

Alabama Department of Public Health
Provider-Side Transportation Assessment Survey

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Region 1 – Northwest Alabama Council of Local Governments

Counties: Colbert, Franklin, Lauderdale, Marion, Winston

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare and transportation providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of nine safety-net healthcare providers operating within the five counties of the Northwest Alabama Council of Local Governments. These providers included:

- Two community mental health centers
- One rural health clinic
- Two rural hospitals
- Two Department of Public Health social workers
- One social worker with DaVita Dialysis, which operates dialysis clinics in Lauderdale, Colbert, and Franklin counties
- Kid One Transport

Currently available transportation options include:

- Both community mental health centers offer proprietary transportation services to some of their patients participating in certain treatment programs
- NACOLG Dial-A-Ride
- Local taxi services in Colbert and Lauderdale counties, centered around the Florence/Sheffield/Tuscumbia/Muscle Shoals area
- Shoals Ambulance Service
- Tommy's Taxi Service
- Kid One Transport
- Reliance on friends, family, or neighbors
- Reliance on ambulance rides for non-emergencies
- Medicaid NET approved providers
- Wheelchair-accessible taxi services in Lauderdale, Colbert, and Franklin counties

Populations identified by these providers as being affected by transportation barriers include:

- Those living in the most rural areas of all five counties, but especially in Franklin, Marion, and Winston counties
- Individuals who live in the areas near Cherokee, Waterloo, Rogersville, and south of Russellville have reported having the most difficulty accessing reliable transportation.
- Low-income elderly
- Medicaid patients, elderly and younger adults
- Low-income, uninsured non-Medicaid adults
- Mental Health patients - Estimated up to 40% of Riverbend Mental Health's patient population have no payers for rides

Specific transportation-related barriers and issues discussed include:

- The difficulty of maintaining regularly-scheduled treatments, such as dialysis treatments, follow-up physician visits, or counseling and injections for mental health patients
- Lack of knowledge among patient populations of available transportation resources
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members
- Increased difficulty of obtaining transportation for out-of-town specialty appointments
- Difficulty of accessing and using the Medicaid NET system, and delays in receiving reimbursements for approved rides
- Limited wheelchair-accessible transportation systems for patients with disabilities
- Scheduling and route limitations on available public transportation systems may exclude some patient populations
- Assumption of liability limits the amount of physical assistance that transportation agencies can provide to individuals with disabilities
- Scheduling difficulties with ambulance services in Franklin County due to local limitations on the ambulance providers that can operate there

Several consequences of transportation-related barriers were discussed, including:

- Logistical difficulties of missed, canceled, and re-scheduled appointments
- Re-hospitalization and worsened long-term health outcomes of patients who do not participate in follow-up and preventative care
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Long waiting times for patients when leaving appointments or being discharged from the hospital
- Strain on healthcare provider personnel who must sometimes personally arrange transportation for patients who have no way to get home after receiving service
- Low access to dental care and poor dental health, as reported by DaVita Dialysis

Transportation solutions currently in practice include:

- Medicaid NET vouchers and reimbursement system
- Case management and social workers providing assistance to connect patients to available resources
- Delivery of medications from some pharmacies, rather than requiring patient pickup
- Northwest Alabama Mental Health Center is working to reduce access-to-care barriers through increased implementation of telemedicine and telepsychiatry services

Other suggestions for potentially improving access to transportation in this region include:

- Future policy changes to reduce injury liability for transportation agencies that provide assistance to individuals with disabilities
- Need to increase wheelchair-accessible transportation options
- Avenues to provide funding and limit injury liability in order to enlist the help of faith-based organizations to provide non-emergency transportation
- Ideally, there would be some form of consistent, regularly-scheduled public transportation in rural areas that is affordable for low-income individuals.

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

Riverbend Center for Mental Health

Colbert, Franklin, Lauderdale counties

The Center owns fleet of vehicles (mostly 15-passenger vans) they use for structured adult/child/adolescent day treatment programs. These vehicles run daily routes to pick up individuals who need to use them. They also contract with NACOLG transportation to transport some of their clients; however, this system cannot be used to transport pediatric patients. Finally, they can help Medicaid patients obtain NET transportation vouchers, and they can also arrange to have taxi services bill us directly if they are used to transport patients.

Some patients can use NACOLG's Dial-A-Ride system, but otherwise there is no public transportation available in Franklin County and the most rural areas of Colbert and Lauderdale Counties. In the latter two counties, most of the transportation access is concentrated in the Florence area. There is a local taxi service within the Florence-Sheffield-Tuscumbia-Muscle Shoals area, which patients who live in this area do use somewhat regularly.

About 40% of adult patients have no payers for rides, and often have to rely on family and friends for transport. Sometimes the Center can help connect patients with other individuals that live near them and may be able to give them rides, and they also sometimes send nurses and case managers out into the community to provide some services. Churches can also sometimes be of help by providing a means of networking between patients who need rides and church members who can provide them, but they do not offer any kind of structured, regular transportation service.

Transportation access in this operating area is mostly dictated by geography. Individuals who live in the areas near Cherokee, Waterloo, Rogersville, and south of Russellville have reported having the most difficulty accessing reliable transportation.

There is a higher rate of cancellations or "no-shows" with counseling appointments. People can usually find a way to get to physician appointments if they have pressing medical problems. To help overcome this issue, the Center will send case managers out into the community to provide services such as recurring injections.

In general, low transportation access is a "high-priority" healthcare issue and a hindrance to a large segment of the population, estimated to affect between 25% and 40% of the Center's patients. Transportation has been "a long-running issue" in this region that must be addressed.

Ideally, there would be some form of consistent, regularly-scheduled public transportation in rural areas that is affordable for low-income individuals. The Dial-A-Ride system exists, but can only be accessed by scheduling ahead, which is not always practical for some patients.

Northwest Alabama Mental Health Center

Fayette, Lamar, Marion, Walker, Winston counties

The Center has its own transportation system, using vans obtained with assistance from the Alabama Department of Transportation, to provide transportation to all of their residential and day-treatment patients in all five counties in their service area (including Winston and Marion Counties). These patients can access this system any day of the week, and it can also be used to provide transportation for other outpatient needs unrelated to mental health treatment, even going as far as Birmingham.

However, outside of this system, there is no public transportation or any other local transportation-related service within the Center's five-county service area. It is common for patients to seek rides from their friends and family to get to and from their appointments, for which they sometimes have to pay out of pocket. Since some local churches will find volunteers to assist the Center's residential clients in getting church, it is possible that they could also contribute to non-emergency healthcare transportation solutions.

With regards to geographic disparities, access to transportation is "definitely a high priority barrier to care" "across the board" for patients within the Center's service area, and would affect an estimated 30-40% of their patients if they did not provide a transportation service themselves. This van system is costly to maintain, but given the needs of their patient population, they "have no alternative." The issues are particularly pressing for those patients in need of outpatient appointments to see specialists outside of their own county. To this end, alongside the implementation of their transportation system, the Center is working to improve access to care through telemedicine and telepsychiatry.

There is a "real need for increased public transportation all over rural Alabama," but the challenge is in finding ways to fund it.

Kevin G. Kelly, MD
Franklin County

Patients that require transportation assistance, including wheelchair-accessible transport, can arrange scheduled rides with NACOLG. Many patients also rely on family members or friends to provide rides, though they often have to pay for them. The clinic is not aware of any other transportation resources or agencies within our area that patients use.

Though the NACOLG system is generally sufficient to help patients meet regular appointments and follow-up visits within the local area, getting to and from out-of-area appointments (usually for specialists) is still the biggest challenge for patients without reliable transportation.

The elderly population seems to be most affected by transportation barriers, but more broadly, a main issue is that some people simply may not be aware of the transportation services that are available to help them.

Marion Regional Medical Center (North Mississippi Medical Center-Hamilton)
Marion County

NACOLG provides public transportation for patients, but outside of their operating hours, there aren't other transportation options available here, so patients will have to find rides from family and friends. The hospital is not aware of any other transportation entities available to patients in this area, with the exception of one called "Tommy's Taxi Service," consisting of one elderly man and his personal vehicle, which they have known patients to use to get back and forth from their dialysis appointments. These dialysis appointments represent one of the largest challenges to patients without reliable transportation access, due to the necessity of attending multiple times per week. Patients who rely on family and friends to transport them to these frequent appointments may place a strain on these individuals.

Elderly Medicaid recipients, many of whom live alone, represent the largest group of patients served by the hospital who are affected by transportation issues. They also observe this issue among younger adult Medicaid recipients. Although the hospital will try to work with patients to schedule appointments according to the availability of their transportation, this may not always be possible, and patients will still miss appointments due to lack of transportation. This contributes to increase re-hospitalizations due to lacking proper follow-up care.

Patients will sometimes misuse the ambulance system to get to the hospital for non-emergency issues if they truly have no other way of getting there, which will also often result in these patients experiencing difficulty in simply leaving the hospital to get home after they are discharged, since the ambulances cannot provide transport home. Overall, the availability of transportation in this area represents a "terrible situation" for the people affected by it.

Red Bay Hospital*Franklin County*

There is a county-wide ordinance that Shoals Ambulance Service must be the sole provider of non-emergency and emergency patient transportation. This contract was awarded by a committee formed by Franklin County Commissioners, and stems from quality issues experienced with other ambulance services in the past. Patients will pay for their rides individually, and must schedule them in advance. One potential issue stemming from this restriction on available ambulance services is that patients may have to wait longer to receive aid for 911 calls.

Inadequate transportation also represents an obstacle to the hospital in providing quality health care services to patients. Scheduling difficulties may arise when patients are late for their appointments or miss them altogether due to transportation-related issues. Wait times of up to 2-3 hours during patient transfers is another “very common” problem.

Area I Social Work Director*Colbert, Franklin, Lauderdale, Marion, Walker, Winston counties*

The NACOLG vans run on a set schedule and provides transportation for a minimal expense to users, and taxi services available in Colbert and Lauderdale counties. However, the other, more rural counties in this area have no public transportation at all. Patients may coordinate transportation with members of their own churches, and the Department of Human Resources (DHR) might have a program for someone to drive if a client has their own vehicle but needs assistance with operating it.

The insurance required for an agency to provide transportation is expensive. The Medicaid NET program only has a few approved providers within this area, and their reimbursements to patients who can't access those providers are limited. Additionally, when Medicaid NET first switched over to reimbursing for approved rides through the EBT the debit card system, this might have caused some issues for some patients.

Patients with disabilities that do not actually need emergency transportation also perhaps overuse ambulance services in this area. Wheelchair-accessible van transportation would be more appropriate in such cases, but the availability of these services is limited.

Colbert County Public Health social work office
Colbert County

NACOLG transit vans are the largest provider of transportation assistance in Colbert County, but even they don't effectively reach some of the more rural communities in the county. Clients must schedule their ride at least a week in advance, which can be a barrier due to the fact that patients on limited incomes or without insurance sometimes simply do not seek medical care until they are faced with an urgent medical issue.

Another limitation: Medicaid NET doesn't approve rides with NACOLG vans anymore for in-town appointments or for picking up medications within Colbert County. They will reimburse the patient directly for rides that they schedule to get to out-of-town appointments (often to specialists), though the amount of the reimbursement doesn't quite match the NACOLG fee. It is a hardship for many patients when they are required to pay up front for the higher fares associated with out-of-area transportation, then wait up to several weeks or months for NET reimbursements. There is also a city cab service that is approved to accept NET vouchers, but the social work office does not use it often when arranging rides for Medicaid patients.

To help circumvent the transportation-related issues surrounding prescription drug pickups, some pharmacists will deliver their medications to patients that live nearby, a service that the county social work office helps to facilitate.

For a non-Medicaid patient in need of transportation assistance, NACOLG's system is still often the least expensive option, even if they can arrange a ride from a neighbor, friend, or family member. These rides will often cost the patient money as well. Some people who lack transportation access will simply call an ambulance and present to the hospital emergency room whenever they have a medical issue, though this is not necessarily a common occurrence.

Local churches and senior centers perhaps possess the vehicles to lend their assistance to the transportation issue, but their ability to help is limited by the high costs and assumption of liability associated with maintaining a dedicated transportation system.

Elderly and low-income patients are most affected by transportation barriers in Colbert County. Sometimes simply finding and arranging the ride is difficult for elderly individuals and those with disabilities, even if they can afford to pay a fare. Getting to out-of-town specialist appointments is also a major difficulty for those who lack reliable transportation, especially adults.

"This is an important issue" that could affect up to an estimated 20% of the patient population in Colbert County, mostly among the Medicaid and Patient First populations.

DaVita Dialysis

Lauderdale, Colbert, Franklin counties

Medicare prohibits DaVita Dialysis from directly offering transportation services to patients, as this would be considered an enticement. Instead, they provide patients with a list of the resources available to serve them.

NACOLG Dial-A-Ride vans operate within the city limits of each county; however, they run on limited hours and do not run on holidays. This can present scheduling difficulties for dialysis patients who rely on this system to get to the clinic, which is open every day. NACOLG only operates 7:00 AM - 4:30 PM, whereas dialysis patients could have appointments as early as 6:00 AM and as late as 6:00 PM. And although NACOLG recently added a new, more rural route, most patients in most rural areas of this region continue to have no opportunities for transit assistance.

There are two taxi agencies in the three-county area with wheelchair-accessible capabilities, as well as two standard taxi agencies, but these options are sometimes too expensive for some patients to use.

It is possible that churches and other faith-based organizations that own their own vehicles and could draw from a large base of volunteers could be enlisted to help as a solution to the transportation problem. But in addition to the issues of cost and assumption of liability, it could be difficult to base a regularly-scheduled transportation system on volunteer drivers, whose availabilities may be vary.

Lower-income working adults are most likely the group that is most affected by transportation barriers within this three-county operating area. The lowest-income patients may at least have access to Medicaid NET.

Overall, lack of transportation access represents a “significant issue” and a “real struggle” to patients in this area, particularly dialysis patients. In some instances, if a patient is dropped off at the clinic for their dialysis treatment and nobody is able to pick them up when the appointment is finished, DaVita must call an ambulance to send them to the nearest hospital to wait in the ER lobby if they cannot arrange for another agency or person to give them a ride. Sometimes they have enlisted the help of DHR in these situations.

The assumption of liability associated with providing physical assistance to patients – even those with physical disabilities such as blindness or limited mobility that would benefit from this assistance – also represents a transportation-related healthcare access barrier. Both the NACOLG and the taxi service personnel are prohibited from physically assisting, as are dialysis clinic employees, due to liability concerns. As a last resort, a patient in need of physical assistance could be transported by ambulance to and from a dialysis appointment, but this is prohibitively expensive and not necessarily the most appropriate use of emergency vehicles. A policy change that would limit liability and allow more parties to provide physical assistance to patients who need it could have a large impact on reducing this type of healthcare access barrier.

Kid One Transport*Marion, Winston counties*

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 2 – West Alabama Regional Commission

Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of fourteen safety-net healthcare providers operating within the seven counties of the West Alabama Regional Commission. These providers included:

- Two community mental health centers
- Two federally-qualified health centers
- Two rural health clinics
- Five rural hospitals
- Three Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Both community mental health centers offer proprietary transportation services to some of their patients participating in certain treatment programs
- West Alabama Public Transportation
- Reliance on friends, family, or neighbors
- Bibb Medical CV transportation system
- Whatley Health Services van service
- Help Bus in Pickens County
- Hughes Transportation in Pickens County
- Limited transportation provided by private physician practices
- Tuscaloosa metro transit
- Kid One Transport
- Medicaid NET approved providers

Populations identified by these providers as being affected by transportation barriers include:

- Elderly populations, especially those living alone
- The most rural communities across the region
- Patients across Bibb County, Fayette County, Hale County
- Estimated up to 40% of one provider's patient population, up to 70% of another
- Estimated as high as 80% of Tuscaloosa County residents affected in some way

Specific transportation-related barriers discussed include:

- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members
- Limitations on the coverage areas of existing public transportation resources, which may exclude rural patients
- Difficulty in using public transportation to pick up prescriptions and make other healthcare-related trips in addition to those between a patient's home and a doctor's office
- Scheduling for transportation around appointments that take a long time (e.g. Medicaid EPSDT) can be particularly difficult
- Inability of discharged patients to leave hospitals and in-patient treatment centers without access to transportation
- Difficulty of using the Medicaid NET program and delays in receiving reimbursements
- Decreased Medicaid NET reimbursements have led to transportation providers dropping service to Medicaid patients
- Even some patients who do own vehicles may not be able to afford the gas for regular or long-distance trips, or afford the maintenance to keep them running reliably

Several consequences of transportation-related barriers were discussed, including:

- Logistical difficulties of missed, canceled, and re-scheduled appointments
- The difficulty of maintaining regularly-scheduled treatments, such as dialysis treatments, follow-up physician visits, or injections for mental health patients
- Strain on friends and family members to provide transportation, as well as on hospital workers to transport patients home if they are unable to do so themselves
- Re-hospitalization and worsened long-term health outcomes of patients who do not participate in follow-up and preventative care
- Deficits in dental care when the nearest dentist's offices are located too far away from patients without reliable transportation
- Increased likelihood of being unable to maintain out-of-town appointments, often for specialty care
- Delays and long wait times when using public transportation and other agencies, which may pick up multiple patients per route run
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs

Transportation solutions currently in practice include:

- Offering gas cards and transportation vouchers to patients
- Medicaid NET voucher system
- Providing logistical assistance to arrange rides for patients, particularly with Medicaid NET
- Whatley Health Services mobile unit to provide additional services to rural patients outside of Tuscaloosa County

Other suggestions for potentially improving access to transportation in this region include:

- Avenues to provide funding and limit injury liability in order to enlist the help of faith-based organizations to provide non-emergency transportation
- Non-Medicaid insurers helping to cover the costs of medical transportation
- Improving reimbursement to extant transportation providers to improve coverage into rural areas.
- Finding ways to bring healthcare providers closer to patients who have the greatest difficulty accessing care, possibly through house calls or temporary mobile clinics in rural communities

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

Northwest Alabama Mental Health Center

Fayette, Lamar, Marion, Walker, Winston counties

The Center has its own transportation system, using vans obtained with assistance from the Alabama Department of Transportation, to provide transportation to all of their residential and day-treatment patients in all five counties in their service area (including Winston and Marion Counties). These patients can access this system any day of the week, and it can also be used to provide transportation for other outpatient needs unrelated to mental health treatment, even going as far as Birmingham.

However, outside of this system, there is no public transportation or any other local transportation-related service within the Center's five-county service area. It is common for patients to seek rides from their friends and family to get to and from their appointments, for which they sometimes have to pay out of pocket. Since some local churches will find volunteers to assist the Center's residential clients in getting church, it is possible that they could also contribute to non-emergency healthcare transportation solutions.

With regards to geographic disparities, access to transportation is "definitely a high priority barrier to care" "across the board" for patients within the Center's service area, and would affect an estimated 30-40% of their patients if they did not provide a transportation service themselves. This van system is costly to maintain, but given the needs of their patient population, they "have no alternative." The issues are particularly pressing for those patients in need of outpatient appointments to see specialists outside of their own county. To this end, alongside the implementation of their transportation system, the Center is working to improve access to care through telemedicine and telepsychiatry.

There is a "real need for increased public transportation all over rural Alabama," but the challenge is in finding ways to fund it.

West Alabama Mental Health Center

Choctaw, Greene, Hale, Marengo, Sumter counties

The Center provides daily van-based transportation service the healthcare needs of individuals in their residential and day programs. Residential clients also have access to use the service on weekends. For outpatient clients, they contract for rides from local transportation providers.

West Alabama Public Transportation is available to their patients, but the system is limited to set routes and schedules, so it may not be able reach people on the day and time of their appointments. The Center does what they can to accommodate this, but people still “regularly” have to miss and reschedule appointments because transportation isn’t reaching them on the specific day of their appointment.

