# Slide 1:

# Presentation Title: Wheels 2 Wellness

Coordinating Human Service Providers and Non-Emergency Medical Transportation

October 6, 2020

Logos: Tri-County Council for Southern Maryland, Rural Maryland Council

Slide 2:

Map of service area and graph showing square miles and population from US Census QuickFacts (July, 2018)

Charles - 458 miles, 161,503 population

Calvert - 213 miles, 92,003 population

St. Mary’s - 357 miles, 112,664 population

Total – 1,028 miles, 366,170 population

Slide 3:

Graphic showing 2 hospitals, with an arrow to the Tri-County Council and then an arrow from the Tri-County Council to human service providers who give the rides to medical appointments.

Mileage is paid for with a grant from the Regional Maryland Council.

Slide 4:

Photos of human service provider drivers and buses

Human Service Providers:

* Trained;
* Compassionate and caring;
* Underutilized during midday hours.

Slide 5: Critical Care Coordination

Coordinates patient care across health care systems with an emphasis on efficient transitions

Slide 6:

Graph of rides by month:

August, 2018 – 95 rides, 1,514.7 miles

September, 2018 – 114 rides, 2,168 miles

October, 2018 – 189 rides, 1,828.7 miles

November, 2018 – 194 rides, 1,838 miles

December, 2018 – 128 rides, 1,929.7 miles

January, 2019 – 234 rides, 2,424.8 miles

February, 2019 – 188 rides, 1,494.3 miles

March, 2019 – 221 rides, 2,140.1 miles

April 2019 – 95 rides, 1,921.6 miles

June 2019, 73 rides, 1,798.6 miles

July 2019, 52 rides, 1,185.3 miles

Total, 1,583 rides, 20,243.7 miles

Lower rides April, June, July 2019 are due to funding allocation reduced number of rides (not demand)

Average number of rides per month: 144

Average miles per month: 1,687

Number of unique individuals: 54

Slide 7: The Design Thinking Process

Graphic showing thinking faces in the middle, surrounded by the words Prototype, Test, Empathize, Define, Ideate

Slide 8: Approximately 3.6 million persons missed at least one round trip for NEMT

Transportation Disadvantaged Population:

Transportation disadvantaged who should be in a disease management program or receiving preventative care.

Graphic of two circles intersecting. The space in the middle between where the two intersect is labelled TRANSPORTATION DISADVANTAGED PERSONS WHO MISSED NON-EMERGENCY MEDICAL CARE.

One circle, just outside where it intersects with the other, is labelled Unpredictable: Transportation disadvantaged who found unpredictable rides.

Population that misses Non-emergency Medical Care:

Lack of insurance or funds to pay; time conflicts with appointments; refusal to seek care

From: Cost Benefit Analysis of Providing Non-Emergency Medical Transportation – National Academy of Sciences.

Slide 9: Target Population: Transportation Disadvantaged Persons who miss non-emergency medical care due to lack of access

NHIS- National Health Interview Survey

US Dept Health & Human Services, Center for Disease Control and Prevention, National Center for Health Statistics

Since 1957, monitors nation’s health through interviews of more than 90,000 persons

Survey results providing data to track health status, health care access, and progress toward achieving national health objectives.

1.33% of total population affirmed they missed or delayed care due to transportation within past 12 months

Slide 10: Target Population: Transportation Disadvantaged Persons who miss non-emergency medical care due to lack of access

MEPS- Medical Expenditure Panel Survey US Dept Health & Human Services, Agency for Healthcare Research & Quality

Began in 1996, large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States.

1.21% total population selected transportation related responses for difficulties in obtaining care.

Slide 11: Target Population: Transportation Disadvantaged Persons who miss non-emergency medical care due to lack of access

Table showing local statistics on the number of people who missed medical appointments in our region, based on the two prior surveys

District of Columbia – population 705,749, NHIS (1.33% of the population) 9,286, MEPS (1.21% of the population) 8,539

Virginia COG – population 2,268,247, NHIS (1.33% of the population) 30,166, MEPS (1.21% of the population) 27,445

Maryland COG – population 2,123,272, NHIS (1.33% of the population) 28,239, MEPS (1.21% of the population) 25,691

TPB/COG Total – population 5,097,268, NHIS (1.33% of the population) 67,691, MEPS (1.21% of the population) 61,675

Represents the number of people who missed at least one appointment/year. Each person who is counted most likely missed two or more appointments per year.

