



**ADDRESSING TRANSPORTATION BARRIERS TO
HEALTH CARE; A TRANSPORTATION ASSISTANCE
PROGRAM OUTLINE**

Grace Cottage Hospital, Townshend Vermont

INSIDE THIS DOCUMENT

- Pages 1-4: Transportation Assistance Program Outline
- Page 5-6: Springfield Health Center Algorithm for Patient Sensitive Transportation Planning
- Page 7: Sample Transportation Needs Assessment Survey
- Page 8: References

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1. Introduction

Studies such as the 2015 Grace Cottage Community Needs Assessment and the Windham Mobility Study have identified lack of transportation options as a significant barrier to health care access among residents of Windham County. The Vermont Public Transport Services as well as community based organizations have created resources in order to address this need. Connecticut River Transit runs The Current, which comprises “13 commuter and local in-town buses and several para-transit and Dial-a-Ride buses in Vermont’s Windham and Windsor counties and into neighboring New Hampshire.” The Current does not have any established bus routes along rt. 30 from Brattleboro to Townshend and neither their between-towns routes nor commuter routes include Townshend. However, their dial-a-ride program does offer door to door transportation to medical appointments for patients who have transportation benefits through Medicaid, who are over 60, disabled or under 60 with a physician’s note attesting to their disability. Other resources cited in the Grace Cottage 2015 Community Needs Assessment include Community CARES programs such as Grafton Cares and Putney Cares as well as the Betty Boop bus. Despite these services, many patients still face barriers in finding transportation to health care appointments.

2. Springfield Transportation Model

Members of the community health team at Springfield Health Center recently developed a transportation program and shared their advice and experience: The first step in their efforts was to education themselves about the options currently available to patients in their area. They identified the Current as the main resource for health care visits in the Springfield area. They found that many eligible community members were not aware this option. They developed an algorithm for linking patients with the appropriate resources. (see attached algorithm pg. 5) Education and connecting patients with this service resulted in a dramatic increase in utilization of this bus system. In demonstrating the need for transportation services, they were able to both expand CRT services and receive a grant money as an FQHC in order to expand their transportation program. This money was dedicated to providing rides for patients who did not meet eligibility for the Current services. With this funding they were able to provide bus passes and gas cards to patients. They also contracted with a local taxi company in Springfield. The taxi company would bring patients to health care visits and bill the health center at the end of each month. They also and made an agreement with CRT in which they could contract the CRT volunteer drivers, paying their mileage, in order for them to drive patients with transportation needs who were ineligible for direct CRT services. Volunteer drivers are often required to undergo a background check; by contracting with CRT drivers, the Springfield Health center was assured pre-screened drivers.

For more information about this program, contact Maureen Shattuck at MShattuck@springfieldmed.org

3. Needs Assessment

The extent to which CRT and community transportation services are accessible to and utilized by Grace Cottage patients who face transportation barriers is unclear. A first step in developing a transportation program for Grace Cottage Patients would be to conduct an in depth transportation needs assessment. The assessment would take the form of a survey distributed to patients who face transportation difficulties. These patients could be identified in two ways.

Those who report difficulty finding transportation and patients who miss appointments could be asked specifically to fill out the survey. Another method would be to conduct a one question screening test addressed to all Grace Cottage patients asking “Have you ever faced difficulties finding transportation to health appointments?” This would be used in order to identify at-risk patients to whom the full survey could be administered. The survey would ask questions such as “What are the most significant barriers you face in travelling to your appointments?” and would evaluate community awareness and utilization of existing resources. (see attached survey pg. 7) One of the main purposes of this survey would be to demonstrate concrete need for either expansion of CRT services or to apply for funding in order to sustain an alternative transportation program for patients ineligible for CRT assistance.

4. Expanding Connecticut River Transit Services

As Maureen Shattuck of Springfield Health Center suggested, the first step in addressing transportation needs is to ensure that the patient population at Grace Cottage is aware of all existing options for transportation. It appears that the Community Health team at GC is already working closely with patients who lack reliable transportation. It could be helpful to further explore methods of advertising CRT services to the GC patients. Suggestions include:

1. More visible fliers and posters about the CRT transportation options in lobbies and waiting rooms around the hospital.
2. Educating nurses, PAs, physicians and other health care workers about available options and encouraging them to relay this information to their patients.
3. Offering one central phone number for patients to call in order to coordinate their transportation.