Otherwise, patients must rely on rides from friends and relatives, and it is a “consistent problem” that they have to pay for these rides, sometimes \$20 or more per ride.

There aren’t any other local resources that could potentially be used for non-emergency patient transportation that the Center is aware of. Transportation is an “across the board” issue for patients in all of their counties, even for many non-healthcare-related needs; there aren’t any specific hotspots that are most affected. Overall, they describe transportation access as “one of the highest-priority healthcare access barriers” among their patient population.

Cahaba Medical Care Foundation

Bibb, Perry counties

Cahaba Medical Care Foundation offers gas cards and West Alabama Public Transportation vouchers to their patients as a means of assistance in obtaining rides or paying for their own healthcare-related transportation, and they try not to limit the number of vouchers and gas cards they can give out. Cahaba Medical Care also provides help to make transportation arrangements for some of their patients, including those who are covered by Medicaid and have access to the Medicaid NET program. Some patients also use Bibb Medical’s CV transportation system, which primarily serves elderly and limited-mobility patients.

Although they report that West Alabama Public Transportation is generally very helpful to patients that can access it, there is still a great need for additional entities and agencies to provide transportation within this area. Cahaba Medical Care has identified transportation as an issue affecting a large portion of their patient population, estimated to be perhaps as high as 70% and including elderly, adult, and pediatric patients. These patients must often rely on rides from friends and neighbors when they cannot access public transportation.

There is a need for a consistent, reliable transportation system, one that runs on a predictable schedule and that could be used not just to take people to appointments, but also to pick up prescriptions at pharmacies. The CV system will not make those stops for prescription pick-ups, and though West Alabama Public Transportation does, each patient is limited to one such stop for free. After that point, Cahaba Medical Care pays for additional stops that may be necessary.

Additionally, dental appointments can represent the most significant challenges to patients without reliable transportation. The nearest dental clinics to most of these patients are in Birmingham and Tuscaloosa.

Whatley Health Services, Inc.

Tuscaloosa, Bibb, Walker, Sumter, Hale, Greene, Lamar, Pickens counties

Whatley Health Services has a van available to pick up patients within Tuscaloosa County and bring them to their Tuscaloosa location. This service is heavily utilized as there are a significant number of patients within the area who face transportation barriers, however they can only provide these van pickups twice per week due to funding limitations. The FQHC also has a mobile unit that goes to certain specified locations within their operating area to provide additional medical and dental services to more rural regions.

There are public and private transportation services available to patients within Tuscaloosa County, but in other counties of the region, Kid One Transport is one of the few accessible transportation entities. The transportation issue is “significant,” and affects patients from a variety of demographics and geographic areas by limiting their ability to schedule and maintain medical appointments. Referrals also become more difficult, even across town in Tuscaloosa, when a patient’s transportation access is limited or reliant upon others.

GCH Physicians Clinic

Greene County

West Alabama Public Transportation is available to patients in Greene County. However, patient wait times on routes can be a problem, as can the fares for non-Medicaid or uninsured patients (which are higher than those for the Medicaid population). Kid One Transport also has issues associated with wait times, as they will work to accommodate others by picking up multiple patients per route. It is relatively common for patients to rely on rides from family and friends, who will often also charge them money. Medicaid-eligible patients may rely on the NET waiver program to cover the costs of these rides, but the low-income non-Medicaid or uninsured populations may have increased difficulties with payment.

Finding a way to involve the churches and other faith-based organizations in this area with the issue of non-emergency medical transport would help a lot of people in this area, and could be done by scheduling specific pick-up points and times at regular intervals. However, issues with reimbursement and assumption of liability are most likely the largest roadblocks to developing this type of solution.

In general, transportation resources in Greene County seem to be generally sufficient for the patients seen at this clinic. Most people in the area are able to access them, and many of these people would otherwise have no access to care at all. However, the elderly population that may require additional living assistance can be most susceptible to transportation-related barriers. Additionally, scheduling for transportation around appointments that take a long time (such as Medicaid EPSDT screening) can represent one of the greatest challenges to patients without their own vehicles.

Cherokee Clinic*Bibb County*

“Transportation is our biggest hurdle,” a problem that affects a wide cross-section of patients in Bibb County, though it is most common among indigent and low-income populations. It can also be a significant for issue elderly patients due to physical limitations that may cause them to require physical assistance.

The senior citizens center provides a van service to the local elderly population, which can be used to pick up prescriptions and other shopping trips in addition to transport to medical appointments. But for other groups of patients, there are no other transportation options available, making it difficult for patients to keep even routine appointments, and even more so for patients that are referred to specialists outside of the county. Patients missing and having to reschedule appointments due to lack of transportation is a “daily occurrence.” If they do not own a vehicle themselves, their only other recourse is to obtain a ride from someone they know. And even for patients who do own vehicles, fuel costs and maintenance issues can be problematic.

As in Greene County, finding a way to involve the churches and other faith-based organizations in this area with the issue of non-emergency medical transport would help a lot of people in this area, where there is simply a lack of transportation services. Another possible

Bibb Medical Center*Bibb County*

Bibb Medical Center offers a van service, originally developed due to a lack of access to primary care in this area. It is licensed to transport patients between the nursing home, hospital, and clinic. There are two vans, which can seat up to two wheelchairs and one ambulatory person, or more ambulatory passengers in the absence of wheelchairs. Patients usually must schedule their rides ahead of time. The service usually serves 14-20 people per week, though this will vary. This system can even be accessed by patients not scheduled to see doctors at Bibb Medical, but there is still a great need for additional transportation resources. West Alabama Public Transportation services some of their patients, but they are not useful if a patient needs transportation to Shelby County or Birmingham for specialty care. In this case, patients must find an alternative means of transportation themselves.

Low-income and elderly patients are most affected by transportation-related barriers. These barriers certainly have the potential to negatively impact the quality of their care. If people don't have access to the regular preventative care they need, it can exacerbate whatever conditions they may have, and their health may deteriorate. Primary care, specialty appointments (dental, optometry, podiatry), and dialysis appointments all become greater challenges to patients who lack transportation.

Fayette Medical Center

Fayette County

Fayette Medical center offers no transportation services of their own to patients, however, county-level transportation is also not effective for their patients. There are no taxi services and no localized shuttle-type van services. Hughes Transportation, a company based in Pickens County, can occasionally provide some transportation to some patients (ambulatory only), but they generally do not service the Fayette County area.

Most patients who require transportation assistance must rely on rides from family and friends, or will call an ambulance service to get them to the hospital through the emergency room. For wheelchair-bound patients in need of assistance, an ambulance may be their only recourse. In cases such as these, where patients present to the hospital in an ambulance, but don't qualify for ambulance transfer back home, they may be stuck at the hospital until such time as a nurse, chaplain or family member can take them home. Discharged patients may also face the same issue, and this places a strain on hospital staff

Due to the lack of easily accessible transportation resources, the elderly, mobility-limited, and low-income Medicare/Medicaid populations are most often affected by transportation-related barriers. Hospital re-admissions and declines in health are common among these populations due to their relative inability to seek out healthcare when they need it. Occasionally, Fayette Medical Center has to decline admission for patients that need treatments beyond the capacity of the hospital (e.g. patients in need of wheelchair-accessible transport to dialysis treatment), which disadvantages the patient as well as the hospital.

Although there are van services around the region that approved providers for the Medicaid NET program, the services that have been contacted by Fayette Medical Center report that they do not frequently serve the Fayette County area because the reimbursement received from Medicaid isn't enough to cover fuel and personnel costs of transporting in such a rural area.

Pickens County Medical Center

Pickens County

In Pickens County, there is a federally-subsidized program called the Help Bus that runs at a low fare on a set schedule and serves a broad spectrum of the population in need of transportation assistance, though it is often primarily used for healthcare-related transportation. However, **there** is no other public transportation assistance within the county. Hughes Transportation runs here, but they no longer contract with Medicaid NET to serve Medicaid patients, and their fares may be too expensive for some patients to afford, even with hospital case managers occasionally providing money to assist them.

The transportation issue is not as serious in Pickens County as in other neighboring areas, but the situation can still be improved. Sometimes patients that rely on the schedule of the Help Bus for their healthcare transportation will have to come in early and wait a long time for appointments. So the primary issue for many of these patients is that they are unable to plan much of the rest of their daily schedule around those appointments, rather than the issue being that they are missing appointments regularly. Sometimes, patients will call the ambulance to come to the hospital via the emergency room, even if they are not in need of emergent care. The system is not heavily abused in this way, but this is not an uncommon occurrence either.

Greene County Health System

Greene County

Inadequate transportation is a high-priority issue to patients in Greene County, and it is closely related to chronic sickness. An estimated 5-10% of patients seen at this hospital are hospitalized largely because they haven't been receiving regular preventative medical care, usually due to lack of transportation. It is not uncommon for patients to report that they cannot make their healthcare appointments due to lack of transportation. These patients are generally low-income, many at or near the poverty-level, and often elderly as well. Standard checkups and regular doctor's visits can become difficult to maintain, and out-of-area specialty care represents an even greater challenge.

The hospital's nursing home has a wheelchair-accessible van that their residents can use for medical appointments, and the hospital also purchased 2 cars for the home health agency, which can be used to give free rides to patients who use their services. They formerly worked closely with Hughes Transportation to transport Medicaid patients through the NET program, but when NET reimbursement rates were reduced, it became unfeasible for Hughes to continue providing this service.

Patients may use West Alabama Public Transportation if they call ahead to make the appointment. But because these vans often pick up multiple people at a time and may need to drop them off at different locations, this can cause delays and scheduling difficulties. The Greene County Ambulance service can also be contracted for non-emergency transport for someone who is bedridden, and they will bill Medicaid/Medicare, or private insurance. Patients also obtain rides from members of their family or church, but usually have to pay for these.

It may be necessary to find ways to bring healthcare to the patients, perhaps through house calls or temporary community clinics.

Hale County Hospital

Hale County

Lack of transportation is a "significant obstacle" to receiving care in Hale County. It affects patients of all ages – children, adults, and elderly – perhaps up to 25% of the patient population.

Available transportation resources within Hale County include: West Alabama Public Transportation, a taxi service used by the nursing home primarily for their elderly dialysis patients, and Kid One for pediatric patients. Family members and neighbors are commonly recruited to provide rides to patients, but often charge them more money for these rides than the patient can really afford. There are no other available resources within the area, though churches with vans could potentially be enlisted to provide some means of assistance.

Both general doctor's appointments and out-of-area specialty appointments represent challenges to those patients without reliable transportation access. The hospital will discharge patients that have no ride and no way to get home, or make follow-up appointments that patients are unable to keep because they have no way to get there. Patients will call the ambulance to get to emergency room even for non-emergent situations because it may be the only way they can seek medical care.

Tuscaloosa County Public Health social work office*Tuscaloosa County*

There is a metro transit system available to residents living within certain areas of Tuscaloosa County. Kid One Transport provides transportation for children and expectant mothers. This is a very helpful resource, though there may still be some delays when using it. Additionally, a local physician's office provides transportation for patients coming to and from their clinic. North Star Ambulance Service provides wheelchair-accessible van service sometimes, though capacity is limited, and patients will have to request Medicaid vouchers to cover the costs of this service. There is also ENG Transport, a van service that services all of Tuscaloosa County and will also go out of town

The transportation issue is not as pressing within the city of Tuscaloosa, due to the relative availability of resources. It is a larger problem for the more rural parts of the county that may not have access to Tuscaloosa transit. Patients with certain work schedules may also have difficulty accessing public transportation. And patients who rely on their neighbors or friends to provide healthcare transportation for them consistently report the obstacle of having to pay high fees for these rides. It is considered a "high-priority issue," that the social work office estimates to affect some 70-80% of the patient population, mostly those in rural areas.

Transportation barriers increase the difficulty of administering quality preventative care when patients are less able to maintain regular doctor's visits and attend follow-up appointments. This leads to re-hospitalizations and worsened long-term health outcomes of patients who need but cannot consistently receive this care.

Fayette County Public Health social work office*Fayette County*

There is no non-emergency transportation available formally in Fayette County, and lack of transportation access is “one of the top healthcare barriers to patients that we serve.” It is estimated to affect “easily 75%” of the elderly/disabled/low-income patient populations in this county.

Aside from the bus services provided to mental health patients by the Northwest Alabama Mental Health Center, no other entity within the county provides medical-related transportation. Patients that must rely on friends, family, or neighbors for rides will have to pay out of pocket for these rides as much as 75% of the time, which is an issue for individuals on limited or fixed income. It is not uncommon for patients to call the ambulance as their only means of getting to the hospital, even when emergency services are not the most appropriate form of transport for their specific situation.

The patients living the most rural areas of the county face the greatest difficulties. Dialysis patients, who must attend regular treatment sessions at the county’s dialysis center, also face severe issues when they do not have their own transportation and must rely on people they know to drive them.

There are several non-profit and faith-based entities that will help patients with pay for rides, but do not directly get involved with providing transportation. Implementing a public transit system to service the healthcare needs of patients in this county would be highly beneficial and would be heavily utilized.

Even for patients that are eligible to use the Medicaid NET system sometimes require the assistance of social workers to use the system for arranging rides and calling in to receive vouchers.

Area VII Public Health social work office

Dallas, Lowndes, Hale, Perry counties

West Alabama Public Transportation and Kid One Transport vans are available in this area. Because they will go to certain areas on certain days, patients have to schedule around the availability of these transportation services in order to access them for their appointments. This can be an issue, and can also result in long wait times at healthcare providers when using these systems. Family members are commonly asked to provide rides, but it is a “very common” occurrence for them charge high fares in return, beyond what patients can sometimes afford.

All of the counties in this area are very rural, so transportation barriers to healthcare comparably affect most of the people living in these rural areas. Senior citizens without transportation may have a more difficult time because they may require additional assistance arranging rides.

One physician who runs a private practice in Selma (Dr. Bruce Taylor) also provides a van to transport his patients to and from their appointments. If there could be a way to incentivize more physicians to do this, it would be a tremendous help to rural patients.

Kid One Transport

Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for their clients is essential."

Region 3 – Regional Planning Commission of Greater Birmingham

Counties: Blount, Chilton, Jefferson, Shelby, St. Clair, Walker

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 114 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of fifteen safety-net healthcare providers operating within the six counties of the Regional Planning Commission of Greater Birmingham. These providers included:

- Two community mental health centers
- Six federally-qualified health centers
- Two rural health clinics
- Two rural hospitals
- Two Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Private van companies
- Cab services in the Birmingham area and St. Clair
- Transportation system provided by Northwest Alabama Mental Health Center
- Kid One Transport
- Friends/family/neighbors of the patient
- Jason's Van Service (Walker Co.)
- Medicaid NET approved providers
- Local churches offering occasional assistance in Jefferson County
- Busses and wheelchair-accessible transportation in Oneonta, with limited Blount County routes
- Blount County public transportation
- St. Clair County public transportation
- Adam Bishop Center furnishes some transportation in Walker County for children

Populations identified by these providers as being affected by transportation barriers include:

- Patients with higher-severity mental illness
- Patients living in most rural areas Blount and St. Clair – transportation availability “not adequate at all”
- Patients in more rural areas of Walker County (e.g. Nauvoo), where there is no county-wide transit system
- Inner-city Birmingham patients
- Working, low-income single parents – reliance on public transportation may force them to miss a day of work
- Low-income, non-Medicaid uninsured adults
- Elderly & Medicare population

Specific transportation-related barriers discussed include:

- Scheduling and routing limitations on existing public transportation resources, which may exclude patients living in certain areas or with certain schedules of availability
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members
- Even some patients who do own vehicles may not be able to afford the gas for regular or long-distance trips, or afford the maintenance to keep them running reliably
- Referrals from Birmingham to outlying areas can raise transportation issues
- Delayed Medicaid NET reimbursements are a burden to low-income patients who must pay for their transportation up front

Several consequences of transportation-related barriers were discussed, including:

- Logistical difficulties of missed, canceled, and re-scheduled appointments
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Missed appointments for preventative and follow-up care, leading to worsening of health status and increased re-hospitalizations
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs

Transportation solutions currently in practice include:

- Providing assistance with making transportation arrangements for patients
- Medicaid NET voucher system
- Eastside Mental Health Center has a crisis and outreach team that can bring clients to their doctor or therapist in the event of a transportation issue
- Northwest Alabama Mental Health Center and Quality of Life Health Services are both working to reduce access-to-care barriers through increased implementation of telemedicine and telepsychiatry services
- Multiple providers paying for rides and providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- The State Vocational Rehab program provides disabled patients with a bus card they can use
- Quality of Life Health Services and Whatley Health Services have mobile units to provide additional healthcare services to rural patients and reduce their transportation burden
- Some insurance companies (Viva Health) may help pay for transportation costs

Other suggestions for potentially improving access to transportation in this region include:

- In Jefferson County, a public bus running a route along Trussville-Gadsden Highway 11 would connect Eastside Mental Health with many of their patients as well as St. Vincent's East Hospital
- Planned bus routes in Jasper and Walker County
- Capstone Rural Health Center is planning to implement a small-scale van transportation system soon, by September or October
- Additional sources of funding to health systems would allow them to implement or expand their own dedicated transportation systems
- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

Eastside Mental Health Center
Jefferson, Blount, St. Clair counties

The Center provides transportation assistance to its patients in several ways. They have enlisted local private van companies to help pick patients up for appointments (mostly for their rehab day program patients), they help their full-coverage Medicaid patients get connected to the Medicaid NET system, they occasionally pay for cab rides, and they have crisis and outreach teams that bring clients in to see doctors or therapists if they can't make it to the Center in any other way. These teams can also take patients to see medical doctors, not just to the Mental Health Center.

There is some public transportation available in each county, but these systems are limited with regards to their routes and schedules, and are not commonly used by Eastside MHC patients. The bus system in Jefferson County is most commonly used, among these resources. Most of Eastside MHC's patients have to rely on finding rides from friends and family to make their appointments, and paying for these rides has been a reported issue. Sometimes, case managers from other healthcare providers will also bring them to their appointments.

The most severely mentally ill have the most difficulty accessing and arranging transportation themselves, especially if they are less educated, and therefore require the most direct assistance from the Center with this issue. Their patients who live in the most rural areas also experience greater transportation-related difficulty, and sometimes may go to mental health centers in other counties.

Transportation is most commonly reported as the reason for missed appointments and prescription pickups, estimated to be as high as 50% of the time. An additional issue is that due to route scheduling, some transportation services (such as boarding home drivers) must drop patients off at the MHC early in the morning and leave them there all day.

Even in the relatively urban area around Birmingham, public transportation isn't always sufficient for patient needs. It is even more of a problem in Blount and St. Clair, counties, where transportation was characterized as "not adequate at all."

It was specifically recommended that there be a public bus route running on the Trussville-Gadsden Highway 11 in Jefferson County, which would connect the Center more directly with many of their patients, as well as St. Vincent's East hospital.

Northwest Alabama Mental Health Center

Fayette, Lamar, Marion, Walker, Winston counties

The Center has its own transportation system, using vans obtained with assistance from the Alabama Department of Transportation, to provide transportation to all of their residential and day-treatment patients in all five counties in their service area (including Winston and Marion Counties). These patients can access this system any day of the week, and it can also be used to provide transportation for other outpatient needs unrelated to mental health treatment, even going as far as Birmingham.

However, outside of this system, there is no public transportation or any other local transportation-related service within the Center's five-county service area. It is common for patients to seek rides from their friends and family to get to and from their appointments, for which they sometimes have to pay out of pocket. Since some local churches will find volunteers to assist the Center's residential clients in getting church, it is possible that they could also contribute to non-emergency healthcare transportation solutions.

