheet presented information about the study and was distributed to interested individuals and organizations by members of the Steering Committee.
- The consultant for the project conducted a series of “stakeholder interviews” with representatives of medical facilities, transportation providers, health insurers and human service agencies. The interviews helped to illuminate the perspectives of the various entities who are involved in and affected by the issues.
- In order to encourage an exchange of information among the public and various constituencies, the Steering Committee sponsored two roundtable discussions on “Rural Medical Shuttles” and “Medicaid Brokerage.” The roundtable discussions were held on February 26, 2004 at the Henrietta Town Hall.
- A public informational meeting was held on March 30, 2004 at the Henrietta Town Hall to present the draft initiatives and to solicit public input prior to preparing the final Strategic Plan.

Recommended Initiative #1

Increase the use of public transportation services to medical facilities by addressing routing, scheduling, wheelchair access, promotions and marketing.

Impact Rating: High

A large number of consumers have access to public transportation and would benefit from this initiative, including seniors and people with disabilities. Human service agencies, including Medicaid transportation coordinators, can expand reliance on public transportation to provide transportation at lower costs.

Feasibility Rating: High

Public transportation systems have already developed an extensive infrastructure throughout the region. Nearly all major medical destinations are accessible by public transportation. Improvements to routes, schedules and facilities would be incremental and achievable.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Adjust routes and schedules to improve service and efficiency in accessing medical destinations	RGRTA (RTS and regional subsidiaries); Ontario County CATS	Short-Term (1-3 years) and Ongoing
Increase marketing to encourage the use of public transportation	RGRTA (RTS and regional subsidiaries); Ontario County CATS	On-going
Continue to develop partnerships among public transportation services, human service agencies and health care providers to encourage the use of public transportation for Medicaid trips	Public transportation providers (RTS and RGRTA's regional subsidiaries; Ontario County CATS); County Departments of Social Services; human service agencies; health care providers	On-going
Explore the development of circulator routes in the suburbs	RGRTA (RTS)	Medium-Long Term (3-10 years)

Potential funding sources

- State and Federal grants and reimbursement programs
- Operating revenues
- Guaranteed revenue agreements with partners

Recommended Initiative #2

Continue the rural medical shuttles operating in Livingston and Wayne counties and replicate these in other rural counties.

Impact Rating: High

As a service of regional public transportation systems, medical shuttles provide an effective and relatively low-cost option to consumers that do not have access to individual rides. The shuttles offer an alternative means of transportation for agency clients and reduce cost to agencies of providing transportation.

Feasibility Rating: High

Utilizes public transportation vehicles and administrative support. Provides a cost-effective option for Medicaid transportation to out-of-county destinations.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Continue to nurture partnerships that help finance the cost of the existing rural medical shuttles	RGRTA (WATS and LATS)	On-going
Continue to work with medical facilities to schedule appointments that fit the shuttle schedules	Medical facilities served by the shuttles; Human service agencies that assist in making patient appointments (such as Offices for the Aging)	On-going
Develop shuttle programs in other counties in the region	RGRTA regional subsidiaries; Counties; Human service agencies to direct clients to use the shuttles. (Note: Shuttle service will begin in Seneca County in June 2004)	Short-Medium-Term (1-5 years)

Potential funding sources

- Public transportation operating funds
- Private grants
- Re-allocation of funds for transportation services from human service agencies such as Departments of Social Services and Offices for the Aging
- Revenue guarantees by employers and institutions

Recommended Initiative #3

Establish additional transportation brokerages and brokerage-type arrangements in the region.

Impact Rating: High

Brokerages can reduce the cost of Medicaid transportation as well as transportation to other County programs. Departments of Social Services in Monroe, Ontario and Livingston counties have demonstrated that brokerages reduce the cost of Medicaid transportation without diminishing the quality of service. A central coordinator at the county level can reduce the cost of transportation for county programs.

Brokerage-type arrangements, as when agencies contract with an independent contractor for transportation, help improve efficiency, especially when the contractor maximizes the use of public transportation, medical shuttles and volunteer programs. The reliance on third-party carriers to provide transportation has helped public and private human service agencies devote more resources to their primary functions.

Consumers benefit from increased efficiency, although the sharing of rides is less convenient to individual riders.

Feasibility Rating: High

Rural county Medicaid coordinators need to evaluate the potential of brokerage arrangements to provide cost savings. This may be more difficult in those counties where residents need to access medical facilities located in more than one metropolitan area.

