

2-24-2010

Easter Seals Project ACTION and the National Center on Senior Transportation Program Request for Proposal

Request for Proposal – Assessing the Intersection between Health and Transportation Access

Background: In the discussion of how to develop more cost-effective ways to keep people healthier in the midst of an exponentially rising need for healthcare services and ever increasing healthcare costs. The importance of access to transportation options is receiving increased awareness. Access to healthcare services, especially for people who cannot drive themselves, is a central element in this challenge and one that is often not well understood by a number of key stakeholders. Healthcare providers are usually focused on patient care and rely on the patient and/or their family to make travel arrangements to and from medical visits. Patients and their caregivers, however, may have little knowledge of the resources available to assist them in getting a ride when and where they need it. At the same time, transportation providers often face an array of funding complexities, various programs with different eligibility requirements and a lack of resources to assist all who need a ride when and where they need it. Additionally, initiatives such as the livability and sustainability movement are demonstrating the connection between health, wellness and mobility and the type of mobility resources in a community – such as walkable streets, accessible pathways to transportation services, bike paths, etc. – as well as environmental and housing considerations. A number of researchers in the transportation and aging arena have made significant contributions to understanding mobility, touching on a number of health and wellness issues.¹

Yet, despite the strong research to date, we are still in need of further scientific studies to develop an evidence-based model that demonstrates the quality of life and economic utility provided by access to transportation and health/wellness – especially for people who cannot drive and must depend upon other transportation options to maintain their community mobility. Today, the paradigm of care is in the community and away from institutions. Thus, it is essential to take a holistic view of the support systems like transportation services that are needed to sustain community living for people with chronic illness or people living with disabilities. Demographic realities of older adults dictate the need for a renewed focus on issues of health, wellness and community supports for

¹ For an excellent compilation of research and themes to date on safe mobility, see: Dickerson, A. E, Molnar, L. J., Eby, D. W., Adler, G., Bédard, M., Berg-Weger, M., Classen, S., Foley, D., Horowitz, A., Kerschner, A., Page, O., Silverstein, N. M., Staplin, L., Trujillo, L. (2007). Transportation and Aging: A research agenda for advancing safe mobility. *The Gerontologist*, 47(5), 578-590.

independent living. The disabilities rights movement made great headway with the Americans with Disabilities Act and the Olmstead Supreme Court Decision along with other related legislation that enabled independent and inclusive living in the community. It is time to drive greater focus on the importance of transportation access as an essential element of health and wellness. One way to underscore this issue is to develop an evidence-based model to quantify the value of access to transportation resources for transportation dependent populations where driving is not an option. With the Federal Transit Administration's focus on transportation coordination, many more stakeholders are collaborating and sharing resources to expand transportation services. The health and wellness industry stands to benefit as well from greater involvement in the transportation coordination process. The overarching vision of this research effort is to develop greater understanding through scientific studies about the benefits of transportation access for the health and wellness sectors' customers/clients/patients.

Introduction: Developing a Methodological Concept for a Health and Transportation Study

Due to the overwhelming need to gain a better evidence-based understanding of the criticality of transportation access to a person's health and wellness, Easter Seals, the American Medical Association (AMA) and Logisticare have been in discussion for a year on a study that would leverage Logisticare's client transportation database to begin to develop a statistical understanding of key elements associated with transportation access and healthcare. Logisticare has a vast database of data elements that can be mined to develop a greater understanding of the relationship between transportation and healthcare access. A potential hypothesis to this study is that people who can no longer drive yet who have access to transportation resources are able to stay healthier than people who can no longer drive but who do not have access to transportation resources controlling for key demographic variables and types of chronic diseases (see Addendum A).

We also want to understand more about the following:

- What types of rides people are getting?
- how are they acquiring these rides?
- Who is paying for the rides?
- What is the cost of the rides?
- Who is providing the rides?
- What types of healthcare services are they gaining access to through alternative transportation?
- How efficiently are they able to get to and from the healthcare services of their choice when they have access to transportation resources?

The AMA is concerned about the implications of no show patients. The result of not showing up for the doctors' appointments has potential consequences for our health care system with increased emergency room visits and complicated or unregulated health issues. Questions focused on health care and health care outcomes include:

- Is access to transportation a key factor in this issue?
- What types of patients need transportation?
- How often?
- What is the cost of no shows?
- What is the cost to healthcare?

Easter Seals Project ACTION has been working with the disability community and the transportation community for over 21 years to help increase accessible transportation in our nation. Now, with the National Center on Senior Transportation, Easter Seals with the National Association of Area Agencies on Aging is also seeking to understand how to expand the family of transportation services for older adults.

If access to transportation can help reduce healthcare costs and increase the health/wellness of people with disabilities and older adults, then many communities may find a more ready funding stream to help increase accessible transportation modes and services. Anecdotal comments from transportation providers suggest that when Medicaid Transportation is added to human services transportation funding streams, that those funding streams dwarf traditional transportation funding streams. Yet, we also know that Medicaid and Medicare are under severe cost shortages with rising healthcare costs making transportation and other services considered 'supportive' services under scrutiny for possible cost cutting. Yet, if as many suspect, there is a direct correlation between health and wellness via access to healthcare through transportation services, then reducing transportation services could further exacerbate the healthcare cost crisis. Additionally, building transportation infrastructure is a capital investment intensive endeavor. With demographic changes on the horizon over the next ten to twenty years that will require more transportation and healthcare resources, the time is now to understand where the greatest economic benefit can be derived from healthcare and transportation system change efforts. We must make the right investments today for the services needed tomorrow.