With regards to geographic disparities, access to transportation is "definitely a high priority barrier to care" "across the board" for patients within the Center's service area, and would affect an estimated 30-40% of their patients if they did not provide a transportation service themselves. This van system is costly to maintain, but given the needs of their patient population, they "have no alternative." The issues are particularly pressing for those patients in need of outpatient appointments to see specialists outside of their own county. To this end, alongside the implementation of their transportation system, the Center is working to improve access to care through telemedicine and telepsychiatry.

There is a "real need for increased public transportation all over rural Alabama," but the challenge is in finding ways to fund it.

Birmingham Health Care

Jefferson, Shelby, St. Clair counties

This FQHC system serves a wide range of patients, including the homeless and at-risk population. They do have bus tokens and vouchers that they can provide to their patients to assist with transportation. They also work often with patients with disabilities, who may be provided with a bus card by the State Vocational Rehab program. Within their operating area, the other available transportation resources that their patients may use include Kid One for children, the Medicaid NET voucher program (BHC can help them set these rides up), and local-level public transportation systems

They also report that some of the area churches have helped patients to find rides on an individual basis, even if they aren't a member of the church, if they have the need. They suggested that it is possible that Bridge Ministries (Southside Baptist Church program), and the Birmingham-Area Catholic Center could be recruited to assist with transportation on a more regular basis.

Transportation access is not as big of an issue for their patients in Birmingham as it is in other, more rural areas. Within the city, their FQHC satellite sites are located within walking distance of neighborhoods, public areas, and bus/transit stops. They do service some areas of Blount and St. Clair counties as well, where it can be difficult for people to find somebody to drive them to their appointments. But BHC reports that cancellations and rescheduling due to transportation isn't especially common for their patients.

It was mentioned that BHC had been in contact with group based in Jefferson and Shelby counties called the Health Care Providers' Roundtable, which is also working to assess and address healthcare-related transportation.

Capstone Rural Health Center
Walker County

Capstone Rural Health Center does not presently provide direct transportation assistance to their patients, but reported that they are looking into purchasing a van and hiring a driver by September or October 2015.

Transportation resources in their area are relatively limited. Jason's Van Service and Walker Area Transportation are two possible options, and Capstone can supply vouchers to patients who do have access to these transportation systems. Mental health facilities busses are also available to mental health patients. Capstone specifically identified that while there are bus systems available in Jasper (which have been difficult to work with for scheduling patient rides, but are reportedly planning new routes which could prove beneficial), nothing similar exists in Parrish. Most of the time, patients with low transportation access have to rely on rides from family and friends to make their appointments. If the patient has Medicaid coverage, Capstone reports to have done well in obtaining NET vouchers for their reimbursement, including for longer-distance rides related to specialty care in Birmingham.

The patient populations most affected by lack of transportation access include the lower-income, Medicaid patients, elderly patients who no longer drive, and patients with drug addiction problems. They also identified that even among patients who do have access to a vehicle, it is "not uncommon" for a patient's car to break down in the parking lot or on the way to an appointment, leaving them without a ride. This issue was attributed most commonly to their population of female patients aged 40-64.

Overall, low transportation access was characterized as a moderately high priority problem, which often results in missed and rescheduled appointments. Patients usually only seek medical care when they are sick, but miss many routine preventative appointments, making sustained treatment difficult.

It was suggested that if a reliable county bus system were in place, it would help their patients very much. Presently, there simply are not enough transportation resources available within the area. The FQHC could pay for patient rides with vouchers, however the system does not currently exist.

Christ Health Center, Inc.
Jefferson County

Christ Health Center provides no in-house transportation services. Instead, they refer their pediatric patients in need of transportation to Kid One, network with Medicaid NET providers to set up patient rides to eligible patients, and will issue bus passes to patients who do not qualify for any of these other services. Most of their patients receive transportation assistance through one of these three avenues, but they also reported that some local churches have provided transportation assistance to some patients.

Morning appointments can represent the greatest challenges to patients without reliable transportation access. Due to conflicts with work scheduling, finding a ride can be difficult. Referrals to outlying areas can also be an obstacle.

Inner-city patients and single, working parents were reported to have particular difficulty obtaining reliable transportation for their healthcare needs

To Christ Health Center, transportation access is a high-priority issue. It is “almost always” the case that their patients have transportation problems, and a relative minority of their patients has reliable transportation.

They would like to see the Medicaid NET program reformed, as it is currently not optimally beneficial to the patients that must use it and is often a source of patient complaints. It may take up to 6 weeks for patients to be reimbursed, which is a burden to those who struggle to afford to pay for their rides up front. Patients also report that the EBT debit cards on which the reimbursements come are less useful than cash.

Health Services Incorporated

Montgomery, Autauga, Chilton, Elmore, Lowndes, Coosa counties

Health Services Incorporated does not currently offer any direct transportation assistance to their patients. They can help connect some of their patients (mostly pediatrics and expectant mothers) with rides through the Medicaid NET program, and they have a grant to provide bus passes to homeless patients, but they have no other way to help other patients outside of these categories.

They report that some patients can use public transportation, such as Montgomery's metro bus system, but "all the time" they learn of patients having to obtain rides from family and friends, paying for which can be a "big hardship."

When experiencing a more acute health problem, most patients will find a way to seek care. However, less urgent appointments, such as follow-up appointments and preventative care (e.g. mammograms, check-ups, etc.), are most difficult to keep for patients without reliable transportation. This is attributed to a rise in re-hospitalizations among these patient populations, and increases the difficulty of maintaining proper preventative care, which is more cost-effective than acute care.

HSI also offers recurring appointments such as cooking classes for diabetic patients and regular behavioral health/therapy sessions for mental health patients, but 'no-shows' are also common for these, due to transportation barriers.

Though a "significant portion" of their patients was estimated to be affected by these barriers, the uninsured and most rural patient populations were reported to face the most severe difficulties. When patients do fail to keep their appointments, it is "often the case" that it was because they were unable to secure a ride.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

Quality of Life Health Services covers 18 counties, up from 12 as recently as 2013. That year, they took over cases for a previous FQHC that was losing funding and had been closing satellite sites. By 2013, they were down to one site to cover the counties of Bullock, Chambers, Macon, Lee, Tallapoosa, and Russell. Quality of Life has recently opened a new site in Tuskegee, with future plans to expand with more sites in those counties. These are areas that they have identified as having a “great need” for transportation.

This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Whatley Health Services, Inc.

Tuscaloosa, Bibb, Walker, Sumter, Hale, Greene, Lamar, Pickens counties

Whatley Health Services has a van available to pick up patients within Tuscaloosa County and bring them to their Tuscaloosa location. This service is heavily utilized as there are a significant number of patients within the area who face transportation barriers, however they can only provide these van pickups twice per week due to funding limitations. The FQHC also has a mobile unit that goes to certain specified locations within their operating area to provide additional medical and dental services to more rural regions.

There are public and private transportation services available to patients within Tuscaloosa County, but in other counties of the region, Kid One Transport is one of the few accessible transportation entities. The transportation issue is "significant," and affects patients from a variety of demographics and geographic areas by limiting their ability to schedule and maintain medical appointments. Referrals also become more difficult, even across town in Tuscaloosa, when a patient's transportation access is limited or reliant upon others.

Baptist Health Center Blount & Etowah
BHC Blount and Etowah – Oneonta
Blount County

For patients of these rural health clinics, there is a public bus system available in Oneonta that primarily serves the elderly. The system also has wheelchair-accessible vans. Accessing local public transportation is relatively inexpensive for residents who live in town, and within some distance limitations, these busses do run further into Blount County outside of Oneonta city limits. Overall, this system was described as “tremendous,” and it would be even more helpful if it were to be expanded further into other parts of Blount County. The Snead area doesn’t have access to these types of resources, however.

These clinics’ patients do not use the Medicaid NET system often. They report that Viva Health will pay for the healthcare-related transportation of some patients. Churches and other faith-based organizations could potentially be engaged to contribute transportation assistance, but are presently not able to do so due to liability concerns.

The elderly and low-income patient populations are most affected by inadequate transportation, and in general the largest need is for transportation to Birmingham for specialty services. It is estimated that up to 10-15% of patients at these rural health clinics face some form of transportation-related barrier. Most of them are able access public transit or obtain rides from family or friends, but for a smaller proportion of patients (likely less than 5%) who cannot easily secure rides through these means, it’s an even more significant problem.

St. Vincent's Blount and St. Clair
Blount, St. Clair counties

Blount County Public Transportation services this rural hospital’s operating area. It runs between 7AM and 5PM, for a reported fare of approximately \$1.50 per ride. There is also a similar county public transportation system in St. Clair, and some patients also use a taxi system there. The central scheduling office at St Vincent’s works to schedule patient appointments within the transit systems’ operating schedules in order to reduce the impact of limited transportation access. The office also schedules around the availability of family members and friends who provide rides to patients.

Transportation difficulties affect patients’ ability to receive general primary care and keep their appointments for follow-up visits. Referrals to specialty appointments can be most challenging: if patients are not in-patient at St. Vincent’s, the hospital cannot provide transportation to outlying areas such as Birmingham. The Medicare patient population, elderly, and low-income patients are reported to face the larges transportation-related challenges. Additionally, due to the increased rurality and wider spread of patients in Blount County relative to St. Clair, transportation-related issues are more prevalent there.

St. Vincent’s has identified transportation as one of the top 5 issues across the St. Vincent’s system as part of their Community Health Needs Assessment, so they are aware of the need for improvement in this area. They would like to see increased community participation in implementing patient transportation resources, but understand the liability issues that currently prevent this from being feasible for most civic or faith-based organizations.

Walker County Public Health social work office*Walker County*

Many pediatric patients in Walker County are able to use Kid One Transport for their healthcare-related needs. Jason's Van Service is also available to schedule rides and pickups for a relatively low fare if the destination is local, and is often used by cancer patients for their treatments. The ClasTran bus system serves the city of Jasper, but doesn't extend into the county. Patients will also seek out rides from friends and family members, but must sometimes pay high fares for these. County-level social workers will help patients who find rides from others obtain Medicaid NET vouchers if they are eligible for them, however the sometimes-extended wait for reimbursements can be a burden.

Unless they are able to pay a larger fee for Jason's Van Service, there are no local transportation resources at all for the most rural patients, living in cities such as Nauvoo. Mental health services can also be difficult to obtain for patients without transportation access. The Adam Bishop Center furnishes some transportation (mostly for children), but in general this patient population tends to struggle with this issue.

Limited transportation access is characterized as a high-priority healthcare issue within Walker County, estimated to affect the access to care of perhaps up to 50% of patients, making it "just about impossible" for some of them to receive regular medical care. It has been a significant problem for the entire 14 years during which this social worker has lived and worked in the county. Many patients who have no other method of transportation available to them to receive medical treatment will call for an ambulance even when not facing a true medical emergency, presenting to the emergency room instead of a doctor's office, causing a misappropriation of these resources.

Blount County Public Health social work office*Blount County*

Blount County residents have access to public transportation out of Oneonta (Call-A-Ride), which does cover the whole county, but increases in cost for residents of more rural areas. This represents a barrier to some patients. Social workers also use Medicaid NET to help reimburse patients that need family members to assist with transportation. This usually works well for people that need to see specialists in Birmingham or travel locally.

Low-income patients living in the more rural areas of the county face the largest transportation-related barriers to healthcare access. While there are several community organizations within Blount County that help serve some needs of these populations, they do not presently have the capacity to provide transportation assistance. From time to time, some local churches will help Patient First patients get rides to Birmingham for specialty care, but does not occur on a regular basis and wouldn't be used for other medical needs, such as local visits to doctors or a pharmacy.

Low transportation access primarily represents obstacle to preventative care. If a patient does not have a vehicle and is dependent on friends/family to get to their appointments, scheduling issues may arise that make it difficult for them to keep those appointments. This becomes a significant problem when it contributes to missed appointments and reduced quality of care.

Some patients report an inability to access public transportation due to limitations on routes and times of availability, but for others, the requirements to schedule rides as early as a week in advance can be an obstacle itself.

Kid One Transport

Blount, Chilton, Jefferson, Shelby, St. Clair, Walker counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for their clients is essential."

Region 4 – East Alabama Regional Planning and Development Commission

Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of sixteen safety-net healthcare providers operating within the ten counties of the East Alabama Regional Planning and Development Commission. These providers included:

- Three community mental health centers
- Two federally-qualified health centers
- Three rural health clinics
- Four rural hospitals
- Three Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Van services provided by all three community mental health center systems
- Transportation through community action agencies
- Taxi services in various counties
- Reliance on friends/family/neighbors
- DART system
- Etowah County Transportation Service
- City transportation & trolley service in Gadsden
- Kid One
- Cherokee County van service
- Baptist Association has provided rides in Randolph County or purchased gas vouchers in Clay County on a handful of occasions
- Local-level transportation systems within Calhoun and Clay counties

Populations identified by these providers as being affected by transportation barriers include:

- Individuals with mental health needs that aren't able to work but do not qualify for disability – usually homeless
- The most rural populations in all Region 4 counties
- Rural Etowah county residents outside of larger cities such as Gadsden
- Potentially a higher-priority issue among mental health patients. "At least 60%" of Cherokee/Etowah/DeKalb mental health patients are affected.
- Low-income, non-Medicaid, uninsured adult population
- Indigent and homeless who live in shelters
- Elderly
- Patients seen locally by the Roanoke Rural Health Clinic (Randolph Co) were not reported to have major transportation-related access issues; however, Wedowee Hospital reports transportation to be a "major problem" for more rural residents of Randolph County.

Specific transportation-related barriers discussed include:

- Scheduling and route limitations on available transportation resources
- Individuals may have access to a vehicle, but the vehicle may be unreliable or they may still lack the money for gas
- Difficulty traveling longer distances to specialist appointments
- Mental health patients may face additional difficulties using services with which they are unfamiliar
- Fares on public or private transportation systems may be higher than some patients can afford to pay, even when obtaining a ride from a friend or relative
- Lack of education and knowledge among patient populations of the resources available to serve them
- Difficulties accessing and using the Medicaid NET system, and issues with delayed reimbursements
- Lake Martin Community Hospital formerly supplied a transportation service, which was also wheelchair-accessible, but had to discontinue it due to dramatic increase in insurance costs
- Liability issues that limit transportation providers from providing physical assistance, even to patients who may require it

- The stigma of riding public transportation sometimes motivates patients to seek rides from family or friends, even if that option may ultimately be more expensive

Several consequences of transportation-related barriers were discussed, including:

- Missed or canceled appointments – Cheaha Mental Health estimates 10-20% of all appointments are missed due to transportation problems
- Higher rate of missed appointments for preventative care than for acute care, affecting the health outcomes of patients (increased re-hospitalizations are common) and causing scheduling & financial difficulties for providers
- Misuse of ambulances for non-emergency transportation in order to get to the hospital
- Patients may receive treatment at a hospital, but have no way to immediately get home when discharged, resulting in hospital personnel or social workers having to personally provide transportation

Transportation solutions currently in practice include:

- Mental health case managers giving rides to patients on a limited basis
- Cheaha Mental Health Center schedules appointments with their clients' pay schedules in mind, or on days when they usually run regularly-scheduled errands
- Providing payment assistance or transportation vouchers to patients
- Medicaid NET voucher and reimbursement system
- Cherokee/Etowah/DeKalb Mental health center action teams (nurse/case manager/doctor) to provide mobile services in Etowah County, bringing care directly to the patients.
- Assisting school systems to help provide some mental health services to children, reducing their need to travel for specific appointments
- Quality of Life Health Services has a mobile unit to provide additional healthcare services (dental, medical, optometry) to rural patients and reduce their transportation burden
- Implementation of telemedicine services to reduce the need for patients to travel far distances
- Viva Health can help pay for their clients' transportation costs
- Prescription deliveries straight from pharmacies to patients in Clay County

Other suggestions for potentially improving access to transportation in this region include:

- Introduction of telepsychiatry services to reduce the need for patient travel
- Foster more integration between the mental health system and the public health system to improve coordination of transportation and medical care for mental health patients
- A system analogous to Kid One that could regularly transport adult patients to specialty care in larger cities such as Birmingham

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

Cheaha Mental Health Center

Clay, Coosa, Randolph, Talladega counties

Cheaha Mental Health Center has a limited fleet of vans that they can use to provide transportation to their clients, most often for the mental illness and intellectual disabilities treatment programs that have residential patients, but also sometimes for day program participants. Their Randolph County office previously did not have a van, but now does. The main limitation on this system is the number of vehicles, and therefore, pickups are based on levels of psychiatric need. The vans can be also used to transport patients with medical needs to outpatient clinics, and the substance abuse division can also sometimes borrow the vehicles as needed. Cheaha MHC also helps link clients to community action agencies to get transportation provided through them, especially for day program patients. These agencies can arrange for transportation to pick up clients on a specified route to bring them to the center for treatment. The Center's case managers will also occasionally provide transportation with their own private vehicles on a very limited, case-by-case basis (e.g. for monthly injections).

The Community Action Agencies in Cheaha MHC's operating area are the next best resource for their clients to use in obtaining transportation. In Talladega Co, they work closely with Oak Grove (Childersburg), and in Coosa Co, they work closely with Goodwater. These agencies help bring clients in to their programs in Sylacauga. There are also some taxi services, which can be expensive, but are sometimes utilized. When a patient is not able to access one of the aforementioned systems for any reason, they are most likely to obtain a ride from a friend or family member.

Individuals with mental health needs that don't feel able to work, but also don't qualify for disability, are the patients most often affected by transportation needs. These individuals are usually homeless, and they will have the most difficult time accessing transportation and affording any associated fares. The most rural pockets of their patient population also struggled with this issue, simply because they live beyond the reach of the transportation resources that exist. Patient in all four of their counties are affected, but the issue is probably biggest in Clay and Randolph counties (even though they are smaller counties, they are also generally more rural). Patients in Coosa and Talladega counties have access to more transportation resources.

A few appointments a day in Cheaha MHC's offices are missed due to transportation, perhaps up to 10-20% of all appointments. "Probably 20%" of patients either have no means of transportation on their own, or the vehicle they do have is unreliable. Patients who have vehicle access may also not be able to regularly afford gas. To assist with this, Cheaha MHC often schedules patient appointments in accordance with their pay schedules, or when they are out doing other errands to accommodate their limited transportation access. Yet, it is often the case for some patients with no transportation access at all that the MHC must send case managers to the client to assist in bringing care to them; this is the case for "probably 75%" of all clients that are referred to case managers.

Cherokee/Etowah/DeKalb Mental Health Center

Cherokee, Etowah, DeKalb counties

Cherokee/Etowah/DeKalb MHC owns some vans for use in Etowah County, and have recently pooled some resources to buy a van to service DeKalb County. They also help patients access the trolley system and pay for their tickets to DART. Their patients do not use Etowah County transit as frequently as they used to, as fares have become more expensive for more rural patients. The MHC also provides case manager support to help patients with any issues they may have with accessing and using transportation systems, as some patients require more support than others in these types of activities. The MHC also has action teams (made up of a nurse, case manager, and physician) to provide mobile services in Etowah County, and they are hoping to bring this service to DeKalb as well. By bringing services to the patients and reducing their need to provide their own transportation, and by consolidating several services into fewer trips to see several clients, care can be delivered more cost-effectively and access barriers can be overcome. In this vein, they also plan to implement a telemedicine/telepsychiatry system in all three counties by the end of the summer.

Etowah County has some transportation programs that these patients use: DART, Etowah County Transportation Service, and a trolley service in Gadsden. Cherokee County Transportation service is also relatively cost-effective, and many of the MHC's patients that have moved out the Center's residential homes into the Cherokee County area make use of this system. DeKalb County is so large and rural that it represents more of a trouble spot. It is a more mountainous area with fewer transportation resources and many patients that need care, but cannot reliably obtain it. Aside from the aforementioned services, there is little else available to transportation-limited patients in Cherokee and DeKalb counties other than ambulance services. It was reported that the Center has often had patients being transported to their Gadsden location by ambulance from Cherokee Regional.