Human service agencies that operate vehicles may consider contracting with a transportation provider to promote efficiencies. This approach is more promising than attempting to coordinate among agencies, due to difficulties associated with scheduling, regulations and insurance.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Encourage Departments of Social Services to consider brokerage systems to manage Medicaid transportation.	County Departments of Social Services	Short-Medium (1-5 years)
Seek alternatives to providing in-house transportation for clients, while ensuring that the quality of service is maintained	Public and private human service agencies	Short-Term (1-3 years) and On-going

Potential funding sources

- Re-allocation of funds for Medicaid transportation and transportation to county-sponsored programs
- Public and private grants

Recommended Initiative #4

Support and expand volunteer programs.

Impact Rating: Medium

Provides convenient and comfortable rides for seniors and others. Helps consumers access life-sustaining dialysis and cancer treatments and other medical services. Supplements public and private means of transportation.

Feasibility Rating: High

Volunteer programs are relatively inexpensive to establish. The primary challenge is retaining and recruiting sufficient volunteers.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Continue efforts to support volunteer organizations and attract new volunteers. (Model: Lifespan program)	Lifespan; Community Action organizations; Volunteer organizations throughout the region	Short-term (1-3 years) and On-going
Encourage the development of additional volunteer networks among faith-based and other organizations.	Not-for-profit organizations	Short-term (1-3 years) and On-going

Potential funding sources

- Private grants
- Insurers

Recommended Initiative #5

Develop capacity for same-day transportation in order to accommodate same-day appointments for primary care.

Impact Rating: Medium

A demonstration project for northeast Rochester has improved the ability of health care providers to accommodate same day appointments for primary care. (See “Promising Current Initiatives,” page 10.) Providing same-day transportation would facilitate access to primary care for Medicaid patients. Once established, such a system could be adapted by other human service agencies to ensure that their clients can use public transportation to access medical services.

Feasibility Rating: Medium

Demand-responsive transportation services transportation providers (other than public buses) would need to set aside capacity to accommodate “last minute” reservations. Provisions for payment to public transportation (electronic payment or other method) need to be resolved.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Make arrangements for one-day bus passes to be available at locations convenient to patients’ homes. The cost of the passes would be billed to Medicaid transportation or another sponsoring agency.	RGRTA; Monroe County Department of Social Services; Monroe Plan	Short-term (1-3 years)
Install new fareboxes in RTS buses and develop an accounting system that accommodates electronic payment using authorized Medicaid cards	RGRTA	Long-term (5-10 years)
Explore the development of programs to provide same-day transportation and medical appointments for Medicaid recipients in other areas of the region	Public transportation providers (RGRTA’s regional subsidiaries; Ontario County CATS); County Departments of Social Services; human service agencies; health care providers	Medium-term (3-5 years)

Potential funding sources

- State and Federal capital improvement funds for public transportation

Recommended Initiative #6

Establish a mechanism to improve communication and coordination among human service providers, transportation providers, medical service providers and insurers regarding medical transportation.

Impact Rating: Medium

Improved communication would help to protect patient confidentiality and provide the appropriate service when patients require additional assistance.

Feasibility Rating: Medium

Agencies will need to ensure that staff communicates consistently with health care facilities, transportation providers and other agencies. Cost would be minimal, as the process would occur using existing staff.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Continue the transportation coordinating groups that meet regularly in Livingston, Orleans, and Wayne Counties.	Livingston County Planning Department; Arc of Orleans County; Wayne County Planning Department/ WATS	On-going
Establish a forum for the regional exchange of information about transportation resources and needs.	To be determined (initially Genesee Transportation Council)	Short-term (1-3 years) and On-going
Institute measures to protect confidentiality of patients in arranging transportation	Transportation providers; Human service agencies that arrange transportation	Short-term (1-3 years) and On-going
Increase awareness among human service provider staff and others who arrange for transportation that certain patients will need additional assistance from transportation providers	Transportation providers; Human service agencies that arrange transportation	Immediate (within 1 year) and On-going
Expand existing information-sharing resources, such as the Provider Resource Network which uses the internet to encourage sharing of information among agencies, to include information about transportation resources	Transportation providers; Human service agencies; Provider Resource Network	Short-term (1-3 years) and On-going

Potential funding sources

- Existing agency budgets

Recommended Initiative #7

Apply new technologies to improve efficiencies by assisting transportation providers with scheduling and communications.

Impact Rating: Medium

The effective use of technology, such as routing/scheduling software and automatic vehicle locating systems, would improve timeliness and efficiency and reduce the cost of Medicaid transportation. This would benefit consumers as well as transportation providers, human service agencies and health care providers.