Slide 12: Target Population: Transportation Disadvantaged Persons who miss non-emergency medical care due to lack of access

Table showing local statistics on the number of people who missed medical appointments in the Tri-County Council’s service area, based on the two prior surveys

Charles County – population 163,257, NHIS (1.33% of the population) 2,171, MEPS (1.21% of the population) 1,975

Calvert County – population 92,525, NHIS (1.33% of the population) 1,230, MEPS (1.21% of the population) 1,119

St. Mary’s County – population 113,510, NHIS (1.33% of the population) 1,509, MEPS (1.21% of the population) 1,373

Southern Maryland – population 369,292, NHIS (1.33% of the population) 4,910, MEPS (1.21% of the population) 4,467

Slide 13: Snapshot of chart FROM: Cost-benefit Analysis of Providing Non-Emergency Medical Transportation comparing Transportation disadvantaged population that missed care and everyone else across 8 health conditions – Asthma, COPD, Diabetes, ESRD, Heart Disease, Hypertension, Cancer, Currently Pregnant

Slide 14:

Bar Graph showing the percentage of the population with Hypertension who are co-morbid with other chronic diseases. It compares Transportation Disadvantaged Patient vs. non-Transportation Disadvantaged Patient

* Asthma – Transportation Disadvantaged Patient about 40%, non-Transportation Disadvantaged Patient about 30%
* COPD - Transportation Disadvantaged Patient about 45%, non-Transportation Disadvantaged Patient about 40%
* Diabetes - Transportation Disadvantaged Patient about 70%, non-Transportation Disadvantaged Patient about 52%
* ESRD - Transportation Disadvantaged Patient about 55%, non-Transportation Disadvantaged Patient about 60%
* Heart Disease - Transportation Disadvantaged Patient about 58%, non-Transportation Disadvantaged Patient about 55%
* Hypertension - Transportation Disadvantaged Patient 100%, non-Transportation Disadvantaged Patient 100%
* Cancer - Transportation Disadvantaged Patient about 44%, non-Transportation Disadvantaged Patient about 47%
* Currently Pregnant - Transportation Disadvantaged Patient about 18%, non-Transportation Disadvantaged Patient about 8%

It shows that transportation deprived patients tend to suffer co-morbidity at a higher rate than everyone else. There is one exception, though. ESRD has a lower rate. However, it should be noted many of these patients rely on Medicare which will pay for transportation.

Slide 15:

Bar Graph showing the percentage of the population with Asthma who are co-morbid with other chronic diseases. It compares Transportation Disadvantaged Patient vs. non-Transportation Disadvantaged Patient

* Asthma – Transportation Disadvantaged Patient 100%, non-Transportation Disadvantaged Patient 100%
* COPD - Transportation Disadvantaged Patient about 55%, non-Transportation Disadvantaged Patient about 47%
* Diabetes - Transportation Disadvantaged Patient about 26%, non-Transportation Disadvantaged Patient about 12%
* ESRD - Transportation Disadvantaged Patient about 25%, non-Transportation Disadvantaged Patient about 18%
* Heart Disease - Transportation Disadvantaged Patient about 27%, non-Transportation Disadvantaged Patient about 14%
* Hypertension - Transportation Disadvantaged Patient almost 21%, non-Transportation Disadvantaged Patient almost 11%
* Cancer - Transportation Disadvantaged Patient about 22%, non-Transportation Disadvantaged Patient about 12%
* Currently Pregnant - Transportation Disadvantaged Patient about 24%, non-Transportation Disadvantaged Patient about 12%

It shows that transportation disadvantaged populations tend to have a higher rate of co-morbidity.

Slide 16:

Bar Graph labelled Multiple Targeted Condition, showing Transportation Disadvantaged Patient vs. Everyone when considering nine chronic diseases:

* Asthma – Transportation Disadvantaged Patient 96%, Everyone else 80%
* COPD - Transportation Disadvantaged Patient about 99%, Everyone else 94%
* Diabetes - Transportation Disadvantaged Patient about 97%, Everyone else 90%
* ESRD - Transportation Disadvantaged Patient about 98%, Everyone else 92%
* Heart Disease - Transportation Disadvantaged Patient about 97%, Everyone else 90%
* Hypertension - Transportation Disadvantaged Patient almost 97%, Everyone else 91%
* Cancer - Transportation Disadvantaged Patient about 97%, Everyone else 89%
* Currently Pregnant - Transportation Disadvantaged Patient about 66%, Everyone else 47%

It shows that in each of the categories, the transportation deprived population exceeds everyone else.

Slide 17: Cost Benefits Analysis of Providing Non-Emergency Medical Transportation

Photo of cover of the Transportation Research Board’s 2005 study “Cost Benefits Analysis of Providing Non-Emergency Medical Transportation study. It was completed in 2005 that was prepared for the Transportation Research Board of the National Academies.

Snapshot of Step 1 of The Non-Emergency Medical Transportation (NEMT) Cost-Effectiveness Model.

Slide 18: Cost Benefits Analysis of Providing NEMT

Snapshot of Steps 2 and 3 of The Non-Emergency Medical Transportation (NEMT) Cost-Effectiveness Model.

Slide 19: Cost Benefits Analysis of Providing NEMT

$6.30 ROI

Slide 20:

Graphics showing logo of Tri-County Council in the middle, with arrows pointing from it out to a photo of a driver, an icon of person with medical needs, and a photo of a medical office

Slide 21: Questions

Tri-County Council For Southern Maryland

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