Low-income patients, and those who live far from the currently-existent transportation routes, struggle the most with healthcare access, an issue that is more pressing in DeKalb than in Cherokee and Etowah counties. Within Etowah County, transportation is more of a barrier for patients living outside the Gadsden/Attalla area. The MHC has assisted school systems to help provide some mental health services in school, which helps address access-related problems among the pediatric population.

Specialist appointments in general can represent the most significant challenges to transportation-limited patients if they require the patient to travel greater distances. Transportation availability in general was described as a "high-priority healthcare access barrier," especially in the most rural areas. If the MHC didn't intervene to orchestrate these resources, many of their patients (estimated approximately 60%) would simply rely on their neighbors and friends for all of their transportation needs, which can be particularly difficult for mental health patients. It was reported that the mental health patient population generally experiences less anxiety and distress when using the MHC's van services than if they have to use a more public service that the Center has networked with.

It was suggested that increased partnerships and collaboration between the state's mental health system and its public health system would yield better complete care for mental health patients, who may struggle to maintain a proper regimen of preventative medical care.

East Alabama Mental Health Center
Chambers, Lee, Russell, Tallapoosa counties

East Alabama MHC provides full transportation services to their residential patients. Each group home has 1-2 vans, which are utilized for patients' daily needs, not limited to healthcare-related transportation. While they cannot provide transportation to their outpatient clients, they do assist them with referrals to public transportation systems. Many patients must still enlist friends or relatives to drive them to their appointments, and it is reported that some of them are price gouged (an example given was a charge of \$20 for a 3 mile car ride). Only a small portion of East Alabama MHC's patients use public transportation.

There is a "huge population" of Medicaid and indigent patients in this area, with little money and in many cases, no insurance. These patients often also face the most significant transportation-related issues. The low-income patients who do not qualify for Medicaid represent the major population gap that should be addressed as Alabama transitions to the RCO system for administering care. It was suggested that these organizations should play some role in helping to network transportation systems across counties to improve accessibility.

There is a higher 'no-show' rate for therapy sessions than for doctor's appointments, potentially indicative of preventative care being a lower priority for patients who struggle to obtain the transportation necessary to attend recurring appointments. In general, 'no-show' rates were described as "astronomically high," with an estimated 10-20% of the patient population (or possibly higher) being affected by transportation barriers for which they have no real solution. Transportation access was described as the Center's "biggest issue," however they do not keep specific data on how it specifically affects their patients. They have observed that re-hospitalizations are "fairly common" among patients who typically struggle to obtain reliable transportation, but cannot determine the extent of the causative link for certain. In addition to likely affecting the long-term health of patients, high rates of missed appointments due to transportation inaccessibility can also negatively affect the bottom lines of healthcare providers.

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Montgomery, Autauga, Chilton, Elmore, Lowndes, Coosa counties

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They report that some patients can use public transportation, such as Montgomery's metro bus system, but "all the time" they learn of patients having to obtain rides from family and friends, paying for which can be a "big hardship."

When experiencing a more acute health problem, most patients will find a way to seek care. However, less urgent appointments, such as follow-up appointments and preventative care (e.g. mammograms, check-ups, etc.), are most difficult to keep for patients without reliable transportation. This is attributed to a rise in re-hospitalizations among these patient populations, and increases the difficulty of maintaining proper preventative care, which is more cost-effective than acute care.

HSI also offers recurring appointments such as cooking classes for diabetic patients and regular behavioral health/therapy sessions for mental health patients, but 'no-shows' are also common for these, due to transportation barriers.

Though a "significant portion" of their patients was estimated to be affected by these barriers, the uninsured and most rural patient populations were reported to face the most severe difficulties. When patients do fail to keep their appointments, it is "often the case" that it was because they were unable to secure a ride.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

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This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Wedowee Hospital *Randolph County*

In Randolph County, the Baptist Association, a local faith-based organization that does community work, will sometimes help with providing rides. However, partly due to staffing and hours limitations that impact their availability, this is not a consistent measure, rather something that has only been provided in a few cases. The local senior center provides some transportation to elderly patients, and a cab service (not affiliated with hospital) also has recently begun operating within the area. There is no public transportation that the patients may use, however.

Because of this, transportation for general outpatient surgery and lab appointments can be difficult. Getting home from the appointment can more commonly represent a greater issue than getting to it. In some cases, hospital employees will either provide a patient's transportation home themselves, or furnish money for cab fare or calling the sheriff's office to provide rides in some extreme cases.

Low transportation access was described as a "major problem," which generally affects the lower-income and elderly patients most. Even patients who do have access to a vehicle may not be able to afford the fuel to keep it consistently usable.

The relative lack of health education among the local patient population was suggested to lead to a lack of knowledge regarding self-care, and worsened health outcomes. Deficits in personal cleanliness and nutrition among these patients also have largely detrimental effects on their health. It is also frequently reported that patients will call for the ambulance to go to the emergency room as a last resort when they have a medical issue but are without any other means of transportation. This is a costly misallocation of time, resources, and money.

Roanoke Rural Health Clinic

Randolph County

With public transportation limited in this area, patients here who need transportation assistance turn to their family members and friends. Sometimes they are charged money for these rides, but this is not reported often enough to be considered a major problem here.

Local appointments do not represent a significant challenge to transportation-limited patients, but additional tests and specialty care that requires out-of-county travel can become an issue. The low-income and elderly populations are most likely to be affected. In general, transportation access here does not appear to be a significant issue, rather more of an inconvenience. Patients do sometimes have to reschedule or miss appointments, but it doesn't represent a significant obstacle to Roanoke RHC's ability to provide quality care.

A community-run van system would be beneficial to assist those patients who do have limited transportation, but this presently does not exist.

Merit Healthcare, PC-Goodwater

Coosa County

Goodwater is a very small, low-income community with no public transportation at all. Patients without transportation (often low-income) must walk to their appointments if they are unable to attain a ride from someone they know. Merit Healthcare is located adjacent to the only pharmacy in the area, which is beneficial to patients in obtaining prescriptions. Currently, this rural health clinic does not open on every weekday, however a transfer of ownership to Russell Hospital in Alexander City is currently in process, so that it can be operated 5 days a week and cover more patients, potentially those located in more distal parts of the county.

The 'no-show' and appointment rescheduling rates are high, and it is common for patients to report that they simply could not make it to their appointments. Many patients in this area do not have email/internet access, which can sometimes make communication and scheduling difficult.

Cherokee Medical Center

Cherokee County

There is a county-level van service available to patients at low-cost, however there are no taxis or busses here. Family can usually provide assistance for transportation to medical appointments, especially for more urgent needs, but appointments for primary preventative care are usually not given the same priority.

The patient populations most affected by transportation barriers include the elderly, low-income, and those under age 55 with disabilities. It was estimated that 10-15% of patients face transportation-related issues that may cause them to miss and reschedule appointments.

Lake Martin Family Medicine

Tallapoosa County

Public transportation is not a viable option for patients in need of transportation to Lake Martin Family Medicine, a rural health clinic. Viva Health has a transportation assistance service for their insurance clients, and Medicaid NET is available to certain patients, however the waiting list is extensively long and rides must be scheduled well in advance, making it difficult to use. The clinic is not aware of any other transportation resources used by their patients for healthcare needs, but would love to be informed if any do exist so that they could provide assistance accessing them as needed.

Patients who require specialist appointments face the most difficulty because there may be extensive transportation involved. Low-income adults not on Medicaid are also significantly affected, as well as the elderly: patients aged 65 and older are the major patient demographic at this clinic.

Due to inconsistent transportation, patients have to reschedule often. The RHC attempts to schedule all appointments at times when patients expect to have rides available, but the availability of these rides may change and cause patients to miss these appointments. It was suggested that low-transportation-access patients would benefit from a long-distance specialty-care transportation system for adults, analogous to Kid One Transport and used mostly to get to larger hospitals such as those in Birmingham.

Clay County Hospital

Clay County

Clay County Hospital does not offer non-emergency transportation services to their patients, and they are not aware of any other taxi or bus services available to them. Cheaha Mental Health center can provide transportation for patients with mental disabilities, but this only represents a portion of the medical patients seen at this rural hospital. However, it was reported that in this area, people are generally ready and willing to reach out to help others and provide transportation. Patients are often brought to the hospital by their neighbors or family.

Those patients who do struggle with transportation are most often elderly and low-income, however, overall it has not been reported to be a significant problem here. Sometimes there are issues getting patients home, where hospital staff will have to help and provide rides themselves.

Lake Martin Community Hospital

Tallapoosa County

Lake Martin Community Hospital formerly had a transportation department, overseeing a van service for non-emergency patient transportation, but this was discontinued. This service would provide transportation for patients within the community to and from doctor and outpatient appointments at the hospital, either for payment by Medicaid or for a minimal fee. Approximately 3 years ago, LMCH had to discontinue the service, as the insurance costs for the wheelchair-accessible van nearly tripled due to the liability of transporting patients with disabilities. This was described as “very unfortunate,” as there are those within the rural hospital’s coverage area that have problems obtaining transportation for their appointments.

Etowah County Public Health social work office*Etowah County*

DART is available to patients in Gadsden. This is a Dial-a-Ride system that works best for patients if they are able to schedule their rides at least a day in advance. Etowah rural transportation reaches further out into the county, but their coverage is not consistent. If a patient needs to go out of the county, however, there are no real concrete options. There is one local church volunteer that the social work office will call that can sometimes provide that kind of transportation (typically to Birmingham and back for specialty appointments). There are no cab services available.

Kid One Transport is available to pediatric patients here, however they do not provide local transportation, only routes to and from Birmingham. Eligible Medicaid patients can use the Medicaid NET system, and the local Cheaha/Etowah/DeKalb MHC can provide transportation for some of their patients. However, patients who cannot access any of these systems must rely on neighbors, family, or friends to provide rides (this is usually most necessary for rides to get out-of-area specialty care).

Low-income patients are most affected by transportation barriers, especially when seeking longer-distance specialty care. Medicaid and non-Medicaid patients may both be affected. The NET program has associated delays in scheduling (requiring advance notice and possibly lengthy phone calls to schedule a ride) and reimbursement (potentially lengthy waiting periods for reimbursement to arrive).

The transportation resources in Etowah were described as generally sufficient for patients who do have access to them, but a major shortcoming is that, due to liability concerns, they cannot physically provide assistance to patients when getting in or out of a vehicle, which can be a particularly large obstacle for elderly patients and those with disabilities. Another shortcoming is that patients who live very close to the county line cannot use public trans to cross the line. Having a more networked transportation system between counties would be major improvement. Overall, transportation-related barriers represent “a huge issue in this county.”

Calhoun County Public Health social work office*Calhoun County*

Calhoun County is served by the Area-Wide Community Transportation System (ACTS), which consists of 2 types of service. One is a fixed-route service with bus stops (running approximately every 45 minutes on several different routes, reaching as far as Oxford/Anniston). The second is a curb-to-curb paratransit service for patients with disabilities, also available to non-disabled patients who live outside of areas within the bus route (i.e. within the county, but not within city limits). There are fares associated with these systems (\$1 is standard, \$0.50 each way if the patient is Medicaid or on disability, \$0.75 for children, elderly, and military), and patients may obtain a pass to use this system regularly.

The paratransit service also provides dialysis-related transportation, which is also covered in part with the help of some EMS agencies (particularly for patients in need of wheelchair-accessible transport). These are both accessible under the Medicaid NET program as well. Piedmont has their own transportation system within city limits, but also will take patients to Anniston. There is also a taxi service operating in Oxford/Anniston that patients will sometimes use.

Patients commonly will need to get rides to their healthcare appointments from friends and family members, also commonly having to pay relatively high fares (reported as high as \$20-25). Medicaid NET can help them in this regard by providing reimbursement, but the timeliness of these reimbursements can sometimes be an issue.

Medicaid features waiver services (elderly/disabled waiver) that can help patients pick up their medicines. Kid One Transport service does cover Calhoun County, providing both local and long-distance transportation, as long as rides as scheduled in advance.

It is possible that some community agencies (e.g. Family services center) may be able to provide money or gas vouchers to further assist patients, including mental health patients, with transportation. Sometimes the social work department will request this assistance if patients have to go as far as Birmingham. There was formerly a senior citizens program providing volunteer transportation operating within the area, but this ceased after gas prices rose above a certain point.

Transportation-related barriers are most impactful to those patients living in the most rural areas of the county that aren't as easily able to services such as the ACTS bus. Patients that need to get outside of the county for specialty care (e.g. to Gadsden or Birmingham) also face greater difficulties. For this longer-distance travel, patients may sometimes take a train or a bus, but this can get prohibitively expensive.

In general, the Calhoun area transportation system was described as "Fairly decent... if the people are willing to use it, and if they know about it." It is more useful for patients traveling locally than those needing to travel longer distances.

Clay County Public Health social work office
Clay County

There is community van that runs in Ashland from 8AM to 5PM, providing certain types of medical-related trips on certain days (for instance, dialysis transport is provided on Tuesdays and Thursdays). Patients may call in advance to schedule trips to other locations outside of their normal map, including outside of the county (most often used to get to Birmingham for specialty appointment). The fares range from approximately \$15 for out-of-county transport, \$3-5 for in-county, and the systems does participate in Medicaid NET. However, Medicaid patients often complain about the lag in reimbursement when using NET.

In Lineville, there is a community action van that runs during mornings from 8AM to 12PM, providing in-county transportation only.

Kid One Transport also covers pediatric patients here. The Baptist Association has helped patients with purchasing gas vouchers in the past, however this is not a frequent occurrence. "Abuse" by friends and relatives – overcharging patients for providing sometimes-short rides for medical care – is relatively common.

The most rural residents are in the county face the most transportation difficulties, either because they are less aware of available services, or they can't access them due to time, monetary, or logistical constraints. Non-Medicaid, low-income patients also face increased difficulty without having the NET system to fall back on.

In-county appointments and prescription pickups are relatively well-accommodated. Some pharmacies will even do prescription deliveries. However, out-of-county travel (for wound or specialty care) can become difficult to patients without reliable transportation, as well as travel for dialysis patients who don't go to Talladega Dialysis, the only clinic serviced by the community van.

In general, transportation in Clay County was described to be "pretty adequate", with an estimated 70-80% of patients having reliable access to transportation. It was noted that access seems to have improved over time.

An additional potential barrier that was discussed was the stigma of relying upon the use of the community van. Although this is not necessarily a major barrier to care, it does sometimes motivate patients to seek out rides from friends, family, or neighbors instead of taking the van, even though that may be more expensive.

Kid One Transport

Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Talladega, Tallapoosa counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 5 - South Central Alabama Development Commission

Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, Pike

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of sixteen safety-net healthcare providers operating within the five counties of the South Central Alabama Development Commission. These providers included:

- Three community mental health centers
- Three federally-qualified health centers
- Two rural health clinics
- Four rural hospitals
- Three Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Reliance on friends/family/neighbors for rides
- Taxi services available in Troy
- Kid One
- Van services provided by all three community mental health center systems
- Public transportation systems in Pike and Macon counties
- Senior citizen vans in Pike and Butler counties
- Community Action programs provide transportation for pediatric patients
- MATS transit system
- Wheelchair-accessible transport through ambulance services

Populations identified by these providers as being affected by transportation barriers include:

- Low-income uninsured adults
- Patients living in the most rural areas
- Large segments of Lowndes, Butler, Bullock, and Crenshaw patient populations, where public transportation is most lacking
- Very poor populations in Bullock County, primarily seniors, welfare recipients, very limited income. Social Work estimates over 75% of these patients have transportation needs.
- Patients who must attend regularly-scheduled appointments (e.g. mental health therapy sessions or dialysis treatments)
- Elderly patients
- Low-income single parents
- Estimated that 60-70% of Macon county low-income patient population is affected by transportation access issues
- Maternity patients in Butler County, where the nearest obstetrical services are located in Covington County,
- Patients with a Lee County address but functionally live and work in Macon county cannot be helped by either county's transportation systems, as they do not connect or overlap

Specific transportation-related barriers discussed include:

- Lack of public transportation systems in Bullock County
- Referrals to out-of-county specialty care in general is more difficult
- Scheduling and route limitations on available transportation resources
- Difficulties accessing and using the Medicaid NET system, and issues with delayed reimbursements
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as dialysis treatment, without reliable transportation access
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.
- Rural transportation system in Lowndes County is based in Selma, so it does not usually provide transportation into Montgomery even though some patients may need to go there for specialty care
- Georgiana Medical Center and Crenshaw Community Hospital both formerly provided transportation vans, but had to discontinue these programs due to rising costs of liability insurance and staffing, which has resulted in a transportation void for their patient populations

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Missed appointments for preventative and follow-up care, leading to worsening of health status and increased re-hospitalizations
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Multiple providers consider transportation to be among the highest-priority problems their patients face
- Doctors' offices can discontinue seeing Medicaid patients who miss appointments, which is reported to have happened to patients with transportation issues

Transportation solutions currently in practice include:

- Multiple providers paying for rides and/or providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- Assistance with arranging and scheduling rides with public transportation systems
- Medicaid NET voucher and reimbursement systems
- Quality of Life Health Services has a mobile unit to provide additional healthcare services (dental, medical, optometry) to rural patients and reduce their transportation burden
- Accommodating families that may have inadequate transportation by scheduling their appointments together
- Viva Health can help pay for their clients' transportation costs
- Community Hospital in Elmore County has an agreement with Macon County to provide some transportation for Macon residents to the hospital, usually used for diagnostic services.

Other suggestions for potentially improving access to transportation in this region include:

- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- More regular interfacing between healthcare providers and transportation entities to make sure that each side is informed of the other's needs and capabilities
- Improving the availability of wheelchair-accessible transportation
- Finding ways to lower the costs to patients when using available transportation resources
- Expanding the use of telemedicine to reduce the needs for patient travel, but ultimately will need parity legislation for this to happen on a larger scale
- Developing additional mobile clinic programs and similar such ways to bring healthcare closer to the patients
- Bullock County Hospital formerly had a patient transport van service, but was disallowed from continuing it because it was considered an inducement. They would like to be able to offer a similar service again, as well as transportation for drug treatments.
- Reducing liability-related costs to hospitals that become barriers to providing transportation services to their patients

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

East Central Alabama Mental Health Center*Bullock, Macon, Pike counties*

Case managers will use company vehicles to transport individual clients for all of the MHC's services in all three counties of their coverage area. The Bullock and Pike sites have weekday rehabilitation services for developmentally disabled patients, with transportation provided by 15-passenger vans. These vans can also be used to transport adult mentally ill patients as needed. Generally the vans are a primary source of transportation assistance for many of the MHC's patients, estimated to be over 90% of healthcare-related rides that they need.

There is public transportation available to patients in Pike County and Macon County, though the latter system also primarily serves Lee County. However there is no public transportation system in Bullock County that patients use. It is often the case there that patients who cannot access the MHC's vans for any reason must obtain their rides from friends and family to get to appointments. There are senior citizen vans in Pike County that are frequently-used, and OCAP provides van transportation for kids.

Transportation access was described as a "relatively manageable issue" for East Central Alabama MHC, a problem for perhaps 5-10% of their patients. It most often becomes an issue for prescription pickups, since MHC vans can't provide transportation for that specific service. The Pike County site is located 1 block from a pharmacy, and the Bullock County site is approximately ¾ mile from a pharmacy. Patients without their own transportation, and who can't or don't obtain rides from people they know, will often walk to the pharmacy to fill their prescriptions.

The provision of transportation services constitutes a major expense of the MHC's budget, but it's a necessary expense in order to continue to serve this patient population, and they do get some help from Medicaid for serving their Medicaid clients.