The Algorithm created by the Springfield community health team can be tailored to the Grace Cottage population. The algorithm can then be used in order to make sure that all options available to patients through Medicaid/CRT are exhausted before volunteer drivers are used. This frees up volunteer drivers for patients who truly are ineligible for other services and lack further options. If the Community health team is able to prove increased usage of CRT services, they could potentially work with the transportation department and Windham Regional Commission in order to expand services. The **Windham Regional Commission** released the 2012 Windham Mobility Study in which they cited creating a bus route along Rt. 30 as one of their project goals. The establishment of this route would mean increased access for Brattleboro patients as well as other patients along Rt 30 to travel to appointments at Grace Cottage. Matt Mann is the transportation contact at the Windham Regional Commission:

mmann@windhamregional.org

5. Coordinating with established community programs

Senior Solutions is an organization that describes themselves as the council on aging for southeastern Vermont. They offer a number of services for elders including local community cares groups in several Southern Vermont towns including Chester Andover, Dummerston, Grafton, Guildford, Marlboro, Putney and Westminster. Senior solutions offers to assist seniors in figuring out transportation options and has a helpline at 1-800-642-5119. Several of these groups may offer volunteer driver programs. Even if these groups are not actively offering rides to community members, they might be able to assist in recruiting volunteer drivers. Not only may they already have screened volunteer drivers available to offer rides, but they may be a good venue through which to seek out new drivers.

6. Volunteer Driver Program

Establishing a volunteer driver program through a community organization that coordinates directly with Grace Cottage Hospital would be an ideal solution for many patients who face transportation barriers but do not qualify for transportation aid through Medicaid or who only qualify for a limited number of rides per week despite a need for more frequent appointments. The difficulty in this program lies in the liability issues involved. One possible solution is for Grace Cottage to identify a local organization that already runs or is developing a volunteer driver program and work with them to coordinate rides and build a sustainable program and schedule for volunteers. A first step could be to contact CRT and community CARES programs and find out how many volunteer drivers they use in the area served by Grace Cottage and whether they would be willing to share their driver list with the Grace Cottage CHT. If so, these drivers could be contacted to see if they would be interested in volunteering several hours a month to drive for Grace Cottage patients. The benefit to using these drivers is that they have already undergone background checks and are familiar with the process of picking up and dropping off patients.

Secondly, new volunteer drivers could be recruited for this organization.

Methods for recruitment could include:

1. Posters and flyers to be put up around the facility at Grace Cottage and on bulletin boards in places such as local grocery stores, pharmacies, libraries.
2. Contacting community organization such as local churches, other religious organizations, PTA organizations, senior groups, living along support group, Grace Cottage wellness groups etc. and organizing a short presentation to members about the volunteer drivers program.
3. Setting up a booth at local farmers markets to recruit volunteer drivers.

Once a cohort of volunteers have been recruited, background checks should be performed and a training session organized. The purpose of the training is to orient them to the program and teach any necessary skills such as assisting people with disabilities, what to do in emergency situations as well as the logistics of picking people up and bringing them in for appointments. A CRT volunteer driver could be hired to run this training session. As the program progresses, more experienced volunteers could be asked to run the training sessions for new recruits.

Based on community need determined by the needs assessment survey, a schedule should be set up in order to create an organized and sustainable system for matching patients with drivers. To start, each driver could be given one 4 hours shift per month. Depending on the number of volunteers available, certain days could be designated as medical transportation assistance days. For example, if the program was started with a total of 6 volunteer drivers at 4 hours of time committed per month, the first 3 Mondays of each month could be designated, with each volunteer working either an 8am-12pm or a 1pm- 5pm shift on one of those days. Patients who required this assistance would work with the CHT and scheduling office to ensure that their appointment time would be coordinated with the driver schedule. As the number of volunteer drivers expanded, or if individual drivers were willing to drive on a more regular basis, days could be added on to the transportation assistance schedule. Ideally, the program would expand so that there was coverage by at least one volunteer at all times during the week.

7. Incentivizing Volunteer driving

Recruiting and holding on to volunteer drivers will come with certain challenges. Being able to compensate volunteers for their mileage is a staple of many volunteer driver programs. Without initial funding, it may not be possible to compensate volunteers for mileage. Other ways to incentivize volunteering might include:

1. Asking local stores (ie. grocery stores, gas station, farm stands) to donate gift cards or gas cards for volunteers.
2. Hosting a yearly volunteer appreciation barbeque/picnic.
3. Community recognition in local publications.

8. Applying for Funding

Access to funding would open up possibilities for transportation assistance. This could be used to hire a taxi service, or bus to offer additional rides if volunteers were not available at a given time or for last minute appointments. Liability issues involved in the hospital directly coordinating rides for patients might preclude direct payment to drivers or bus companies. This is an area for further investigation and discussion with Hospital administration and risk management.

