

Science and Technology Note

West Virginia's Healthcare Transport Networks

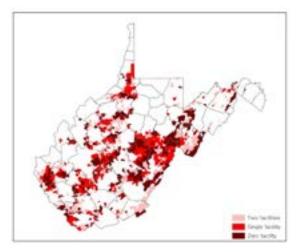
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Transportation is a well-established <u>community driver</u> <u>of health</u> linked to numerous <u>rural health disparities</u>. This Science and Technology Note discusses West Virginia's existing non-emergency healthcare transportation systems e.g., senior centers and faith-based organizations.

Healthcare, Transportation, and West Virginia Geography

Many West Virginians are not within a 30-minute <u>drive</u> of a <u>primary care provider</u>. Further, about 9% of West Virginia's households do not own a vehicle. This lack of transportation access may lead West Virginians to forgo healthcare altogether.

Primary care sites and topography



Source: Springer Link

Note: The map depicts areas of West Virginia with no primary care providers within 30-minutes' drive time (dark red), a single facility (red), two facilities (light red), or more than two facilities (white).

West Virginia's public transit providers do not cover the entire state limiting healthcare access. In McDowell and Wyoming Counties, for example, patients facing transportation hurdles were more prone to hospitalizations or resorting to emergency care.

Research Highlights

- West Virginia's rugged terrain, healthcare workforce shortages, and sparse public transit exacerbate healthcare access issues, particularly in rural and underserved communities.
- Addressing transportation barriers is crucial to tackling rural health disparities, improving health outcomes, and reducing healthcare costs.
- Illustrative policy options include:
 - Establish membership-based pilot programs and non-profit collaboratives to coordinate transportation services to capitalize on local knowledge and increase patient appointment utilization
 - Implement a coordinated fare and schedule system that would streamline scheduling, fill gaps in access, and utilize financial resources more efficiently
 - Modify West Virginia's existing Medicaid NEMT delivery model to a regional or mixed model for better flexibility and tailored solutions that target patients with chronic disease

Although West Virginians with Medicaid have access to Non-Emergency Medical Transportation (NEMT) services at no cost, many rural West Virginians decide to pay out-of-pocket due to inconvenient schedules, infrequent service, and the need to match transit and medical schedules.

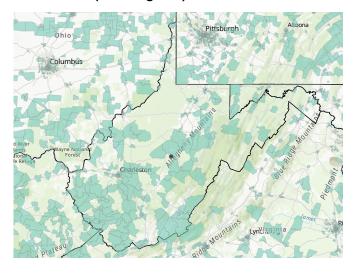
Non-Emergency Care Transportation Options

Despite West Virginia's relatively small population, it has the nation's 6th highest annual NEMT ride days and the 13th-highest proportion of beneficiaries who use NEMT services in the country. West Virginia's Medicaid transportation broker, Modivcare, offers free NEMT services, but the policy limits mileage reimbursement to 125 miles or within 30 miles of state borders for medically necessary trips. Additionally, Modivcare, which has an F rating from the Better Business Bureau, has been criticized for reported

wait times, failure to fulfill reservations, and staffing shortages.

County Aging Providers transport thousands of seniors yearly. Faith-based organizations rely on volunteers covered by a liability insurance policy but still face distance, geography, and volunteer availability.

Census tracts where 100 or more households lack vehicle access (in dark green).



of households in WV: 716,040 # of persons per household: 2.43

Data Source: Census ACS 2018-2022

Image Source: <u>US DoT Transportation Insecurity</u>

Analysis Tool

Potential Benefits to West Virginia's Rural Communities Access to Healthcare Transport

Enhancing the reliability of transportation, one of the seven <u>Vital Conditions for Health and Well Being</u>, has the potential to improve the health outcomes of West Virginians and reduce healthcare costs for patients, providers, and taxpayers. In one study, the use of Medicaid NEMT resulted in <u>an average monthly savings</u> of \$1,300 per person by avoiding Medicaid costs associated with more intensive or more frequent use of healthcare services.

Illustrative Healthcare Transportation Policy Options

Illustrative Policy Options	Challenges and Opportunities
Fund non-profit collaboratives to coordinate transportation services	 Faith-based organizations and other non-profits could benefit from utilization of the same <u>rider/driver scheduling systems</u> enabling inter-agency referrals and sharing of drivers Seniors, disabled, and rural transportation agency grantees (<u>5310/5311</u>) also experience challenges like staffing/
	volunteer shortages
Implement a coordinated fare and schedule system in existing public transit systems	 A coordinated fare and schedule system for existing transit seamlessly integrates various modes of public transportation through unified scheduling, integrated ticketing, coordinated routes, real-time information, and harmonized fare struc- tures
	These systems can enhance efficiency, convenience, and connectivity for users by providing more access to services and more efficient use of limited financial, infra- structure, and staffing resources
Modify West Virginia Medicaid's NEMT service delivery model	 Use of brokerage models yields an increased matching funds percentage from Centers for Medicare & Medicaid Services Brokerage and managed care models
	result in inefficiencies and increased costs for public transit agencies as NEMT trips are shifted to paratransit services

West Virginia Medical Transportation Services Compared to Other Appalachian States

The initiatives in this table represent innovative and collaborative approaches to addressing transportation in rural settings. Each has demonstrated promising health and financial outcomes.

Initiative	Goal	Outcomes
West Virginia Medicaid's statewide broker NEMT service delivery model	Modivcare aims to provide innovative, technology-driven solutions for Medicaid beneficiary transportation	 Reduced no-show rates Reduction in patients being late to appointments Reduced 30-day readmission rate
Taylor Regional Hospital's (Kentucky) hospitality van service	14 sponsor entities, including businesses and community organizations, contribute \$80 monthly to Taylor Regional Hospital to provide transportation services	 Reached residents in four counties that lacked taxi and public transit services Increased appointment utilization for routine follow-ups, dialysis, and cancer treatments Transports 1,100 unique patients each year
Blount County, Tennessee's SMiles (Senior Miles) Transportation Program	Provide seniors with increased freedom and enhanced quality of life through a membership- based program that costs riders \$49 per year	 Provided over 41,500 trips to medical appointments, grocery stores, and social events since 2013. Saved over \$500,000 using volunteer drivers
A Missouri Health Foundation pilot program	Use mobility coordinators from a third-party company with local knowledge to educate riders, coordinate transportation services, and train staff on transportation screening	 Yielded a \$7.68 return on investment for every dollar spent Reduced the number of no-shows

This Science & Technology Note was written by Brandon L. Gregory, MHA, MS Population Health Candidate, WVU School of Public Health on behalf of West Virginia University's Bridge Initiative for Science and Technology Policy, Leadership, and Communications. Please see https://scitechpolicy.wvu.edu/ or contact scitechpolicy@mail.wvu.edu for more information.