It was mentioned that there is a developmental disability group that is also preparing to do a statewide transportation-availability survey of healthcare providers serving patients with developmental disabilities. Their findings may prove useful in uncovering issues and potential avenues for improvement.

Montgomery Area Mental Health Authority
Autauga, Elmore, Lowndes, Montgomery counties

For the rehabilitative day program in Montgomery, Montgomery Area Mental Health Authority provides weekly bus passes for their clients that can understand and safely ride the MATS transit system. For clients residing in their group homes in all 4 counties, the MHA has vans assigned to the home to accommodate the full range of transportation needs, medical and non-medical. These services are available 7 days per week and travel to different areas on a per-ride basis; there are no set routes.

Autauga Rural Transportation serves some consumers in Autauga County. Patients in Lowndes County can use a rural transportation system based out of Selma (there isn't one located within the county). The limitation associated with this is that the system doesn't usually run into Montgomery. So if the MHA has a client that requires travel to Montgomery for mental health reasons, they send a case manager to pick them up and bring them there. In Elmore County, there's a rural transportation authority, but their clients don't frequently take advantage of it. The requirement to schedule rides beforehand may sometimes be an issue. There are taxi services available as well, but patients rarely use them due to cost. In the end, most patients with transportation access needs will get rides from friends or family instead of public transit, which can still be very expensive for them. MHA personnel have even supplied \$5/\$10 out of their own pockets to help pay for patient rides home (even as short as a half-mile drive).

There was a meeting in Millbrook earlier in 2015 to discuss transportation needs, and several representatives of faith-based and nonprofit organizations that said they could participate and provide transportation, but would require funding assistance for drivers or vans to supply it.

Transportation was characterized as a "high-priority need," with likely 40% of customers across all 4 counties in coverage areas having reliable transportation. Lowndes County was generally described as the area in greatest need of improvement to transportation access, but finding ways to accommodate all patients' ride availabilities when scheduling appointments was reported to be a transportation-related issue across the board. In part because of this, the 'no-show' rate was estimated to be approximately 40% across the sites in all 4 counties, and almost always because the patient did not have a ride.

It was reported that transportation meeting in Millbrook was very useful for the MHA to network with different transportation providers, to obtain the rates and scheduling methods. It was suggested that more frequent meetings of this nature (e.g. once per quarter) would keep communication going and enable healthcare providers to be better informed to assist their clients and patients.

South Central Alabama Mental Health Center

Butler, Coffee, Covington, Crenshaw

South Central Alabama MHC provides limited van service transportation for their day programs (mental illness and intellectual disability) to and from the clinic sites. They can also drive patients locally to the pharmacy, doctors' appointments, and other treatment-related needs. Case managers help patients more directly with some select cases to assist them, and will sometimes drive them places themselves in extreme cases. The Center does occasionally have to look at whether a new client would fit onto their van route to determine if it is logistically feasible. They try to limit the length of their routes to no more than 1, or 1.5 hours, so sometimes they try to work things out with family members to meet their own transportation halfway.

Within this area, there is no public transportation except in Covington County (CATS), and the Center is not aware of any other potential resources that could presently be of help. One issue with this system is that due to operating hours constraints, it is not useful for patients with early-scheduled appointments (e.g. 8AM). A public transit system to provide access early in the morning and well into the afternoon would greatly help in overcoming scheduling issues.

The majority of patients have to rely on friends or family for transport, it is often that they have to pay for rides. The patients that live in the most rural areas of the region are most affected, as are those who must attend frequently-scheduled therapy appointments or psychiatrist appointments. Overall, it is a "high priority concern," certainly one that has been mentioned to administration repeatedly throughout the years. Most of the Center's missed appointments are reportedly due to transportation (estimated to be at least half or more).

Ivy Creek Clinic

Butler Primary

Butler County

Public transportation is not a viable option for patients in need of transportation to Lake Martin Family Medicine, a rural health clinic. Viva Health has a transportation assistance service for their insurance clients, and Medicaid NET is available to certain patients, however the waiting list is extensively long and rides must be scheduled well in advance, making it difficult to use. The clinic is not aware of any other transportation resources used by their patients for healthcare needs, but would love to be informed if any do exist so that they could provide assistance accessing them as needed.

Patients who require specialist appointments face the most difficulty because there may be extensive transportation involved. Low-income adults not on Medicaid are also significantly affected, as well as the elderly: patients aged 65 and older are the major patient demographic at this clinic.

Due to inconsistent transportation, patients have to reschedule often. The RHC attempts to schedule all appointments at times when patients expect to have rides available, but the availability of these rides may change and cause patients to miss these appointments. It was suggested that low-transportation-access patients would benefit from a long-distance specialty-care transportation system for adults, analogous to Kid One Transport and used mostly to get to larger hospitals such as those in Birmingham.

Health Services Incorporated

Montgomery, Autauga, Chilton, Elmore, Lowndes, Coosa counties

Health Services Incorporated does not currently offer any direct transportation assistance to their patients. They can help connect some of their patients (mostly pediatrics and expectant mothers) with rides through the Medicaid NET program, and they have a grant to provide bus passes to homeless patients, but they have no other way to help other patients outside of these categories.

They report that some patients can use public transportation, such as Montgomery's metro bus system, but "all the time" they learn of patients having to obtain rides from family and friends, paying for which can be a "big hardship."

When experiencing a more acute health problem, most patients will find a way to seek care. However, less urgent appointments, such as follow-up appointments and preventative care (e.g. mammograms, check-ups, etc.), are most difficult to keep for patients without reliable transportation. This is attributed to a rise in re-hospitalizations among these patient populations, and increases the difficulty of maintaining proper preventative care, which is more cost-effective than acute care.

HSI also offers recurring appointments such as cooking classes for diabetic patients and regular behavioral health/therapy sessions for mental health patients, but 'no-shows' are also common for these, due to transportation barriers.

Though a "significant portion" of their patients was estimated to be affected by these barriers, the uninsured and most rural patient populations were reported to face the most severe difficulties. When patients do fail to keep their appointments, it is "often the case" that it was because they were unable to secure a ride.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

Quality of Life Health Services covers 18 counties, up from 12 as recently as 2013. That year, they took over cases for a previous FQHC that was losing funding and had been closing satellite sites. By 2013, they were down to one site to cover the counties of Bullock, Chambers, Macon, Lee, Tallapoosa, and Russell. Quality of Life has recently opened a new site in Tuskegee, with future plans to expand with more sites in those counties. These are areas that they have identified as having a “great need” for transportation.

This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Southeast Alabama Rural Health Associates

Pike, Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston counties

This FQHC offers indirect transportation help by contracting with local transportation systems and filing for Medicaid vouchers to assist eligible patients with payment for their transportation

The Center of Aging (based in the Dothan area) is a regional practice that impacts ~4 of Southeast Alabama RHA's offices, however it only provides assistance to elderly patients. In Troy, there's a free county and university transit system, through which the FQHC has negotiated rates for round-trips from home to doctor's offices, or to a pharmacy if necessary. There is no imposed limit to the number of trips that they assist with, Aside from that, they are not aware of additional resources that their patients will use, though this is an area of knowledge that they wish to build in order to better assist their patients. Although they sometimes see churches providing non-emergency medical transportation by assisting with their vans, but this is not structured and regular. Aside from these sources of transportation, patients most often have to pay for rides with neighbors or friends.

Referrals to specialty care centers become most difficult for patients without transportation, and obstacle that affects patients in most rural areas of their coverage region. Patients often miss or cancel appointments, reportedly most frequently due to transportation. They FQHC attempts to best accommodate families by scheduling them together, and this helps ameliorate some issues, but overall they do not feel that transportation in their area is adequate.

Bullock County Hospital

Bullock County

Bullock County Hospital formerly had a courtesy van that picked up patients to take to doctors, pharmacies, or dialysis centers. They reported that Medicare made them cease this service around the year 2000, terming it an “inducement” which would entice patients to choose one hospital over another due to transportation service. This was a system that the hospital was paying for out of its own expenses, and would like to resume offering it if possible, since there is not even a bus depot in Bullock County. It would be especially useful in providing transportation for drug treatments, since “every hospital should be able to detox a patient.”

For patients with disabilities, a local ambulance service has a wheelchair van. For Medicaid-eligible patients, the NET program can help them find and pay for rides sometimes. However, the hospital is not aware of other transportation that their patients typically use. The state aging program for senior care can only transport their own elderly patients, however they possess “beautiful vans that don’t get used all of the time.” Could they become contracted out for use for other patients?

Patients requiring treatment at dialysis centers can face some of the most severe transportation-related problems, but they have no choice but to find ways to make their appointments – they will die if they fail to keep up the treatment. Welfare recipients also struggle significantly with this issue. They are primarily very low-income seniors living on \$800-900 per month, who don’t own a car, might not have running water, and struggle to have sufficient food to eat.

Low patient transportation access is also a “serious challenge” to the hospital as well. The Hospital will sometimes make mandatory appointments for wellness programs, but encounter patients who can’t get to a doctor because they lack transportation. Sometimes even family members can’t or won’t take patients to a doctor, due to their own work schedule or the fact that they might lack reliable transportation themselves. Altogether, these transportation-related factors estimated to cause a higher rate of re-hospitalizations due to patients having increased trouble maintaining their basic health.

It was suggested that healthcare providers must seek the patients out and bring help to them as a way of overcoming mobility and transportation barriers. To this end, Bullock County Hospital would like to begin offering telemedicine services. They currently possess the equipment, but need the physicians to participate and parity legislation to entice them by ensuring fair payment for services.

Community Hospital

Elmore County

Based off of Community Hospital’s location - very close to the intersection of Elmore, Tallapoosa, and Macon Counties – they have an agreement with Macon County to provide transportation to and from the hospital for residents of that county. The hospital has 1 vehicle (a 15-passenger bus), which they run 1-2 times per week, usually bringing patients in for diagnostic services not offered at their more local health clinics. The system is somewhat under-utilized, not usually running at capacity, but it exists to help Macon County Residents.

Georgiana Medical Center

Butler County

Georgiana Medical Center formerly offered an in-house non-emergency transportation service up until approximately three years ago, but it was shut down when costs became too high (insurance, paying an employee to drive, liability, etc.).

The community center in Georgiana helps some patients to get transportation to doctors' appointments, if they qualify for assistance. This program may be federally funded. However, there are no other transportation resources aside from that that patients will use. Rides from family members and friends become only other recourse for many who aren't eligible for the community center program. The hospital has spoken with churches about engaging to help solve this issue, but the costs of assuming liability are still too high.

The elderly and low-income patient populations are presented with the most transportation-related challenges, and there is also a notable need for transportation for patients that have been discharged from the hospital. On several occasion hospital staff have had to take patients home personally, which not only represents an additional burden on these personnel but can interfere with the operation of the hospital as well.

Crenshaw Community Hospital

Crenshaw County

Crenshaw Community Hospital used to supply van transportation to patients, but ceased operating this program due to increasing costs of liability and insurance. However, there is no other public transportation or taxi service available to patients in this area. Area churches have vans, but do not use them for patient transportation for similar liability-related reasons.

In general, getting to the hospital is easier than leaving it, since patients can always call an ambulance to be brought in through the emergency room, even when this is not appropriate for the actual nature of their medical condition. There seems to be a somewhat recent increase in homeless patients presenting to the hospital in this way. Sometimes a hospital employee will take a patient home after discharge if they know the patient personally, and sometimes the hospital has to call DHR to get an unfamiliar patient home. For the psychiatric unit, if a patient is committed, the sheriff can be called to transport them where they need to go.

The elderly and Medicare patient populations tend to be most affected by transportation-related barriers. Low transportation access increases the difficulty of keeping most general primary care appointments, but also especially for dialysis treatment appointments since the nearest dialysis clinics are in Troy and Greenville (22-23 miles away). Sometimes the rescue squad is called to provide transport for dialysis patients, a service that the former hospital van system used provide. It would be valuable to the hospital and their patient community to be able to bring this system back if costs could be lowered to the point where it became feasible again.

Troy Regional Medical Center*Pike County*

There is a small bus providing public transportation in the area around Troy Regional Medical Center. Patients must call one day in advance to arrange a ride, and it can be difficult for non-ambulatory patients to be accommodated. There is one taxi service in town, with a flat rate of \$20, and won't drive too far outside of city limits. The hospital sometimes covers taxi fares when patients simply cannot afford them, even out of nurses' or doctors' own pockets at times.

The hospital has spoken with area churches and community organizations about getting involved to provide some non-emergency transportation, but funding and liability limitations are the primary obstacles preventing them from doing so. The police cannot be asked to provide this service regularly either.

Patients with transportation problems may have the most difficulty getting to out-of-town specialty appointments (e.g. cardiology appointments in Montgomery or Dothan) and follow-up visits to primary care physicians. The elderly, middle-aged, Medicaid & self-pay patient populations are most affected, especially the lowest-income, when the ability to pay for transportation is a limiting factor.

Inadequate patient transportation was characterized as "The biggest problem to our hospital." Readmissions are common for patients who did not maintain proper follow-up and preventative care because they didn't have rides to those appointments. Additional funds or a way to reduce the costs to the hospital of implementing proprietary transportation would be anticipated to help improve health outcomes.

Area VII Public Health Social Work office*Dallas, Lowndes, Hale, Perry counties*

West Alabama Public Transportation and Kid One Transport vans are available in this area. Because they will go to certain areas on certain days, patients have to schedule around the availability of these transportation services in order to access them for their appointments. This can be an issue, and can also result in long wait times at healthcare providers when using these systems. Family members are commonly asked to provide rides, but it is a "very common" occurrence for them charge high fares in return, beyond what patients can sometimes afford.

All of the counties in this area very rural, so most of the people living in these rural areas are comparably affected by transportation barriers to healthcare. Senior citizens without transportation may have a more difficult time because they may require additional assistance arranging rides.

One physician who runs a private practice in Selma (Dr. Bruce Taylor) also provides a van to transport his patients to and from their appointments. If there could be a way to incentivize more physicians to do this, it would be a tremendous help to rural patients.

Lee and Macon Counties Public Health social work office*Lee, Macon Counties*

Lee County is served by the LETA bus and the area agency on aging; only within city limits however. The cost is \$2 to ride, \$4 round trip, with a discount for seniors. This system seems to work well for patients who live in the city and can readily access it, but there are increased problems for patients who live farther out in the county, as the availability of this system there is restricted only to certain designated pickup sites and times. This may cause long delays and logistical inconveniences to patients when using the system, if they can access it at all.

Macon County runs a bus through community action, with some arrangements made with some doctors' offices to provide healthcare-related round-trip transportation free of charge. These agreements exist with two family medicine offices and one pediatrician's offices. Community Hospital in Tallassee helps set this up. As long as a patient lives in in Macon County, they may this. However, if they have to get out of county, there will be a \$10-25 upcharge, and the system will go as far as Montgomery only (not all the way to Birmingham).

Kid One Transport is reliable in serving the area's pediatric population. Johnson Express (based in Lee) will sometimes do out of town transport if they have the drivers available at the time, and they additionally participate in Medicaid NET program. The potential barrier is that while patients must pay for their ride up front, NET may pay out a reimbursement sometimes 6 months to 1 year sometimes after the ride.

There are very few additional transportation resources in Macon County, even churches that could potentially be recruited to assist. Lee County most needs a system that provides out-of-county transportation.

The transportation problem is largest among the area's elderly and low-income patient populations, and more common among patients in Macon County (estimated at least 60-70% are affected) than those in Lee County (estimated that maybe 50% are affected). This affects their ability keep general medical appointments, exams, and other forms of preventative care. Doctors' offices may not even receive advance notices of cancellation; patients will simply fail to show up because they don't have rides or can't afford them. This can become a serious problem because a doctors' office can discharge Medicaid patients for repeated 'no-shows' under Medicaid policy, where they are not required to see the patient anymore. This is not a regular occurrence, but it is reported to happen.

Due to the non-crossover of transportation systems across county lines, and the fact that Auburn straddles the line between these two counties, there is reportedly a Catch-22 that affects some patients: a person with a Lee County mailing address might consider themselves to be living in Macon County with a different physical living address. In that case, neither transport system can be used to help them.

In general, cost remains the biggest issue to patients who do not have reliable transportation, as even those who cannot afford to take public or private transportation may still be charge "an arm and a leg" by someone they know for a ride to see a doctor. There is a need for financial assistance for both individual patients and for organizations. Additionally, there is a need to increase the availability of wheelchair-accessible vans.

Bullock County Public Health Social Work office

Bullock County

The only transportation available for Bullock County patients who need to go to Birmingham is Kid One, which only serves pediatric patients and mothers. There is no public transit or taxi service. They will work through the NET program for Medicaid patients, but those without Medicaid must pay out-of-pocket. Johnson Transportation is a company operating out of Russell County that used to provide transportation to appointments in Montgomery, however they no longer operate in Bullock County.

As an issue, inadequate transportation in this area is “10 on a scale of 10.” Probably over 75% of patients (estimated) require transportation assistance. There is a barrier against non-Medicaid adults since they lack the avenue for reimbursement presented by NET. Dialysis patients that must receive treatment three times per week, or patients going to receive recurring cancer treatments, also have the high transportation difficulties. Local ambulance services can provide transportation for dialysis treatments (e.g. from a nursing home to a dialysis clinic) if the patient has Medicaid, but the costs would be too high for a patient paying out-of-pocket. Patients that must travel out of the area to Montgomery or Birmingham for specialty care also face increased transportation costs and challenges. Patients have reported costs of \$75 or more for a ride to Montgomery, even from a known friend/relative/neighbor.

Butler County Public Health Social Work office

Butler County

There are no taxi or bus systems here for patients to use. Patients have to rely on getting rides from family or friends, and often must pay them for gas. Senior Services has a van for elderly patients that may or may not be used for medical transportation. It is a waiver program.

Transportation access here is “a very significant issue,” and a major problem here for patients with or without Medicaid. Even for those who may use the NET program, there have been many complaints about the delays in receiving EBT reimbursements. Elderly and single parents are both highly affected by lack of transportation, and even parents with children will generally have to travel to Lowndes County to be picked up by Kid One Transport.

Patients with Heart conditions/CHS/COPD, children going to Birmingham with asthma-related conditions, and maternity patients may all face higher transportation-related difficulties in getting the appropriate out-of-area specialty care. There is no obstetrician in in Butler or Crenshaw County, so a maternity patient would need to go to Andalusia. If a patient has cancer, the health department provides some help with a cancer voucher to give them 6 gal of gas. Rescheduled and missed appointments are frequent.

Suggestions to improve transportation access include a local taxi service, a regularly-running transportation system to Montgomery, or a local volunteer van service, if liability issues didn't realistically prevent it.