It may be difficult to find funding for transportation assistance, in the early stage of the program. Although the Grace Cottage Needs Assessment for 2015 identified transportation as significant community health need, it was listed as low priority and the implement plan did not include transportation as an immediate priority. Therefore it may not be possible to obtain funding or dedicate resources from the Hospital to seek funding for transportation needs immediately. Springfield Health Center was able to apply for and receive funding because of their status as a Federally Qualified Health Center, which Grace Cottage does not have. It would be worthwhile, however, to contact the Vermont Transportation department to inquire about eligibility for additional transportation funding especially once additional need was established and demonstrated. There may still be options to seek program funding through outside sources. The Rural Health Information Hub lists the following organizations that offer assistance for funding transportation projects.

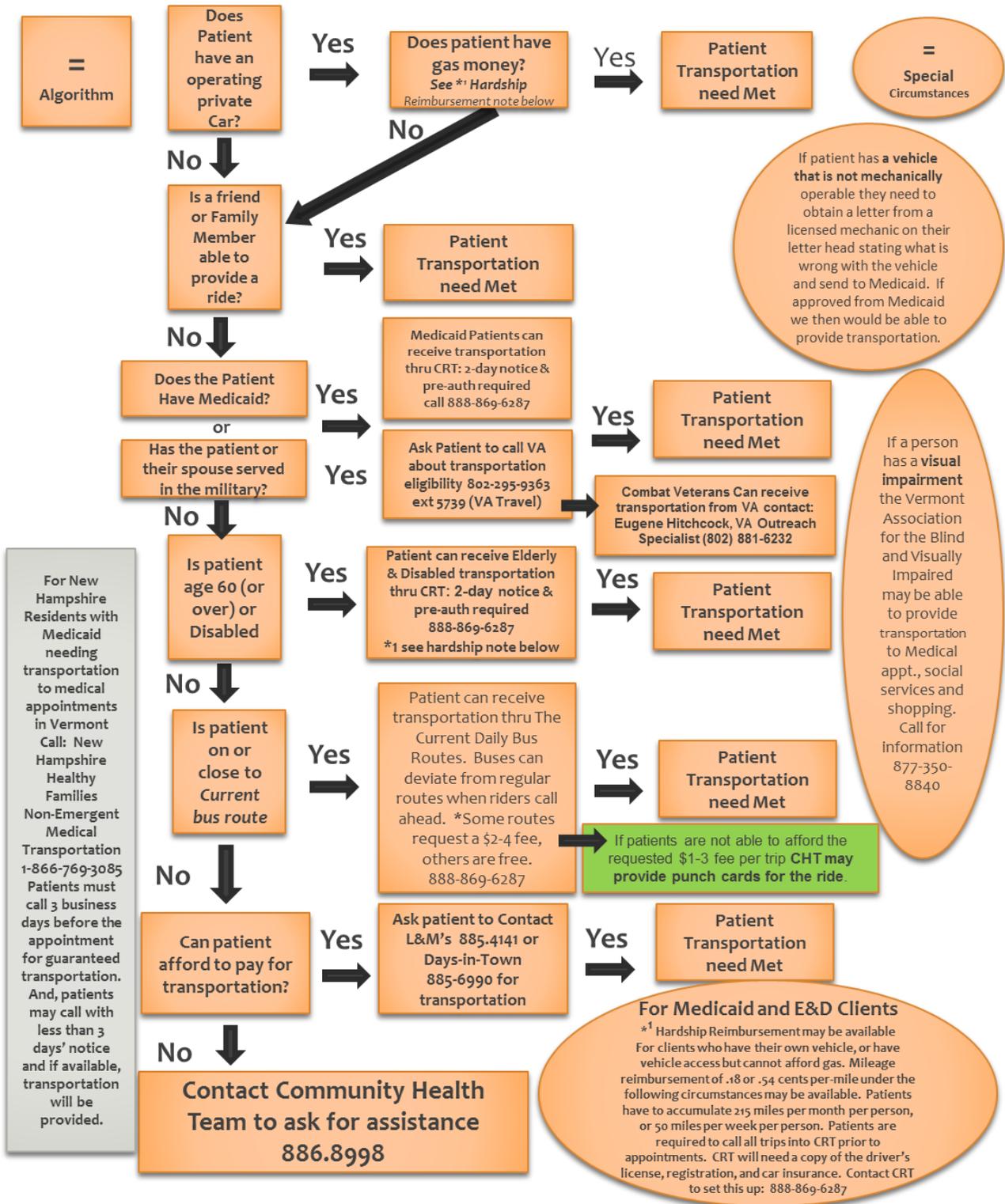
1. The Community Transportation Association of America
2. National Rural transit Assistance Program
3. National Aging and Disability Transportation Center
4. National Center for Mobility Management

For more information, follow this link:

<https://www.ruralhealthinfo.org/topics/transportation#funding>

These organizations may offer grants that could be solicited by the local community organization in order to provide additional help with the volunteer driver programs.