Project: Propose a Methodology for a Health/Accessible Transportation Study

This project seeks to begin the development of a conceptual model regarding the connection between health/wellness and transportation through a review of information in a transportation database that will be provided by Logisticare. The chosen research team will be given access to this database to enable them to create a methodology for a future study. Key objectives for the project include:

1. doing a literature review on health/transportation to see what the current state of the science is in terms of evidence-based research that directly assesses a possible relationship between access to transportation resources and the quality of life/healthcare costs of people requiring accessible transportation options (people who cannot drive).
2. reviewing a database that will be provided on transportation rides nationally and suggest the most salient data elements for a health/transportation study – what would be the control variables, what would be the dependent and independent/explanatory variables for a study.
3. suggesting a scientifically valid study to help us understand the possible dependencies between access to transportation and healthcare costs/patient health/wellness.
4. identifying potential use of this data with other health system databases
5. suggesting research questions for further exploration.

Suggested Tasks and Deliverables:

1. Interview the principles to gain an understanding of efforts to date in this project
2. Implement and document a literature review
3. Review and assess the provided database
4. Develop a methodological concept paper addressing the above noted 1-6 objectives
5. Submit a proposal to do the recommended study in a Phase II that could be exercised as an option to this request project if funding becomes available.

Proposal Selection Process:

Prospective bids are invited for this initial contract not to exceed \$ 10,000 for phase I of the project with an option to extend to up to a total of \$ 90,000 to perform the study. However, if interesting options for a more extensive study is proposed, additional funding may be sought. Prospective bidders are encouraged to include student researchers in their bid and to leverage educational institution interdisciplinary approaches to this work. Expected timelines are six months for Phase I with a final report due on August 15th, 2010.

Proposal Requirements

Please provide a proposal not to exceed ten pages that includes:

- Past Performance in scientific research on health/medical/wellness studies with older adults and people with disabilities
- Cost – total and rates per level of expertise
- Experience and knowledge of proposed personnel, especially in demonstrating understanding of cross-program, cross-disciplinary studies
- Clinical expertise in health/wellness and/or caregiver programs
- Demonstrated understanding of transportation coordination and transportation modes
- Technical proposal noting how the tasks would be achieved with a timeline for the proposed activities
- Level of interest in a long-term research agenda in the areas covered in this proposal

If necessary, an appendix of supporting documentation can be provided but should not exceed ten pages such that the entire proposal is not longer than twenty pages.

Proposals are due on March 31st should be sent to:

Easter Seals Project ACTION & The National Center on Senior Transportation

Attn: Mary Leary

1425 K Street NW

Washington, DC 20005

Questions on this solicitation should be sent in writing to:

Mleary @easterseals.com

Appendix A – Possible Areas of Inquiry and Research Questions

Variables for possible inclusion in the study:

- Cohorts to look at should be based on coverage:
 - Supplemental Insurance
 - HMO Medicare
 - Medicaid
 - Private Insurers if applicable
- Demographics
 - Age, gender, zip code,
- Annual Benefits for Transportation
- Functional capacity/Health Status/Transportation access:
 - Trip--length, no. of trips,
 - Level of service—(devices, ALS, DLS, walker)
 - Personal care attendant no.
 - Social ---Family member, assistance, Who calls, Medicare Advantage..... Who made appt.; Social network... is part of type of transportation
- Destination:
 - Number of times---transportation requested/used
 - Doctors of facility (Doctors office, hospitals, residence, rehabilitation)
 - Physician specialty (Medicaid)
 - Treatment Type (clinic visit, check up doctor visit, dialysis, substance abuse, other, therapeutic rehab, mental health etc),
 - Miles
 - Adult Escorts
- Percent of no shows:
 - Reason for no-show
 - Cancellation (Rider no show, cancelled by, rider transported by, appointment was, trip denied, rider is sick, transportation provider, bad address)
 - Percent of no shows
- Appointments made:
 - Standing order
 - When scheduled
 - Advanced Notice (2 + days, Prescheduled)

- Level of service change—over 3 yr + change in patient for LOS
 - Level of service (ambulatory, wheelchair, stretcher)
 - Look at change in number of services
 - Number of different physicians
 - Number of different places sent.

Important Concepts:

Cost

Health Status

Continuity of Care

Access to Care

Reduction of No Shows

Socialization

Some questions that we would like to answer:

- 1) Does access to transportation (access vs. no access?) reduce health care cost (assume including transportation access and less healthcare) for patients
- 2) Does access to transportation increase health status?—(broad must define health status)
- 3) Does access to transportation have a positive effect to continuity, access, comprehensiveness and access to care? (must define each)
- 4) Does access to transportation reduce no-shows
- 5) Does access to transportation reduce cost to care
- 6) Does access to transportation positively effect socialization and social networks?
- 7) What are the rates of no-shows? Is there a correlation between no shows and who called for the appointment, time of call from the appointment, and/or pt's number of doctors seen?
- 8) What are the predictors of no-shows?
- 9) What is the cost of no-shows for transportation/ insurance/ provider?

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