Kid One Transport*Bullock, Lowndes, Macon counties*

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 6 – Alabama-Tombigbee Regional Commission

Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of nineteen safety-net healthcare providers operating within the ten counties of the Alabama-Tombigbee Regional Commission. These providers included:

- Two community mental health centers
- Four federally-qualified health centers
- Two rural health clinics
- Seven rural hospitals
- Three Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Transportation services offered by both community mental health centers
- West Alabama Public Transportation
- Reliance on friends/family/neighbors for rides
- Carpool groups in Washington County
- Taxi services
- Washington County Rural Public Transportation
- ATRC system providing local transportation in Conecuh and Wilcox counties.
- Kid One

Populations identified by these providers as being affected by transportation barriers include:

- Low-income, uninsured adults. Especially if unemployed.
- Patients living in the rural areas of most Region 6 counties - Choctaw, Marengo, Sumter, Conecuh, Monroe, Clarke - where public transportation systems are lacking or limited. "Almost nonexistent" according to one social worker.
- Patients who must attend regularly-scheduled appointments (e.g. mental health therapy sessions or dialysis treatments)
- Senior citizens, particularly those in the most need of living assistance
- Medicare/Medicaid populations

Specific transportation-related barriers discussed include:

- Referrals to out-of-county specialty care (e.g. geriatrics or OB/GYN) are more difficult to accommodate
- Scheduling and route limitations on available transportation resources. Patients may not seek care until they become sick, but transportation services and Medicaid NET often require advance notice to schedule rides.
- Difficulties accessing and using the Medicaid NET system, and issues with delayed reimbursements
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as dialysis treatment or chemotherapy, without reliable transportation access
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Missed appointments for preventative and follow-up care, leading to worsening of health status and increased re-hospitalizations
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Strain placed on hospital and social work personnel due to personally providing transportation to patients who may be stranded at the hospital after being discharged

- Multiple providers consider transportation to be among the highest-priority problems their patients face
- Difficulty of obtaining regular dental care
- Stress and loss of sense of autonomy due to reliance on others for transportation, can negatively affect patient participation and outcomes
- Patients may be discharge from the hospital and have no way of reliably getting home

Transportation solutions currently in practice include:

- Multiple providers paying for rides and/or providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- Assistance with arranging and scheduling rides with public transportation systems
- Medicaid NET voucher and reimbursement systems
- Some capacity for home visits and treatment from mental health centers
- Healthcare providers trying to accommodate patient transportation limitations when scheduling appointments
- Whatley Health Services has a mobile unit to provide additional medical and dental services at certain locations within their service area, reducing the need for patient transportation
- Franklin Primary Health Center provides transportation services specifically for homeless patients
- One private physician practice in Selma offers transportation services to and from their clinic, free of charge to patients, though it is strictly for ambulatory patients
- Carpool groups in Washington County, where it was reported that the tightly-knit community there is generally willing to help itself

Other suggestions for potentially improving access to transportation in this region include:

- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- Avenues for funding to allow healthcare providers to establish or expand their dedicated healthcare transportation services
- Improving access to wheelchair-accessible transportation systems
- Improving public knowledge among the patient population regarding the resources that do exist that could help them. Faith-based and other community organizations could help in this regard.
- Allow for transportation systems to provide short-notice rides from the hospital to home for discharged patients
- Doctors issuing longer prescriptions might help reduce the transportation burden by reducing the frequency with which the patient must travel to get them refilled

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

Southwest Alabama Behavioral Health Care Systems

Conecuh, Clarke, Escambia, Monroe counties

Southwest Alabama Behavioral Health Care Systems offers transportation service for intellectually disabled clients in all counties of their coverage area, and for a limited number of mentally ill clients for day programs in their Clarke and Monroe county sites.

There are no taxis or public transportation systems that their patients use in any of the four counties they cover. Expanded transportation resources would be most helpful in Monroe, Conecuh, and Clarke counties, where accessibility is lowest. Currently there is only contract-type transportation available in those counties. Public transportation is more readily available in Escambia County, running on set routes and schedules. The limited hours can be a problem when they impose limits on patient availability. The site has to be sure that patients can get both to and from their appointments using public transportation if they do not have their own source of transportation.

In all four counties, there are smaller, more rural areas where there is no transportation access at all, even making home visits difficult.

Most patients Southwest Alabama Behavioral Health Care serves are low-income, which can cause them “severe difficulties” in keeping their appointments when it limits their transportation access. Overall, transportation access in their service area is poor, and it is common for patients to miss and reschedule appointments due to transportation difficulties.

The system employs some care providers that can go to the patient’s home to provide services for patients who are very high-risk, but issues also arise for clients that need to get to hospitals outside of their coverage area (e.g. Crenshaw), and so sometimes the case managers must drive clients to these appointments themselves.

West Alabama Mental Health Center

Choctaw, Greene, Hale, Marengo, Sumter counties

The Center provides daily van-based transportation service the healthcare needs of individuals in their residential and day programs. Residential clients also have access to use the service on weekends. For outpatient clients, they contract for rides from local transportation providers.

West Alabama Public Transportation is available to their patients, but the system is limited to set routes and schedules, so it may not be able reach people on the day and time of their appointments. The Center does what they can to accommodate this, but people still “regularly” have to miss and reschedule appointments because transportation isn’t reaching them on the specific day of their appointment.

Otherwise, patients must rely on rides from friends and relatives, and it is a “consistent problem” that they have to pay for these rides, sometimes \$20 or more per ride.

There aren’t any other local resources that could potentially be used for non-emergency patient transportation that the Center is aware of. Transportation is an “across the board” issue for patients in all of their counties, even for many non-healthcare-related needs; there aren’t any specific hotspots that are most affected. Overall, they describe transportation access as “one of the highest-priority healthcare access barriers” among their patient population.

Bayou La Batre Area Health Development Board, Inc.

Mobile, Washington counties

This FQHC has a fund of \$1000 (which can be expanded annually as needed) that they’ve set aside for patient transportation assistance to provide gas money for patients (or their friends or relatives, if they are providing the patient with a ride) to use for their healthcare appointments. If they can’t recruit family members to provide rides, the local police have helped them with this as well. To assist the elderly, they also network with the Bayou Le Batre Senior Citizens Organization, which has a van to use for these purposes. The system also has three social workers on staff full-time, and if a transportation-limited patient can’t find anyone else to provide them a ride, the social workers may use the fund to provide transportation, including for drug store visits to pick up prescriptions. The fund is not heavily utilized, though it is made clearly available for patients to access and use. There may not be as great of a need for it within this organization’s coverage area.

Senior citizens are the most transportation-limited patient population in the area. The busses from the local community center and senior citizens organization are very helpful in this regard, though.

Overall, transportation access is a relatively minor issue here. There are some patients that have this type of issue consistently, typically those living in the furthest-out rural areas, but it’s only a small proportion. Occasionally they will have to reschedule appointments, and sometimes they have more issues getting home from than getting to their appointments. But the transportation assistance services offered are generally sufficient to help patients in need of them.

Cahaba Medical Care Foundation

Bibb, Perry counties

Cahaba Medical Care Foundation offers gas cards and West Alabama Public Transportation vouchers to their patients as a means of assistance in obtaining rides or paying for their own healthcare-related transportation, and they try not to limit the number of vouchers and gas cards they can give out. Cahaba Medical Care also provides help to make transportation arrangements for some of their patients, including those who are covered by Medicaid and have access to the Medicaid NET program. Some patients also use Bibb Medical's CV transportation system, which primarily serves elderly and limited-mobility patients.

Although they report that West Alabama Public Transportation is generally very helpful to patients that can access it, there is still a great need for additional entities and agencies to provide transportation within this area. Cahaba Medical Care has identified transportation as an issue affecting a large portion of their patient population, estimated to be perhaps as high as 70% and including elderly, adult, and pediatric patients. These patients must often rely on rides from friends and neighbors when they cannot access public transportation.

There is a need for a consistent, reliable transportation system, one that runs on a predictable schedule and that could be used not just to take people to appointments, but also to pick up prescriptions at pharmacies. The CV system will not make those stops for prescription pickups, and though West Alabama Public Transportation does, each patient is limited to one such stop for free. After that point, Cahaba Medical Care pays for additional stops that may be necessary.

Additionally, dental appointments can represent the most significant challenges to patients without reliable transportation. The nearest dental clinics to most of these patients are in Birmingham and Tuscaloosa.

Taylor Internal Medicine

Dallas County

Since April 2014, they have offered a van service, consisting of one driver and one (non wheelchair-accessible) vehicle, that supplies rides to patients to and from their practice, and plan to continue offering it for the foreseeable future. There is no cost to patients, however the service is limited strictly to transportation to and from the patient's home or work and the physician's practice, and is not used for other healthcare-related needs the patients may have. The clinic prefers that the patients schedule as far in advance as possible, and will prioritize the use of the van for those who have made a previously-scheduled appointment for it, but can also take same-day calls sometimes. The van services covers Dallas, Perry, Marengo counties, and serves mostly older adults (45+) who are usually low-income. The practice also serves Medicaid patients (who will sometimes use West Alabama Public Transportation instead as part of the NET program).

All funding comes out of the overhead budget for running the office. Costs are the largest obstacle to implementing and maintaining this system. An approximately \$25,000 yearly stipend would make the system cost-neutral, if the government or other parties wanted to help other physicians implement a similar service

Whatley Health Services, Inc.*Tuscaloosa, Bibb, Walker, Sumter, Hale, Greene, Lamar, Pickens counties*

Whatley Health Services has a van available to pick up patients within Tuscaloosa County and bring them to their Tuscaloosa location. This service is heavily utilized as there are a significant number of patients within the area who face transportation barriers, however they can only provide these van pickups twice per week due to funding limitations. The FQHC also has a mobile unit that goes to certain specified locations within their operating area to provide additional medical and dental services to more rural regions.

There are public and private transportation services available to patients within Tuscaloosa County, but in other counties of the region, Kid One Transport is one of the few accessible transportation entities. The transportation issue is “significant,” and affects patients from a variety of demographics and geographic areas by limiting their ability to schedule and maintain medical appointments. Referrals also become more difficult, even across town in Tuscaloosa, when a patient’s transportation access is limited or reliant upon others.

Franklin Primary Health Center, Inc.*Mobile, Baldwin, Choctaw, Monroe, Escambia, Conecuh counties*

Franklin Primary Health Center owns a vehicle that they use to provide transportation to homeless patients for their medical appointments, both to clinics within their FQHC system or to other healthcare services such as prescription pickups. Outside of the homeless patient population, they also provide vouchers to help patients with transportation to healthcare and social services programs. Additionally, particularly within the city of Mobile, they have established their site locations on or near currently-existing bus routes, in order to ease the commute of patients who use public transportation.

While there are bus systems in Mobile and Baldwin Counties, there are no public bus systems in the other counties of their service area. The Medicaid NET program can provide some help to those who are eligible for it, but otherwise, patients there must rely on family members and friends if they need transportation, and it has been reported that paying for these rides can be an obstacle. There may be taxi systems in these counties, but these patients do not frequently use them. Some of the elderly citizens enrolled in Medicare Advantage plans may also have additional transportation providers.

Overall, all of the counties within this system’s coverage area have patients who face consistent transportation issues. For example, Baldwin County does have a large public transit system, but its availability is limited to certain routes and times, so patients may still have issues using it to get to and from their appointments. Therefore, if a patient rides the bus to get to a doctor’s office in the morning, they may not be able to leave until late in the afternoon when the bus next stops by the office, even if the appointment itself does not last very long.

Inadequate transportation access is a “high priority issue” that affects “a sizeable portion” of this system’s patients, particularly since they focus on the uninsured. They identify the uninsured adult population, aged 22-64, who are not enrolled in Medicaid or Medicare, as the biggest gap – the patient population that is most affected by inadequate transportation access. Missed appointments due to reported transportation difficulties will occur on the order of “a few times per week.”

Fulton Family Medical
Physicians Care of Sweetwater, LLC
Physicians Care of Thomasville, LLC
Clarke, Marengo counties

There aren't any public transportation systems here that patients use. The health department social workers can help eligible patients obtain Medicaid NET vouchers, but the rest of the transportation-limited patient population must rely on rides from neighbors, friends, or family. Patients often report that they have to pay for these rides to cover gas, whether or not they are able to be reimbursed by Medicaid.

Transportation barriers are regarded as a "major issue" for patients in this area, affecting patients across age ranges and making it increasingly difficult to keep follow-up appointments and out-of-town specialty appointments. Unemployment is high in these counties, so it's common for people to share a household and a vehicle, which may often be in use by a member of the household who needs it for work and therefore unavailable for people to use for healthcare-related needs. Sometimes even if they are able to get a ride to the clinic, getting back home can be just as much of an obstacle, if not larger.

This lack of transportation affects patients' abilities to shop for groceries and pick up prescriptions regularly, as well. Many will try to do as many errands as they can, including their medical appointments, all in one trip, but are still subject to the schedule of the person providing the ride. These rural health clinics do what they can to schedule appointments within the patients' expected availabilities.

If there are additional transportation resources available, people need to be made aware of them. Churches might be some of the best ways to get the word out and help educate the public on this issue, as they are located even in the smaller communities and are more accessible to people facing transportation barriers. Patients will come to the clinic feeling angry and frustrated because of transportation-related issues and the loss of autonomy, which can worsen the effectiveness of treatment and become an obstacle in providing care. The elderly in particular are most susceptible to this, as they have long been independent face a personal crisis by losing that independence. By finding more ways to connect people to healthcare here and making sure they are aware of these opportunities, a great deal of stress would be lifted from their lives.

Choctaw General Hospital
Choctaw County

Choctaw General offers no proprietary transportation services, so patients who cannot provide their own transportation will either use the West Alabama Public Transportation system or get a ride from their family/friends. No churches or community organizations in the area currently provide healthcare-related transportation. The elderly, low-income patient populations are most affected by this issue, and the problem becomes most serious when patients do not adhere to follow-up care or preventative care and may be re-hospitalized repeatedly. We will also see patients present through the emergency room even when not appropriate for their condition simply because the ambulance represented their only means of getting to the hospital.

Evergreen Medical Center
Conecuh County

ARTC is a local transportation service that patients use, which requires 24 hours' notice to schedule rides. There is an associated fare, which can be a significant burden for more rural patients traveling longer distances. Sometimes, the hospital will pay these fares because the patient simply cannot afford to. A local taxi service also runs within the Evergreen city limits, but many patients also rely on rides from their neighbors and friends.

Regular dialysis appointments become difficult to maintain when transportation is a barrier. Similarly, specialty appointments located in Montgomery or Mobile become increasingly difficult to keep. Sometimes, local churches or Evergreen Medical have helped provide that transportation to patients by paying for bus fares.

The transportation issue here is "significant," with it being a weekly occurrence for patients to be unable to keep appointments. The most affected patients here are typically elderly, low-income, and Medicare/Medicaid recipients. While the Medicaid NET program is available to use, it is not useful to patients who need urgent appointments due to the requirement to schedule ahead of time. Overall, the system doesn't seem to work optimally for most patients that it is intended to serve.

Patient re-admissions are common due to incomplete follow-up and preventative care.

Monroe County Hospital

Monroe County

There is an AARP van available here to help provide transportation to elderly patients, but for younger patients there are no taxi services or other available transportation resources that the patients use, not even Kid One. Local faith-based organizations do own vehicles and could potentially be engaged as a solution to the transportation problem if there was a way to organize and provide funding to make it feasible for them. However there are liability concerns and most of their vehicles are not wheelchair-accessible either.

General doctor's appointments, and certainly specialty care, become more difficult without reliable transportation, and patients regularly report experiencing transportation-related issues in getting to these appointments. The hospital will arrange for temporary specialty clinics to operate within their building on a weekly or biweekly basis to help patients overcome this obstacle, as most permanent specialty care is far from town, as far away as Mobile (approximately 90 miles from this hospital). Regular dialysis treatments become difficult to maintain as well, and some patients will have to resort to calling EMS to make sure they can get the dialysis they need. The hospital also provides in-house chemotherapy treatments for cancer patients, which often must be attended daily. But for some patients that live as far away as 50 miles, transportation becomes a major factor in their ability to receive this care. It is very costly (in terms of both time and money) for them to repeatedly make these trips, but the commute to Mobile or Montgomery would be even longer. The hospital has a foundation and donors that supply gas cards for those with the greatest transportation needs.

Elderly patients, as well as low-income middle-age and younger adults, are the most affected demographics. Without public transportation, most patients are able to find rides from someone they know, but will still usually have to pay fares, even to their own family members. This is particularly a problem among the elderly, who are taken advantage of more frequently. The most rural residents also experience greater difficulties: because Monroe County is relatively large, and the county hospital and most doctors' offices are located towards the center, patients without reliable transportation who live closer to the edges of the county face the largest healthcare access barriers.

Sometimes getting home from the hospital when discharged can be as much of an issue as getting to it. This causes major inconveniences and delays in the lives of the patients.

Washington County Hospital

Washington County

Washington County Rural Public Transportation will bring patients to Washington County Hospital, to Jackson for dialysis, or to Mobile for specialty appointments 2-3 times per week. The system does charge fares (seen in the table below) and requires patients to schedule ahead, but it is really the only public transit option. Some patients form carpool groups (such as for chemotherapy appointments in Mobile) or get rides from people they know, and sometimes patients will simply call an ambulance as their only means of getting to the hospital, even with a non-emergency issue. There are no other transportation organization, but “generally the community steps up to assist people.”

Dialysis appointments can pose some of the biggest challenges to people without reliable transportation. That service is not available within the county, so patients that have transportation issues must find ways to travel longer distances to receive it.

There are no particular population gaps with regards to insurance, race, or gender that are most affected by transportation issues. In this rural county, it can be difficult for almost any person to have necessary transportation for their healthcare needs. It is one of several priority issues to this area, but not the absolute top priority. The community here is tight-knit, so most people in the area can get rides from community members if they really need to. Sometimes friends or relatives will charge money for rides, but this is not usually a notable problem.

While the rural public transit system here is a fairly reliable option that people can use to get to most of their doctor’s appointments, there is still a need for additional transportation assistance other than the ambulance service. “The situation for many patients would be much worse if the community wasn’t as ready to step up as it is.”

WCRPT schedule:

Appointments in:		
• Chatom	Monday/Wednesday/Friday	\$7.00 per person
• Jackson (dialysis route)		\$11 per person
○ Grove Hill option	Monday/Wednesday/Friday	\$15 per person
○ Thomasville option		\$17 per person
• Mobile	Tuesdays (1-2x a month)	\$30 per person (must have at least 2 riders) \$20 per person (with three or more riders)
• Gilbertown	Thursdays	\$17 per person

J Paul Jones Hospital*Wilcox County*

J Paul Jones Hospital does not offer a transportation system. The Alabama-Tombigbee regional transportation brings patients to scheduled outpatient appointments and to local doctor's visits, but there are no other resources here that patients use for healthcare transportation.

The elderly seem to be most prone to transportation-related issues, perhaps because they have some difficulty using or accessing the public transit system. They will more commonly be brought to their appointments by relatives, friends, or neighbors, and will often have to pay somewhat high fees for those rides

Overall, transportation access is a relatively manageable issue here, not affecting a notably large percentage of patients. Even though elderly patients are more likely to have to find an alternative means of transportation than younger adults, most of the many elderly patients served at this hospital manage to work around any issues they may have.

Grove Hill Memorial Hospital*Clarke County*

The ATRC system based in Jackson provides all of the public transportation that patients use here for their healthcare needs, and also works with Medicaid NET to help patients obtain vouchers. Aside from that, patients who still need assistance will get rides from someone in their church, community, or family.

Specialty care such as geriatrics and OB/GYN can pose greater challenges to patients with limited transportation access if they must travel longer distances. Since Clarke County is so rural, transportation access is definitely a problem. It can be an issue that affects adults of all ages (estimated about 25% of this hospital's patients are affected), but in general, elderly patients are more likely to experience it. Many times, patients will have to pay people to bring them to their healthcare appointments. Expansion of current transportation resources or implementation of a proprietary hospital-based transportation system would be an ideal solution, but funding is always an issue.

Jackson Medical Center
Clarke County

The ATRC rural transportation system is the only local public transportation system available here for patients to use. Because patients must call ahead to schedule rides and will have to pay fares, there can be accessibility issues with this service, even though patients may later receive reimbursement from Medicaid or Medicare. Patients often need this service more urgently than they can obtain it (i.e. upon discharge from the ER). In such cases, where a patient is discharged without a ride to leave, the hospital may have a social worker take the patient home, or sometimes enlists the help of the police. Otherwise, patients need to secure rides from family and friends, who will also often charge them money. A service that could address this specific gap would be very helpful. Patients will call an ambulance to get to the hospital through the emergency room, which is sometimes necessary, but sometimes a misuse of the system.

