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Hot Topics

Not Everyone Has Somebody: How Health Care Organizations Are Assisting Patients With Nonemergency Medical Transportation



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Health care organizations have held tight to traditions that were followed for a variety of reasons, including patient transport to and from medical environments. Typical classifications were emergency transport and nonemergency medical transportation (NEMT). The definitions of “emergency” were easily defined by the patient condition, perception, or medical needs. NEMT situations were also easy to define, as “all other.”

Some patients have historically been entitled to routine transportation to medical appointments through Medicaid for appointments that have been scheduled in advance and had transportation that received prior approval (CMS.GOV, 2016). Each State may have different rules regulating what patients are eligible for transportation to what type of appointments and how those services may be delivered (waiting time, additional stops along the way, certain transportation providers, canceled appointments, etc.).

In the past few years, progressive health care organizations have begun to drill down further into the NEMT, especially for those patients who were not covered by Medicaid or Medicare. Patients who lacked the ability to obtain their own transportation or lacked the “responsible adult” to accompany them to or from appointments were costing health care providers tremendous amounts of lost revenue and negatively impacting the quality of health care for the individual patients. Health care providers and insurers have begun to enlist the assistance of ride services not previously used to meet patient needs in a more affordable manner (Esposito, 2018).

For patients who lacked access to public transportation, financial ability to pay for a taxi service, or did not have a responsible adult to accompany them to appointments, the result was often a failure for these patients to schedule or show up for essential appointments including procedures (i.e., colonoscopies, interventional radiology procedures, sedated procedures, chemotherapy infusions, etc.). Hospital throughput has also been negatively impacted when transportation was not readily available, as a delay in discharge due to transportation home from an emergency department visit, an inpatient admission, or a sedated procedure, would cause a back log

for patients waiting for services. In 2017, the American Hospital Association estimated that 3.6 million people in the United States failed to access essential health care services and 4% of all children missed medical appointments because of transportation issues (AHA, 2017). Failure to obtain these services leads to an increase in postsurgical/procedure complications, increased hospital readmission rates, decrease in health outcomes, and delay in crucial diagnosis and treatment for patient conditions (Heath, 2017). The cost to health care providers in missed appointments being scheduled, “no-show” appointments, and the hours spent by employees (social workers, nurses, clerical, etc.) in attempts to assist with transportation issues are in the millions and beyond. Organizations around the country have begun to consider transportation issues right alongside patient’s ability to afford medications or proper nutrition as social determinants of health (Scott, 2018).

Services to assist with NEMT of patients have developed over the recent few years, as well as health care organization’s acceptance of nontraditional methods of transportation for patients. In 2016, Ride Health began offering a technology-based service that has steadily grown to offer services in 25 states in just 2 years (Meyer, 2018). Ride Health works with health care providers and health plans to organize the “right ride for the right patient at the right time” (Ride Health, 2019). Management companies such as Access2Care organize transportation providers and work with health care organizations to offer and insure quality transportation for patients (Access2Care, 2019). Even more commonly known transportation services have entered the arena; these include Uber Health and Lyft Business which provide transportation for health care appointments, procedures, and hospital discharges (Lyft Business, 2019; Uber Health, 2019).

Although most organizations continue to prefer transportation to be provided by the patient (patient, family, or friend), the progressive consideration of other services means that patients can appreciate an increase in successful appointments attendance, the receipt of essential health care services, and the more expedient of discharge. Health care organizations can benefit from fewer missed appointments, the benefit of a full appointment schedules, and the increase throughput when discharges can occur in a timely manner.

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