Feasibility Rating: Medium

Technological solutions would require significant investment in equipment, software and staff training. The transition would be time-consuming and could be disruptive.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Identify promising new technologies	Transportation providers	Short-term (1-3 years)
Obtain funding for new technologies	Transportation providers	Medium term (3-5 years)
Train staff and implement new technologies	Transportation providers	Long-term (5-10 years)

Potential funding sources

- Transportation provider budgets
- Private or public grants
- State and Federal reimbursement programs

Recommended Initiative #8

Establish a mechanism to provide information to the public regarding available transportation services.

Impact Rating: Medium

Consumers, human service agencies and health care providers would benefit from improved access to information regarding potential means of transportation.

Feasibility Rating: Medium

Funding, cost and organizational structure would need to be addressed. Existing and proposed services, such as Eldersource (Monroe County), Regional Action Phone (Genesee/ Orleans counties) and "211" (see "Promising Current Initiatives," p. 11) may be incorporated into a network. Challenges include maintaining an up-to-date database of transportation providers.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Ensure that information about available transportation services is made available to information hotlines such as Eldersource (Monroe County) and Regional Action Phone (Genesee and Orleans Counties).	Lifespan; Catholic Family Center; Community Action agencies; transportation providers	Short-term (1-3 year) and On-going
Incorporate information about transportation resources into the pilot "211" program, which will provide a central information number for health and human service information.	The Health Association; members of the 211 Finger Lakes Collaborative	Medium-term (3-5 years)

Potential funding sources

- Local governments
- Private foundations
- Medical facilities
- Transportation providers
- Human service agencies

Recommended Initiative #9

Encourage the use of technologies that would make satellite facilities more cost-effective.

Impact Rating: High

Patients who live in rural areas and other patients who find transportation a burden would benefit from medical service alternatives that would reduce the need for travel. Examples include new dialysis centers in rural areas and “tele-medicine” to facilitate doctor’s examinations from remote locations such as day-care centers or nursing homes.

Feasibility Rating: Low

Cost is the primary obstacle. Health care facilities are actively exploring ways to improve service to patients, while remaining committed to efficient operations. The establishment of certain technologies in new locations is regulated by New York State.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Identify new, cost-effective technologies that would reduce the need for long-distance travel to medical facilities	Major medical facilities; Finger Lakes Health Systems Agency	Medium-Long Term (3-10 years)

Potential funding sources

- Major medical facilities
- Research grants
- State and Federal grants

Recommended Initiative #10

Advocate for changes in Medicare and private insurance policies to cover transportation to non-emergency medical services.

Impact Rating: High

Consumers in need of transportation would benefit significantly. For many patients, particularly those who travel long distances or need specialized transportation, the cost of transportation to non-emergency medical services is a significant burden. Currently, the only insurance coverage that assists with transportation costs is Medicaid (see page 7.) Additional funding for transportation through Medicare (which provides health coverage for seniors and disabled) and private insurance plans would help to ensure that transportation providers receive payment for trips, particularly for trips that involve long distances or extra staff. Health care providers and human service agencies would be assured that transportation to services is affordable for consumers.

Coverage of transportation costs may reduce Medicare costs related to over-use of ambulances. However, a transportation benefit may result in increased costs to Medicare or other insurance plans. Further analysis is needed to gauge the impact of this initiative.

Feasibility Rating: Low

Advocacy would require staff involvement as well as a policy commitment to address these issues.

Recommended Actions and Responsibilities

<u>Action</u>	<u>Responsibility</u>	<u>Timeframe</u>
Collect information to document the impact on hospitals, ambulance providers and others from unpaid transportation services	Health care providers; transportation providers	Short Term (1-3 years)
Contact elected officials regarding modifying Medicare policies	Human service agencies; Health care providers; transportation providers	Short-Long Term (1-10 years)

Potential funding sources

- Existing budgets

Recommended Follow-on Activities

This Strategic Plan identifies achievable actions that would help to improve access to non-emergency medical services, particularly among those patients who cannot drive or do not have access to a private vehicle. During the process of preparing this Plan, several issues were raised that require additional study. The most significant of these issues is the need to quantify the impact that lack of transportation has on the provision of medical services.

The follow-on activities listed below are recommended to help address this lack of documentation:

- Collect data on the need for transportation as part of routine follow-up questionnaires administered by health insurers.
- Develop a study in conjunction with medical service providers to document how often lack of transportation results in missed or cancelled appointments for medical services.
- Continue to analyze the costs associated with overuse of ambulance service to access primary care

Information collected about the need for transportation would be used by agencies to support grant applications for funding for transportation services and to help agencies design effective transportation programs.

In addition to implementing the recommendations of this Strategic Plan, each of the agencies and organizations that assisted in the preparation of this Strategic Plan is encouraged to continue to address transportation to non-emergency medical services as part of their ongoing work. A follow-up study is recommended in five-ten years to determine the effectiveness of the recommendations in the Strategic Plan.