Generally, the transportation issue is greatest for those that live outside of city limits, deeper into the rural areas of the county (it was estimated that 20-30% of the patient population experiences transportation issues in some degree). This is usually more of the elderly population, who are non-insured and pay for their services out of pocket. Too often, they will have to pay neighbors (example given of \$20-\$30) to come to an appointment, and people may be taking advantage of this. General physician appointments, follow-up tests and procedures, specialist referrals can all pose challenges to patients without reliable transportation access.

All hospitals are trying to reduce re-admissions, but when patients don't have transportation for follow-ups or medicine pick-ups, this affects readmission rate because patients necessarily aren't as compliant with their care as they should be.

Area VII Public Health social work office
Dallas, Lowndes, Hale, Perry counties

West Alabama Public Transportation and Kid One Transport vans are available in this area. Because they will go to certain areas on certain days, patients have to schedule around the availability of these transportation services in order to access them for their appointments. This can be an issue, and can also result in long wait times at healthcare providers when using these systems. Family members are commonly asked to provide rides, but it is a "very common" occurrence for them charge high fares in return, beyond what patients can sometimes afford.

All of the counties in this area very rural, so most of the people living in these rural areas are comparably affected by transportation barriers to healthcare. Senior citizens without transportation may have a more difficult time because they may require additional assistance arranging rides.

One physician who runs a private practice in Selma (Dr. Bruce Taylor) also provides a van to transport his patients to and from their appointments. If there could be a way to incentivize more physicians to do this, it would be a tremendous help to rural patients.

Area VII Public Health Social Work Director

Dallas County

County-level Social workers sometimes provide transportation to patients.

HIV patients have access to Aletheia House for drug treatment and Selma Air for HIV treatment and testing, the only facility of its kind in Public Health Area VII.

Family Planning clients may need to make a 20-30 mile drive to get to county health departments, and this distance barrier can causes missed appointments.

There is a disease intervention specialist who provides some transportation his patients, but this is limited to the local area and adjacent counties.

Cahaba Mental Health, located in Selma, also provides transportation for their patients.

Area VII Public Health Social Work Manager

Marengo, Sumter, Wilcox, Choctaw County

The Medicaid NET system is often used here, but it is reserved only for Medicaid patients. Most of the time, when friends or family provide transportation to a patient, they may charge more money up front for the ride than the NET program reimburses to the patient, just because they know they can.

If patients live within or are scheduled to go into their operating area for an appointment, West Alabama Public Transportation provides public transportation assistance. However, it might only go to certain more distal cities (e.g. Tuscaloosa or Birmingham) on certain days of the week, making specialty care there somewhat more difficult to obtain.

Transportation access issues affect the majority of patients in this area in some way. Some might live 15-20 miles from the nearest highway, and 30-45 minutes from the closest healthcare provider. Reliable transportation access is “Almost nonexistent” to those in need of assistance.

Occasionally, the social workers and healthcare providers can get churches to help pay for patients’ rides, but even this is rare. They will not presently provide direct transport assistance. One solution is for social workers to try and help patients get longer prescriptions, in order to lessen the impact of issues surrounding lack of transport.

Area IX Public Health Social Work Director*Baldwin County*

The transportation availability to patients in Area IX is very poor. The availability is better in Baldwin County, where there are both more healthcare providers and better means of getting to them.

When patients miss appointments due to transportation barriers, it's often either because they cannot access or cannot afford to use the transportation resources that may exist where they live. Even family members will charge a patient money to take them to see a doctor.

Medicaid patients can obtain NET transit vouchers, but there are issues with this system too. Patients can have difficulty with scheduling: some scheduling calls may last approximately 45 minutes or more, which is unfeasible for patients who may have limited minutes on their phone plans. Therefore the task of scheduling these rides will sometimes fall to public health social workers. There are also significant delays to getting the NET voucher reimbursements, but social workers can also help patients speed up the filing process to receive their vouchers more quickly.

The Alabama-Tombigbee Regional Commission runs local transportation vans in each county of their region, which will have set times and days to service recurring appointments such as dialysis. But over, the current van systems are overrun, and may only run to certain areas on certain days. In rural areas, specialty care is lacking and vans only run on certain days, so patients with appointments outside of those days have no way to get to them. To help work around this kind of issue, some specialists will come to county health departments to see patients, but this still does not eliminate delays and transportation issues. To the highest extent possible, patients and social workers do try to work with healthcare providers to schedule appointments within the availability of their transportation.

It would be ideal if church vans and vehicles owned by other community organizations could be used to help address some of the transportation gaps, but the high cost of assuming liability is "a huge issue" that currently prevents this from happening.

Kid One Transport

Dallas, Marengo, Perry, Sumter, Wilcox counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 7 – Southeast Alabama Regional Planning and Development Commission

Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of seven safety-net healthcare providers operating within the seven counties of the Southeast Alabama Regional Planning and Development Commission. These providers included:

- Two community mental health centers
- One federally-qualified health center
- Two rural hospitals
- Two Department of Public Health social workers

Currently available transportation options include:

- Transportation provided by community mental health centers to their patient populations
- Covington county public transportation – CATS
- Wiregrass Transit, based in Houston County
- Taxi services
- Reliance on friends/family/neighbors for rides
- Senior centers provide assistance to elderly patients
- Eufaula city bus transportation
- County and university transit systems in Troy
- Occasionally churches in some counties will get volunteers to help provide money or transport, but not on a regular or structured basis
- Churches in Covington recruit volunteers to provide transportation more consistently
- Pilcher’s Ambulance Service (Barbour Co.)

Populations identified by these providers as being affected by transportation barriers include:

- General problem around the region – Social Work estimated 50% of low-income patients in the region are affected by unreliable transportation
- Patients living in the most rural areas of the region
- Patients who must attend regularly-scheduled appointments (e.g. mental health therapy sessions or dialysis treatments)
- Medicare and elderly populations
- Covington County residents, where there is no public transportation and just one taxi service
- Mental health and developmentally disabled patient populations. One mental health center estimated the percentage of their patient population that is affected by healthcare access issues to be 75%.
- Homeless and indigent patients
- Low-income, non-Medicaid, uninsured adults
- Medicaid pediatric population may have 65-60% of patients affected by transportation access – need for a service such as Kid One

Specific transportation-related barriers discussed include:

- Referrals to out-of-county specialty care are more difficult
- Scheduling and route limitations on available transportation resources
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as dialysis treatment, without reliable transportation access
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.

- One mental health center reported that patients are sometimes forced to choose between paying for transportation or paying for their medication.
- Mental health patients, especially in the developmentally disabled population, are particularly vulnerable to being taken advantage of and over-charged for transportation
- The stigmas surrounding mental health patients can also make it more difficult for them to obtain rides.
- Difficulties accessing and using the Medicaid NET system, and issues with significantly delayed reimbursements (even 3-6 months)
- Public transportation exists in the Dothan area, but is often heavily tied up by dialysis patients, making it difficult for other types of patients to use.

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Missed appointments for preventative and follow-up care, leading to worsening of health status and increased re-hospitalizations
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Multiple providers consider transportation to be among the highest-priority problems their patients face.
- Additional strain on hospital and social work personnel due to personally providing transportation to patients who may be stranded at the hospital after being discharged

Transportation solutions currently in practice include:

- Multiple providers paying for rides and/or providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- Assistance with arranging and scheduling rides with public transportation systems
- Medicaid NET voucher and reimbursement systems
- Working to accommodate families' transportation availability by scheduling their appointments together
- Medical Center Barbour brings specialist physicians from different areas into the hospital once per week on a rotating basis in order to help alleviate the need for their patients to travel far distances to receive these services

Other suggestions for potentially improving access to transportation in this region include:

- Increasing the involvement of other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- Need to expand the hours during which public transportation systems are available
- Adapting Home Health rules to allow for more services to be performed on home visits
- Avenues for funding Kid One to expand their service into this region

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

South Central Alabama Mental Health Center

Butler, Coffee, Covington, Crenshaw counties

South Central Alabama Mental Health Center provides limited van service transportation to and from their clinics for their mental illness and intellectual disability day programs. These vans can transport clients locally for prescription pickups at pharmacies, doctors' appointments, and other treatment-related needs. Case managers also help with some select clients to provide additional assistance as needed, and will sometimes drive them themselves. Occasionally the MHC will have to look at whether or not a new client would fit on their van route to determine if it is logistically feasible. They try to limit the length of their routes to no more than 1 or 1.5 hours, which sometimes requires them to work it out with patients' family members to meet them halfway at a pickup point.

There is no other public transportation available to their clients except for those in Covington County, so a majority of their patients have to rely on friends or family for transport, and frequently have to pay for these rides, sometimes more than they can really afford. In Covington County there's a public trans system called CATS, but due to limitations on the hours of operation, it won't work for patients that have earlier morning appointments at or before 8AM. There is a need for a system to provide healthcare access earlier in the morning and well into the afternoon. Scheduling limitations are currently an issue.

Patients that live in the most rural areas, as well as those with frequently-scheduled therapy sessions or psychiatrist appointments, tend to be the most affected by inadequate transportation issues.

Overall, transportation is a high priority concern, "definitely one that [they've] mentioned to administration repeatedly throughout the years." Most of the MHC's missed appointments are due to transportation (estimated to be at least half or more)

Medical Center Barbour

Barbour County

There are some transportation resources available within the local area around the hospital. Eufaula City bus transportation bus brings patients to the hospital daily. The senior center in town also has a van that is used for elderly patients to get podiatry care at the hospital. Local ambulance agencies are also sometimes used for non-emergent transportation for seniors.

Because it can be difficult for patients to seek specialty care that may not be located within the local area, the hospital brings specialist physicians in once per week, providing: surgical services, cardiology (3 different cardiologists on rotating days), podiatry, dermatology, ENT specialists, and orthopedics. These physicians rotate in from different areas: East Alabama Medical Center, Southeast Alabama Medical Center, Mizell Memorial, and even as far as Atlanta.

Elderly and low-income patients tend to be the most affected by transportation access issues, but generally, the currently available resources are sufficient to meet the needs of patients that live within the city. In more rural parts of the county, the issues can be more significant. If county-wide transportation access were improved, the hospital might be able to see more patients from those areas.

SpectraCare Mental Health Center

Barbour, Dale, Geneva, Henry, Houston counties

SpectraCare MHC provides transportation for their day-treatment and residential programs, using a fleet of about 51 vans that run routes in 5 counties. For the day-treatment clients, this system is not used for typical outpatient doctors' visits, only for mental health treatment. However, for clients staying in one of their over 100 group home beds, SpectraCare can provide transportation to doctors' appointments, other healthcare-related needs, and essential shopping trips while they're living with the Center. With increased funds, the center would prefer to expand their transportation service to their day-treatment patients as well, providing them the same availability currently extended only to the group home patients. Aside from the van system, the Center also provides assistance in setting up rides through the Medicaid NET system to patients who are eligible to use it, and employs case managers to provide as-needed assistance to independently-living patients in apartments that have been contracted through the center.

Wiregrass Transit is the principal transit system in Houston County. Because it charges a fare and requires scheduling ahead, it can be difficult for mental health clients to use or pay for conveniently. There are also taxi services, but these are often cost-prohibitive. Sometimes, people are forced to make choices about paying for either their rides to get care, or their medications. There aren't any other transportation options within the area.

The most rural patients, especially in the Geneva and Barbour areas, tend to be most impacted by lack of transportation access. Even the Center's van routes may take 45 minutes to get them to town, so if they cannot access them for any reason, there is no other recourse for them except to rely on friends or family who may be available and able to provide a ride. The Medicare population is also particularly vulnerable and lacks resources, even more so than the Medicaid patients. Medicare barely covers the costs of doctors' visits, but provides no support for outpatient/day program services for mental health, or for transportation.

Because SpectraCare serves such a vulnerable population (mental health patients, some of them also elderly and on disability or social security), it is a frequent occurrence that patients will be taken advantage of when they pay people to take them places (an example given was "\$75 to drive 5 miles or so"). According to case managers who work closely with the patients and speak with them often, this reportedly happens "multiple times per week," especially among the developmentally disabled population. MHC personnel try to help them avoid these situations, but they often have no other transportation options aside from those family or friends who could help them. The stigma surrounding mental health patients is also a factor in their ability to access transportation, affecting both their comfort level using public transportation as well as the number of friends, family members, or neighbors who are willing to give them a ride.

Transportation access is considered a "high priority health barrier" to these mental health patients, affecting an estimated 75% of them across the five county-coverage area. Missed or canceled appointments due to the patient's inability to obtain transportation occur "easily multiple times per week," estimated to account for as many as 50% of 'no-shows.' They emphasize the need to identify and engage all community parties that have the capability to help provide patient transportation, and find ways to empower and fund them to do so.

Southeast Alabama Rural Health Associates

Pike, Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston counties

This FQHC offers indirect transportation help by contracting with local transportation systems and filing for Medicaid vouchers to assist eligible patients with payment for their transportation

The Center of Aging (based in the Dothan area) is a regional practice that impacts ~4 of Southeast Alabama RHA's offices, however it only provides assistance to elderly patients. In Troy, there's a free county and university transit system, through which the FQHC has negotiated rates for round-trips from home to doctor's offices, or to a pharmacy if necessary. There is no imposed limit to the number of trips that they assist with, Aside from that, they are not aware of additional resources that their patients will use, though this is an area of knowledge that they wish to build in order to better assist their patients. Although they sometimes see churches providing non-emergency medical transportation by assisting with their vans, but this is not structured and regular. Aside from these sources of transportation, patients most often have to pay for rides with neighbors or friends.

Referrals to specialty care centers become most difficult for patients without transportation, and obstacle that affects patients in most rural areas of their coverage region. Patients often miss or cancel appointments, reportedly most frequently due to transportation. They FQHC attempts to best accommodate families by scheduling them together, and this helps ameliorate some issues, but overall they do not feel that transportation in their area is adequate.

Mizell Memorial Hospital

Covington County

Mizell Memorial does not offer a formal transportation service, however in the event that a discharged patient cannot get a ride and needs to be taken home, the hospital will pay for a taxi or have an employee volunteer to provide transportation. The majority of the county is served by the CATS system, which provides county-wide transportation service on scheduled stops. Because of this, its availability does not always coincide well with patient appointment times, sometimes resulting in waiting delays or late appointments. The fee may also be too high for some patients to pay regularly. There is one taxi service in the county as well. Local churches can help some individuals by recruiting volunteer drivers, but there are no dedicated patient transportation vehicles or programs hosted by these organizations.

Transportation access is characterized as a "major issue," but one that could be worse in this county because churches have generally been able to find volunteers to help patients. However, missed and rescheduled appointments due to inadequate transportation still occur, and there is still "definitely a need" for additional transportation resources to assist patients.

The elderly and the homeless face the largest transportation barriers, but the hospital also reports that the problem seems to be increasing among patients with mental disorders and patients whose families are no long able or willing to help provide transportation.

Because of strict Home Health rules that restrict the services that patients can receive at home in comparison to previous years, more patients have a need to come in to the hospital more frequently. It is possible that unless more transportation resources are implemented or connected, transportation is only going to become a larger issue in areas such as this.

Area X Public Health Social Work Director

Houston County

There are limited transportation resources within Public Health Area X. The Medicaid NET exists to assist Medicaid patients, if they're aware of it and are familiar with accessing it. Public Health social workers have found that some Medicaid patients they receive as referrals aren't aware of the NET program. The social workers can help provide them initial access to that system. In Dothan, there is a public transportation system that some patients can access, but the system is often tied up by dialysis patients, who need it on an almost daily basis. It is required to register in advance to obtain rides, which can make it difficult for non-dialysis patients to access. There are also other local-level taxi and private transportation services.

Transportation has been recognized as a barrier in this area for some time. It was estimated that above 50% of the patients here do not have reliable transportation and need to consistently make arrangements to get to their appointments. It's not uncommon that patients will have to pay their relatives for rides to get to the doctor. Adult patients without Medicaid are the biggest gap, the group of patients most affected by transportation access barriers. Some social workers will assist with transportation to Birmingham, since specialty care can also be difficult to obtain with limited transportation access.

Dothan Pediatric Clinic

Houston, Barbour counties

Within the last two months, Medicaid has begun allowing their patients to use the local taxi service under the NET program, for local transportation only. Wiregrass Transit runs in Dothan, but the patients at this rural health clinic do not often use it. Pilcher's Ambulance Service can also provide local transport to non-ambulatory patients, while another EMT ambulance service can provide wheelchair-accessible transport to patients who require it.

The clinic has to refer lots of children out of Dothan for specialty care, but unfortunately, there is no access to Kid One transport in this region. Medicare NET will pay for a voucher if they have a car, but many families don't. NET might also reimburse for a bus ticket, but this requires paying up front, which some families cannot easily afford, especially if the trip is a longer one. Medicaid may also take too long to get reimbursements back to patients (3-6 months). This represents a major obstacle for some patients, especially for the families of children who have major health problems and need to go to Birmingham regularly.

In emergency situations when a patient needs to get to Birmingham somewhat urgently but is not able to get their own ride, the FQHC will call on churches in town, who can help by providing money, but not the transportation service itself.

Demographically, this issue of inadequate transportation affects patients all across the board. The need for specialty care that requires out-of-county transport to cities like Birmingham or Montgomery poses the greatest challenges, even for adults. Transportation availability is poor, on the whole, with it being estimated that maybe 65-70% of the Medicaid pediatric population in this area are affected by it in some way. Sometimes, it is easier for patients to get across the state line to Pensacola for certain specialty care than it would be to get to Birmingham.

Region 8 – South Alabama Regional Planning Commission

Counties: Baldwin, Escambia, Mobile

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of eleven safety-net healthcare providers operating within the three counties of the South Alabama Regional Planning Commission. These providers included:

- One community mental health center
- Three federally-qualified health centers
- Four rural health clinics
- One rural hospital
- Two Department of Public Health social workers

Currently available transportation options include:

- Transportation offered by the community mental health center
- Public transportation systems in Escambia (ECATS), Mobile (bus system), Baldwin (BRATS)
- Bayou Le Batre Senior Citizens Organization van to help transport the elderly patients
- Crown Nursing Home has its own transportation system, which is wheelchair-accessible
- Reliance on friends/family/neighbors for rides
- Gulf Coast Patient Care Network
- Wheels of Wellness Van provides mothers and pediatric patients a way to get to OB/GYN appointments

Populations identified by these providers as being affected by transportation barriers include:

- Low-income population
- Patients living in the most rural areas, where specialty care is lacking and transportation availability is limited
- Elderly patients and others that may be in need of some physical assistance

Specific transportation-related barriers discussed include:

- Referrals to out-of-county specialty care are more difficult
- Scheduling and route limitations on available transportation resources, particularly in Baldwin County
- Delays and difficulty scheduling rides home from healthcare visits
- Patients who own a vehicle may still not be able to afford the gas or maintenance to keep it running reliably
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.
- Difficulties to the patient in keeping follow-up appointments and maintaining regularly-scheduled appointments, such as dialysis treatment, without reliable transportation access
- Difficulties accessing and using the Medicaid NET system (may be on the phone for ~45 minutes to schedule a ride), and “significant” issues with delayed reimbursements
- Some healthcare administrators in Mobile had considered purchasing a van to provide patient transportation, but this did not happen because the liability risks and costs of insurance would have been too high.

