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Increasing Screening for Barriers to Transportation in an Outpatient Family Medicine Clinic

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CVPH Family Medicine Center

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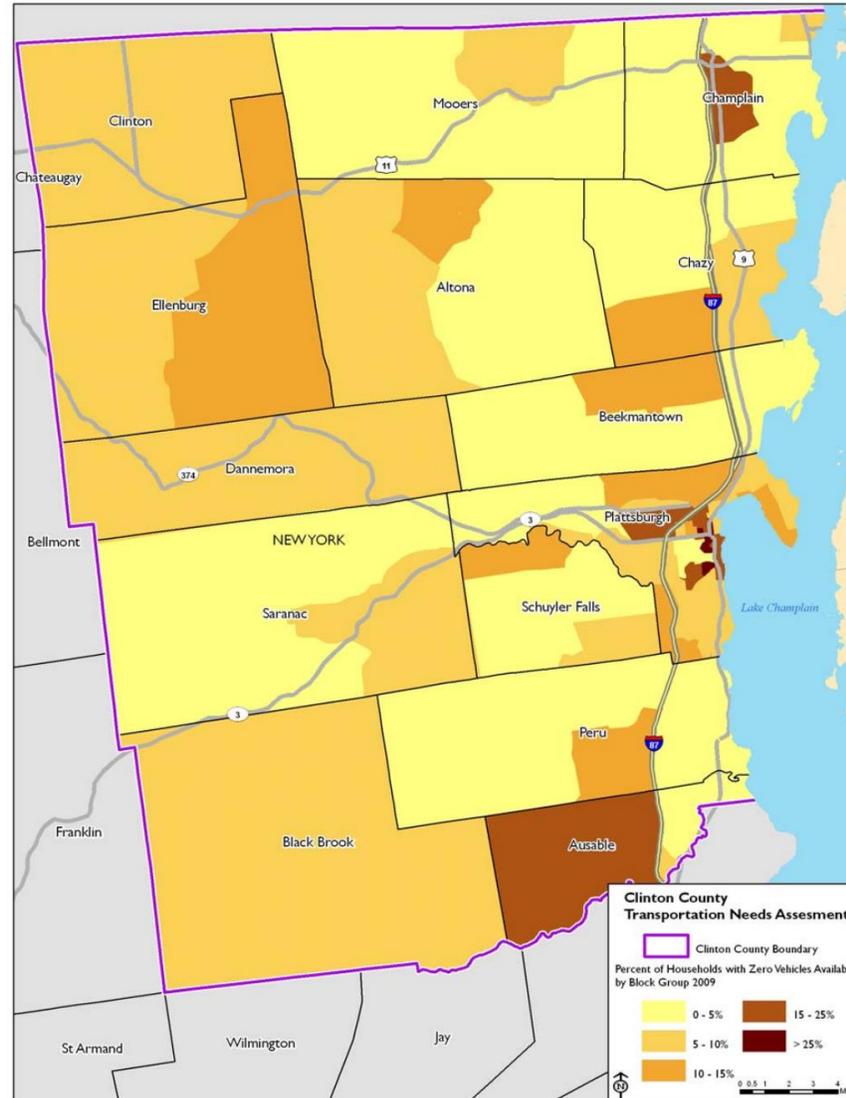
The Problem: Lack of Transportation

- Per the World Health Organization, the **social determinants of health (SDOH) account for up to 55% of a patient's health outcomes**
 - Access to transportation is amongst the major SDOH
- Per a 2019 JAMA article, **only 35.4% (95% CI, 32.5%-38.4%) of physician practices screen for transportation needs**
- Without consistent access to transportation patients may have difficulty getting to medical appointments, picking up prescriptions, getting imaging, or grocery shopping

Public Health Cost

- **3.6 million people** in the US each year **forego medical care due to lack of transportation**
- **50% of people with a history of missed appointments**, attribute them to a lack of transportation
- According to a report from 2021, missed medical appointments **cost the US over \$150 billion per year**
- In Clinton County specifically, only **22% respondents of a transportation needs assessment reported having their own vehicle**
- In addition to the economic cost, barriers to transportation can result in delayed diagnoses, poor chronic disease management, medication noncompliance, and increased emergency room visits

Percent of Households that have no Access to a Vehicle by Block Group 2009



Community Perspective and Support

- “People need to know what their resources are. I get a lot of referrals at baseline, but having more patients screened would improve resource allocation.”
 - Heather Lavelley, RN - CVPH Medical Home Nurse
- “If I pick up on it during the visit, I always follow-up. But it is not typically a part of my regular documentation. It is undeniably a problem facing a large amount of my patients.”
 - Joseph Rothstein, MD - Family Medicine Resident
- “I’m not surprised my sugars are bad and blood pressure are bad. I have been off the meds for a month doc. They changed my pharmacy, and it is too far away for me to get to, especially when I don’t have a car.”
 - Anonymous Patient

Intervention & Methodology

- Multiple interviews were conducted with providers and a medical home nurse to identify resources available and screening practices
 - Interviews evaluated the scope of resources available, the pathway from problem identification to resource allocation, and the frequency of screening in the clinical setting
- The surveys informed the creation of two EPIC dot phrases
 - One for screening to be added to regular well visit templates
 - One that provides a brief overview of transportation resources available to be added to an after-visit summary

.FMTransportScreen

.FMTransportAVS

Results/Responses

- Survey Responses
 - Transportation resources are limited, but available in Clinton County, NY
 - Patients may be embarrassed to volunteer their transportation limitations unprompted
 - Patients often do not know what resources are available to them
 - Screening would be easier to conduct if it were a part of routine wellness documentation
 - Ease of distributing information is a barrier to proper resource allocation
- Deliverable
 - Two dot phrases to be used at the discretion of the provider
 - .FMTransportScreen – three questions, drop down menu format
 - .FMTransportAVS – brief explanation of transportations impact on health, the availability of medical home nurses, and current transport resources with phone numbers/websites if patients choose to explore on their own
 - Includes 3 smart apps and 10 local organizations that can assist in transportation

Effectiveness/Limitations

- Effectiveness
 - Comparison of **annual Medicare Wellness Visits that include documented transportation screening** before and after presentation/.phrase release
 - Comparison of the **number of medical home referrals** for transportation
 - Comparison of the **number of missed medical appointments** due to transportation barriers
 - **Survey of residents** to identify if screening practices have changed
 - Tracking the **number of times a .phrase has been used**
- Limitations
 - **Clerical burden** – documentation in the EMR is already a significant source of burnout, increasing screening during already full visits can be logistically difficult to implement sustainably
 - **Resource limitation** – while there are resources available in Clinton County, NY they are incredibly limited
 - **Patient self reporting** – even with increased screenings, patients may continue to be reluctant to share limitations
 - **Staffing** – there are currently two medical home nurses in the practice, increasing case-load through screening might be inefficient without increasing staffing concurrently

Future Directions

- Development of a clustered care protocol to increase compliance in patients with chronic conditions facing transportation barriers
- Revising the transportation resource list based on provider and patient feedback
- Patient surveys to identify which local resources were accessible and efficacious
- Patient surveys to identify what percentage of missed medical appointments are attributed to transportation barriers
- Funding allocation for a resident-staffed mobile medical service

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