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Assessing Transportation Hurdles in Lamoille County, VT

Morrisville Family Health, Morrisville VT

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Family Medicine Clerkship - Rotation 5, October 2017

Project Mentor: Dr. Philip Kiely

2A: Problem Identification: Transportation

- ▶ Lower economic status and disabled patient's have higher barriers to health care access (10 - 51%)¹
- ▶ Having a drivers license, friends or family who drive, or access to public transportation leads to greater number of health visits.²
- ▶ 25% of missed appointments due to lack of access to car
 - ▶ 82% of patients with kept appointments had access to car compared to 58% of patients with missed appointments³
- ▶ Rural areas are often characterized by low population densities, and large distances between available services and the population they serve.²
 - ▶ Lack of transportation in these areas makes access to services even more challenging

2B: Problem Identification: Lamoille County

- ▶ Access to primary healthcare was listed as the number one concern for patients in 2015 Copley Hospital Service Area⁴
 - ▶ Lack of suitable transportation was a major reason for this lack of access
 - ▶ 6.8% say transportation is a reason they are still unwell
- ▶ A large proportion of missed or cancelled appointments have been blamed on lack of transportation.
- ▶ Statistics^{4,5}:
 - ▶ 12.6% of people below federal poverty level
 - ▶ 14% of the population above age 65
 - ▶ 14% Food insecurity and 17% Housing problems

3: Public health cost

- ▶ Transportation burden and distance to primary care was associated with poorer glycemic control in rural Vermonters.⁶
- ▶ Restriction of Medicaid payments for transportation to get prescription drugs resulted in fewer medication refills, and therefore poor medication compliance.⁷
- ▶ Lack of transportation ultimately means many missed appointments and poor adherence to medication ultimately causing additional emergency service utilization and poorer health outcomes.¹
 - ▶ Rural areas are more likely to experience transportation barriers, therefore VT residents in rural counties are at higher risk for poor health outcomes.^{1,2}
- ▶ The exact toll on morbidity and mortality, in addition to the direct cost on the health care system, is difficult to measure

4A:Community Perspective

- ▶ Associate at Central Vermont Council on Aging
 - ▶ Council on aging only has a small grant to support transportation services for patients age 60, additional funding non-existent
 - ▶ Frustration with lack of medical transportation resources for the elderly
 - ▶ They do not want information about their transportation services more widely available due to fear of turning patients down

- ▶ Sandy Thorpe, Transit Manager -Rural Community Transportation
 - ▶ Coordinates medical trips for Medicaid eligible residents
 - ▶ Medicaid has changed their reimbursement model causing significant challenges for their service
 - ▶ Medicare does not provide transport services, leaving other organizations to cover the elderly population
 - ▶ Willing to work with individuals to provide transportation - even if that means payment plans

4B: Community Perspective

- ▶ Stephanie Borts, Medical Social Worker - Morrisville Family Health Care
 - ▶ Identified transportation as the major barrier to health in the community
 - ▶ Discusses how unless you are on Medicaid, getting transportation for appointments is near impossible
 - ▶ She expressed frustration at the lack of resources to get patients to and from their medical visits
- ▶ Ross MacDonald, Vermont Agency of Transportation
 - ▶ The state of Vermont understands the difficulties that rural Vermonters have in accessing care, especially if they are not on Medicaid or elderly
 - ▶ The Vermont agency on Transportation received a large grant from the Federal Transit Authority to implement a Flexible Trip planning software.
 - ▶ This software connects individuals to local transportation throughout Vermont that has not previously been easily accessed
 - ▶ Local Car/van pools, demand-response cars, community services, taxi companies can now be easily identified and contacted
 - ▶ The hope is that this technology will better harness the resources that Vermont currently has

5: Intervention

▶ Intervention:

- ▶ Created a handout for Medicaid, elderly, and veteran patients listing the transportation services available to them if they do not have access to reliable transit.
- ▶ Gave a brief presentation to providers and staff at Morrisville Family Health to educate them about the issues of transportation in Lamoille County, the services currently available to their patients, and the future services being rolled out by the Vermont Agency of Transportation.

▶ Methods:

- ▶ Literature review to assess the impact of transportation on health care access
- ▶ Had discussions with social workers at Morrisville Family Practice, community transport providers in Lamoille County about the effects of transportation on patient's health and the difficulty in providing transportation for at risk populations
- ▶ Called private insurance companies to find out what transportation services they provided for patients who cannot make it to appointments
- ▶ Contacted the Vermont Agency of Transportation to learn about future programs and gained access to early beta of flexible transit software

6a: Results

- ▶ Coverage for transportation to and from medical visits is not widely covered by the three major private insurance companies in the area (MVP, Cigna, Blue Cross Blue Shield)
- ▶ Local transit providers are under increased stress due to funding cuts and simply cannot provide the amount of trips necessary to meet patient demands
- ▶ Patients are often unaware of the local services that can connect them to care
- ▶ The Vermont Department of Transportation is actively seeking to improve transportation to and from health care appointments through the implementation of new flexible transit technology

6b: Response

- ▶ Providers at Morrisville Family Health Care responded positively to the aims of the project but were ultimately disappointed by the lack of resources available to their patients
 - ▶ Most providers had experienced cancellations and poor follow-up from patients due to limited transportation, but were not aware of the funding limitations local services are suffering from
 - ▶ They appreciated learning about the struggles their patients experienced accessing free or even paid transport in Lamoille County
- ▶ Social workers are already working under extreme time constraints and often struggle to inform each patient of their transit options and connect them to the services. The handout should help to decrease the time spent connecting patients.
- ▶ Information about the new flexible transit program and access to the beta should allow providers to better assist patients in getting to and from the office.

7: Evaluation of effectiveness and limitations

▶ How to measure effectiveness of the Project:

- ▶ Missed appointments can be tracked in the Electronic Health Record. A decrease in missed visits due to transportation difficulties would demonstrate a positive impact.
- ▶ Social workers can note time spent calling transit authorities on behalf of patients before and after the intervention.
- ▶ The transit authorities can measure the frequency in Morrisville family health care patients calling for their services before and after the intervention.
- ▶ Ask providers to rate if their frustration at “no-show” appointments has changed since the presentation.

▶ Limitations of the Project:

- ▶ Local transportation services are few and poorly funded which limits the effectiveness of a pamphlet providing information on local services.
- ▶ Local transport providers and insurance companies would not provide transparent information about what transportation resources are available for patients in Lamoille County.
- ▶ The flexible transit app, while promising, is not yet available. This limits the current impact this project can have on the Lamoille County community.

8: Recommendations for future interventions

- ▶ Ask each patient during their visit if they have consistent access to transportation and if they are aware of the local options.
 - ▶ Conduct a survey after each missed appointment to see if the patients tried to utilize local services.
- ▶ Once it is released out of beta - inform every individual who missed an appointment about the new flexible transit system
- ▶ Implementation of a voucher program for taxis or other local pay services to provide last minute transit for urgent health care visits
- ▶ Educate each new provider in the office about the challenges of transportation some patients face in a rural setting
 - ▶ Aim to decrease provider frustration at last minute cancellations and therefore decrease misunderstandings between provider and patient

9: References

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