Patient Sensitive Transportation Planning & Problem Solving



This algorithm and reference sheet was provided by Maureen Shattuck from the Springfield Health Center

Quick Reference Sheet for Dial-A-Ride Availability and CRT Scheduling Criteria

Anyone can ride on a dial a ride bus, which is a door-to-door service, Monday-Friday. Folks must call 2 business days before ride need to schedule a Dial-ride-pickup (e.g., Weekends don't count. So a Monday trip would need to be called in by Thursday).

Dial-ride Bus Service is always limited to existing in-town routes (Springfield & Bellows Falls).

There is a daily dial a ride bus that picks up in Windsor around 8:15 and goes directly to Springfield. That bus leaves Springfield around 1:45-2:00 pm going back to Windsor.

Dial-a-Ride bus service is available for folks who Do, and who Do Not qualify for a Medicaid and Elderly or Disabled Rides.

CRT asks for a donation from folks who Do Not qualify for a Medicaid, Elderly or Disabled Ride, but a donation is not required if a person cannot afford it.

***Special Circumstance for the Ludlow and Chester area: Volunteers provide ALL dial a ride services for people living in the Ludlow and Chester areas, which means there are NO dial a ride Buses that go to these towns. People living in the Ludlow and Chester area must qualify for a Medicaid, Elderly and Disabled Rides, in order to use Dial a Ride.**

General Criteria and Information: If a patient/household has a vehicle that is not mechanically operable they need to obtain a letter from a licensed mechanic on letterhead stating what is wrong with the vehicle and fax it to Medicaid (802-879-5651) or call 802-879-5900. If approved, CRT would then would be able to provide transportation.

Medicaid Members and Elderly and Disabled Eligible Clients who have their own vehicle are eligible for a Hardship mileage reimbursement of .18 cents per-mile under the following circumstances. Patients have to accumulate 250 miles per month per person, or 50 miles per week per person. Patients are required to call all trips into CRT prior to appointments. CRT will need a copy of the driver's license, registration, and car insurance. Contact CRT 888-869-6287

Additional Riders with patients: CRT needs to submit a letter from a provider to Medicaid supporting medical necessity for an additional rider (e.g., patient is unable to comprehend, is physically unable to get to the appointment in and out of the office without the support of this additional rider. Medicaid is unable to provide rides for children of patients.

If a person has a visual impairment the Vermont Association for the Blind and Visually Impaired may be able to provide transportation to Medical appointment, social services and shopping. Call for information CRT: 1-888-869-6287

Monthly Shopping trips for the Elderly & Disabled to Claremont are the 1st and 3rd Wednesdays and require 2-day advance request for the ride. Pick up times at Senior Circle in Chester and the Springfield Plaza are around 10 a.m. Contact CRT 888-869-6287

Patients needing a ride to court should contact the Springfield Restorative Justice Center at (802) 885-8707. Need 48 hour notice and availability depends on availability of staff.

Eligibility status can be verified at:

[https://omsweb.public-safety-cloud.com/jtclientweb/\(S\(oimqvdfd1ef0lmb13wquowtz\)\)/jailtracker/index/Vermont](https://omsweb.public-safety-cloud.com/jtclientweb/(S(oimqvdfd1ef0lmb13wquowtz))/jailtracker/index/Vermont)

Transportation Survey

1. Have you ever had difficulty accessing transportation to a health care appointment?
 - a. Yes
 - b. No

If you answered 'yes' to the question above please complete the remainder of the survey

2. How do you usually get from home to your health care appointments?
3. Have you ever missed a health care appointment due to lack of transportation?
4. How far do you live from your primary health care provider's office?
5. What are the most significant barriers you face in travelling to your appointments? (Circle all that apply)
 - a. Distance
 - b. Don't have a car
 - c. Have a car at home but no access (ie. family member needs car for work)
 - d. No license/ can't drive
 - e. Lack of handicap accessible transportation
 - f. Lack of public transportation
 - g. Lack of community services offering transportation
 - h. Difficulty of transport (bad roads, weather, health limitations)
 - i. Other:
6. Are you aware of CRT's Dial-a-ride service?
7. Have you ever used the CRT Dial-a-Ride service to get to a medical appointment?
8. Have you used any other community based transportation programs? (Grafton Cares, Putney Cares, Betty Boop Bus, etc.)
9. Have you ever encountered problems accessing these programs? What issues have you had access these programs?
 - a. Not eligible
 - b. They don't serve your area
 - c. Too expensive
 - d. Unsure of how to access
 - e. Other:
10. If Grace Cottage coordinated with a volunteer driver service, would you use it?

References:

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