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments
- Patients may have to wait for long times in hospitals or doctors’ offices if they are reliant on another person or system for their transportation
- Multiple providers consider transportation to be among the highest-priority problems their patients face
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs, and they cannot use them for the opposite purpose when leaving the hospital
- Social workers sometimes end up having to schedule patients’ Medicaid NET rides and arrange for the vouchers on behalf of the patients, who may not be able to use the system effectively

Transportation solutions currently in practice include:

- Multiple providers are paying for rides and/or providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- Assistance with arranging and scheduling rides with public transportation systems
- Medicaid NET voucher and reimbursement systems
- Franklin Primary Health Center provides transportation services specifically for homeless patients, and also has strategically placed their locations along existing bus routes within the Mobile area
- Conducting home visits for some types of healthcare needs

Other suggestions for potentially improving access to transportation in this region include:

- Avenues for funding to allow healthcare providers to establish or expand their dedicated healthcare transportation services
- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- Liability-limiting policies to allow transportation personnel to more effectively assist patients with limited mobility
- Bus system within the city of Mobile is effective, but need to improve public transit availability and efficiency in Mobile County at large
- Networking between counties is not always adequate, would be nice to have a more cohesive system to assist with out-of-county transportation

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

Southwest Alabama Behavioral Health Care Systems

Conecuh, Clarke, Escambia, Monroe counties

Southwest Alabama Behavioral Health Care Systems offers transportation service for intellectually disabled clients in all counties of their coverage area, and for a limited number of mentally ill clients for day programs in their Clarke and Monroe county sites.

There are no taxis or public transportation systems that their patients use in any of the four counties they cover. Expanded transportation resources would be most helpful in Monroe, Conecuh, and Clarke counties, where accessibility is lowest. Currently there is only contract-type transportation available in those counties. Public transportation is more readily available in Escambia County, running on set routes and schedules. The limited hours can be a problem when they impose limits on patient availability. The site has to be sure that patients can get both to and from their appointments using public transportation if they do not have their own source of transportation. In all four counties, there are smaller, more rural areas where there is no transportation access at all, even making home visits difficult.

Most patients Southwest Alabama Behavioral Health Care serves are low-income, which can cause them “severe difficulties” in keeping their appointments when it limits their transportation access. Overall, transportation access in their service area is poor, and it is common for patients to miss and reschedule appointments due to transportation difficulties.

The system employs some care providers that can go to the patient’s home to provide services for patients who are very high-risk, but issues also arise for clients that need to get to hospitals outside of their coverage area (e.g. Crenshaw), and so sometimes the case managers must drive clients to these appointments themselves.

Bayou La Batre Area Health Development Board, Inc.

Mobile, Washington counties

This FQHC has a fund of \$1000 (which can be expanded annually as needed) that they’ve set aside for patient transportation assistance to provide gas money for patients (or their friends or relatives, if they are providing the patient with a ride) to use for their healthcare appointments. If they can’t recruit family members to provide rides, the local police have helped them with this as well. To assist the elderly, they also network with the Bayou Le Batre Senior Citizens Organization, which has a van to use for these purposes. The system also has three social workers on staff full-time, and if a transportation-limited patient can’t find anyone else to provide them a ride, the social workers may use the fund to provide transportation, including for drug store visits to pick up prescriptions. The fund is not heavily utilized, though it is made clearly available for patients to access and use. There may not be as great of a need for it within this organization’s coverage area.

Senior citizens are the most transportation-limited patient population in the area. The busses from the local community center and senior citizens organization are very helpful in this regard, though.

Overall, transportation access is a relatively minor issue here. There are some patients that have this type of issue consistently, typically those living in the furthest-out rural areas, but it’s only a small proportion. Occasionally they will have to reschedule appointments, and sometimes they have more issues getting home from than getting to their appointments. But the transportation assistance services offered are generally sufficient to help patients in need of them.

Family Oriented Primary Health Care Clinic

Mobile, Baldwin counties

Family Oriented Primary Health Care Clinic does not provide direct transportation to patients with a proprietary vehicle system, but if a patient has a need for transportation assistance, care coordinators at the clinic can arrange rides using local Baldwin and Mobile county bus and cab services, as well as cover the associated fares on behalf of the patient. The Clinic may also consider investigating the costs and benefits of implementing a van transport system similar to those found at many of the state's community mental health centers. If it is economically feasible, it would certainly help their patient population.

When friends or relatives bring patients to their appointments, it is not uncommon that the person who provided the ride may have other commitments and may not be able to wait until the appointment is finished. In those instances, the patients will either have to wait until their original ride is available again, or arrange a different ride to get back.

Catholic charities may also provide money to assist patients in the area in need of transportation fares. Engaging other faith-based organizations may be the way to improve transportation access outside of the current public transit systems.

Transportation barriers represent a "significant issue with [their] patient population," especially when they are referred to specialists and may have to travel longer distance. Among the lower-income population that comprises a large segment of our patient demographics, even those that do own vehicles may not have reliable ones; this is another type of transportation barrier.

Their FQHC sites primarily serve families and pediatric patients. It is estimated that approximately 75% of these patients are able to provide their own transportation, but the remainder may require the assistance of the clinic. If patients experience transportation-related delays and arrive late to appointments, particularly in the cases of families with multiple children, this can "definitely be an obstacle" to the ability of the site's physicians and other personnel to provide care. Personnel and staff at the clinic try to keep in mind the transportation-related issues that patients face and be as adaptable as possible when scheduling and administering patient care.

"Mobile is probably lagging a little behind" in transportation and infrastructural services compared to comparable-sized cities in the south. Public transportation should be more extensive than it is to more adequately serve the population's needs.

Franklin Primary Health Center, Inc.

Mobile, Baldwin, Choctaw, Monroe, Escambia, Conecuh counties

Franklin Primary Health Center owns a vehicle that they use to provide transportation to homeless patients for their medical appointments, both to clinics within their FQHC system or to other healthcare services such as prescription pickups. Outside of the homeless patient population, they also provide vouchers to help patients with transportation to healthcare and social services programs. Additionally, particularly within the city of Mobile, they have established their site locations on or near currently-existing bus routes, in order to ease the commute of patients who use public transportation.

While there are bus systems in Mobile and Baldwin Counties, there are no public bus systems in the other counties of their service area. The Medicaid NET program can provide some help to those who are eligible for it, but otherwise, patients there must rely on family members and friends if they need transportation, and it has been reported that paying for these rides can be an obstacle. There may be taxi systems in these counties, but these patients do not frequently use them. Some of the elderly citizens enrolled in Medicare Advantage plans may also have additional transportation providers.

Overall, all of the counties within this system's coverage area have patients who face consistent transportation issues. For example, Baldwin County does have a large public transit system, but its availability is limited to certain routes and times, so patients may still have issues using it to get to and from their appointments. Therefore, if a patient rides the bus to get to a doctor's office in the morning, they may not be able to leave until late in the afternoon when the bus next stops by the office, even if the appointment itself does not last very long.

Inadequate transportation access is a "high priority issue" that affects "a sizeable portion" of this system's patients, particularly since they focus on the uninsured. They identify the uninsured adult population, aged 22-64, who are not enrolled in Medicaid or Medicare, as the biggest gap – the patient population that is most affected by inadequate transportation access. Missed appointments due to reported transportation difficulties will occur on the order of "a few times per week."

ACH Family Physicians
ACH Med Plus
ACH Primary Care
Escambia County

Within the coverage area of these three rural health clinics, currently there are Escambia County Area Transit (ECATS) and Baldwin County Area Transit (BRATS) available for public transport. Many of the clinics' patients rely on neighbors, friends, and relatives to help them get to the doctors' offices. No taxi services are available. Crown Nursing Home utilizes their own transportation vehicle for elderly patients (which is wheelchair-accessible).

Perhaps local churches that have church-owned vehicles could make their vehicles available as a community service/ministry to increase healthcare-related transportation access. An alternate service such as Uber could also be useful if it were available.

These clinics are family practice, and the patients' needs are typically short illnesses (allergies, flu, viruses, etc.) and some additional preventative care visits: blood checks (A1c, Coumadin, etc.), medication refills, well visits.

The elderly patients seem to be the most affected by the lack of transportation. If self-driving is no longer an option, the challenges of getting to the doctor are further complicated by difficulties in personal mobility—canes, walkers, wheelchairs, etc. add to the challenge of getting needed healthcare.

In addition to the limited types of transportation, the limited hours of transportation system operation is another barrier to being able to seek healthcare in a timely manner. Lack of transportation (including the assistance in getting into the office if patient's mobility is hampered) makes this an issue that "definitely needs review."

South Alabama Medical Clinic, LLC*Mobile County*

The Gulf Coast Patient Care Network can provide transportation to and from the clinic, but this option is rarely exercised. Patients who need transit assistance more frequently use the BRATS transportation system, or will get rides from relatives or friends if necessary.

Usually pre-scheduled visits are the most likely to be missed due to transportation difficulties: well visits, check-ups, preventative care. If a patient is sick, they will make more of a concerted effort to seek care in one way or another, whereas if there's no immediate need for the appointment, they may miss it if the difficulty or cost of accessing transportation is too high.

Transportation difficulties here appear to be more common in younger, working adults (where another household member's job may be tying up their lone family vehicle). When patients do miss appointments, it's often because they have one vehicle in the family. This happens frequently.

DW McMillan Memorial Hospital*Escambia County*

Within the hospital's area, the Wheels of Wellness van exists to provide mothers and pediatric patients a way to get to OB/GYN appointments. This service was originally designed to be able to take patients to Birmingham for specialty care. There are also ECAT vans, which patients must call ahead in advance to make appointment to ride. It can be used for almost any healthcare-related need, frequently including dialysis treatment. They do charge fares, and sometimes they can't accommodate short-notice calls, both of which can be barriers to their accessibility to healthcare patients. This system is also limited to Escambia county residents. Patients who do not have access to public transit will obtain rides from neighbors or relatives, or maybe church members.

Transportation access becomes an issue when inhibits the patient's ability to receive regular care, and patients who can't regularly get to their medical appointments seem to be re-hospitalized more often.

Limited-mobility patients also have problems if they don't qualify for an ambulance to transport them back from appointments. Sometimes the hospital will have to admit people overnight for this reason; other times, the hospital staff has provided transportation to help patients get home.

A transportation system that crosses counties would be more helpful to patients here that must travel for specialty care.

Area IX Public Health Social Work Director*Baldwin County*

The transportation availability to patients in Area IX is very poor. The availability is better in Baldwin County, where there are both more healthcare providers and better means of getting to them.

When patients miss appointments due to transportation barriers, it's often either because they cannot access or cannot afford to use the transportation resources that may exist where they live. Even family members will charge a patient money to take them to see a doctor.

Medicaid patients can obtain NET transit vouchers, but there are issues with this system too. Patients can have difficulty with scheduling: some scheduling calls may last approximately 45 minutes or more, which is unfeasible for patients who may have limited minutes on their phone plans. Therefore the task of scheduling these rides will sometimes fall to public health social workers. There are also significant delays to getting the NET voucher reimbursements, but social workers can also help patients speed up the filing process to receive their vouchers more quickly.

The Alabama-Tombigbee Regional Commission runs local transportation vans in each county of their region, which will have set times and days to service recurring appointments such as dialysis. But over, the current van systems are overrun, and may only run to certain areas on certain days. In rural areas, specialty care is lacking and vans only run on certain days, so patients with appointments outside of those days have no way to get to them. To help work around this kind of issue, some specialists will come to county health departments to see patients, but this still does not eliminate delays and transportation issues. To the highest extent possible, patients and social workers do try to work with healthcare providers to schedule appointments within the availability of their transportation.

It would be ideal if church vans and vehicles owned by other community organizations could be used to help address some of the transportation gaps, but the high cost of assuming liability is "a huge issue" that currently prevents this from happening.

Area XI Public Health Social Work Director*Mobile County*

There is a great bus system within the city limits of Mobile, but there are suburban areas nearby that it does not service, so patients living there may have some accessibility issues. The Medicaid NET program tends to work well for most of its eligible patients in Mobile County. One of the barriers to this is that most patients have Medicaid-supplied phones with limited minutes, so the public health social worker staff may have to schedule rides on their behalf, which could involve staying on hold for 45-60 minutes.

Family Oriented Primary Health Care Clinic buys bus passes for patients that need assistance, and social worker can also provide cab vouchers for true emergencies.

The local public health department has had some conversations with Kid One Transport to get them to extend their coverage into this area, but so far they have been unable to do so.

In general, limited transportation represents the #1 healthcare access barrier in the area, and it is particularly impactful to the uninsured patient population. In one particularly alarming case, it took 5 years to make the arrangements for a child to go from Mobile to Birmingham for surgery to have a stray bullet removed.

To help overcome these issues, some social work administrators have considered the idea of purchasing a van and providing a transportation service. A similar system used to be in place years ago, but it was discontinued due to liability issues.

The social work department also had a small grant from Wal-Mart to help purchase bus passes. But this also has had to stop, due to conflicts of interest.

Region 9 – Central Alabama Regional Planning and Development Commission

Counties: Autauga, Elmore, Montgomery

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of seven safety-net healthcare providers operating within the three counties of the Central Alabama Regional Planning and Development Commission. These providers included:

- One community mental health center
- One federally-qualified health center
- Two rural health clinics
- One rural hospital
- One Department of Public Health social worker
- Kid One Transport

Currently available transportation options include:

- Van service provided by community mental health center, which also helps cover some non-healthcare needs
- Autauga rural transportation system
- MATS public transit system
- Taxi services, though they may be cost-prohibitive to patients
- Reliance on friends/family/neighbors for rides
- Kid One
- Transportation system run through Elmore Hospital by Macon County

Populations identified by these providers as being affected by transportation barriers include:

- Low-income uninsured, non-Medicaid adults
- Elderly patients
- Patients living in the most rural areas, such as Elmore County, where public transportation and taxi services are lacking or limited
- Mental health patient population – estimated only 60% have reliable transportation

Specific transportation-related barriers discussed include:

- Referrals to out-of-county specialty care are more difficult, since there is no dedicated transport system that serves this purpose for adults, even if they are Medicaid-eligible.
- Scheduling and route limitations on available transportation resources
- Difficulties accessing and using the Medicaid NET system, and issues with delayed reimbursements
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as dialysis treatment, without reliable transportation access
- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments – approximately 40% of appointments at Montgomery Area Mental Health Authority
- Patients tend to present to healthcare providers only when they have an acute health issue, but they will not prioritize follow-up visits if the time and monetary costs of transportation are too high
- Missed appointments for preventative and follow-up care, leading to worsening of health status and increased re-hospitalizations
- Misuse of emergency ambulance services to get to hospitals for non-emergency needs
- Strain placed on hospital staff, who may have to provide transport home to patients who are stranded at the hospital after coming in via ambulance
- Multiple providers consider transportation to be among the highest-priority problems their patients face.

Transportation solutions currently in practice include:

- Multiple providers paying for rides and/or providing vouchers to cover the costs to patients who use public or private transportation for their appointments
- Viva Health also assists their clients in paying for transportation
- Medicaid NET voucher and reimbursement systems
- Kid One service, which sufficiently meets all the major transportation-related needs of Wetumpka Family Rural Health Clinic, a pediatric clinic in Elmore County

Other suggestions for potentially improving access to transportation in this region include:

- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- More regular interfacing between healthcare providers and transportation entities to make sure that each side is informed of the other's needs and capabilities
- Need a system analogous to Kid One that could regularly transport adult patients to specialty care in larger cities such as Birmingham

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

Montgomery Area Mental Health Authority
Autauga, Elmore, Lowndes, Montgomery counties

For the rehabilitative day program in Montgomery, Montgomery Area Mental Health Authority provides weekly bus passes for their clients that can understand and safely ride the MATS transit system. For clients residing in their group homes in all 4 counties, the MHA has vans assigned to the home to accommodate the full range of transportation needs, medical and non-medical. These services are available 7 days per week and travel to different areas on a per-ride basis; there are no set routes.

Autauga Rural Transportation serves some consumers in Autauga County. Patients in Lowndes County can use a rural transportation system based out of Selma (there isn't one located within the county). The limitation associated with this is that the system doesn't usually run into Montgomery. So if the MHA has a client that requires travel to Montgomery for mental health reasons, they send a case manager to pick them up and bring them there. In Elmore County, there's a rural transportation authority, but their clients don't frequently take advantage of it. The requirement to schedule rides beforehand may sometimes be an issue. There are taxi services available as well, but patients rarely use them due to cost. In the end, most patients with transportation access needs will get rides from friends or family instead of public transit, which can still be very expensive for them. MHA personnel have even supplied \$5/\$10 out of their own pockets to help pay for patient rides home (even as short as a half-mile drive).

There was a meeting in Millbrook earlier in 2015 to discuss transportation needs, and several representatives of faith-based and nonprofit organizations that said they could participate and provide transportation, but would require funding assistance for drivers or vans to supply it.

Transportation was characterized as a "high-priority need," with likely 40% of customers across all 4 counties in coverage areas having reliable transportation. Lowndes County was generally described as the area in greatest need of improvement to transportation access, but finding ways to accommodate all patients' ride availabilities when scheduling appointments was reported to be a transportation-related issue across the board. In part because of this, the 'no-show' rate was estimated to be approximately 40% across the sites in all 4 counties, and almost always because the patient did not have a ride.

It was reported that transportation meeting in Millbrook was very useful for the MHA to network with different transportation providers, to obtain the rates and scheduling methods. It was suggested that more frequent meetings of this nature (e.g. once per quarter) would keep communication going and enable healthcare providers to be better informed to assist their clients and patients.

Health Services Incorporated

Montgomery, Autauga, Chilton, Elmore, Lowndes, Coosa counties

Health Services Incorporated does not currently offer any direct transportation assistance to their patients. They can help connect some of their patients (mostly pediatrics and expectant mothers) with rides through the Medicaid NET program, and they have a grant to provide bus passes to homeless patients, but they have no other way to help other patients outside of these categories.

They report that some patients can use public transportation, such as Montgomery's metro bus system, but "all the time" they learn of patients having to obtain rides from family and friends, paying for which can be a "big hardship."

When experiencing a more acute health problem, most patients will find a way to seek care. However, less urgent appointments, such as follow-up appointments and preventative care (e.g. mammograms, check-ups, etc.), are most difficult to keep for patients without reliable transportation. This is attributed to a rise in re-hospitalizations among these patient populations, and increases the difficulty of maintaining proper preventative care, which is more cost-effective than acute care.

HSI also offers recurring appointments such as cooking classes for diabetic patients and regular behavioral health/therapy sessions for mental health patients, but 'no-shows' are also common for these, due to transportation barriers.

Though a "significant portion" of their patients was estimated to be affected by these barriers, the uninsured and most rural patient populations were reported to face the most severe difficulties. When patients do fail to keep their appointments, it is "often the case" that it was because they were unable to secure a ride.

Wetumpka Family Rural Health Clinic*Elmore County*

This is a strictly pediatric rural health clinic, seeing families and children. Any of their patients who require transportation assistance can use Kid One Transport, which they report works very well and has presented them with no transportation-related healthcare access problems at all.

River Region Family Medicine*Elmore County*

Public transportation is not a viable option for patients in need of transportation to Lake Martin Family Medicine, a rural health clinic. Viva Health has a transportation assistance service for their insurance clients, and Medicaid NET is available to certain patients, however the waiting list is extensively long and rides must be scheduled well in advance, making it difficult to use. The clinic is not aware of any other transportation resources used by their patients for healthcare needs, but would love to be informed if any do exist so that they could provide assistance accessing them as needed.

Patients who require specialist appointments face the most difficulty because there may be extensive transportation involved. Low-income adults not on Medicaid are also significantly affected, as well as the elderly: patients aged 65 and older are the major patient demographic at this clinic.

Due to inconsistent transportation, patients have to reschedule often. The RHC attempts to schedule all appointments at times when patients expect to have rides available, but the availability of these rides may change and cause patients to miss these appointments. It was suggested that low-transportation-access patients would benefit from a long-distance specialty-care transportation system for adults, analogous to Kid One Transport and used mostly to get to larger hospitals such as those in Birmingham.

Community Hospital*Elmore County*

Based off of Community Hospital's location - very close to the intersection of Elmore, Tallapoosa, and Macon Counties - they have an agreement with Macon County to provide transportation to and from the hospital for residents of that county. The hospital has 1 vehicle (a 15-passenger bus), which they run 1-2 times per week, usually bringing patients in for diagnostic services not offered at their more local health clinics. The system is somewhat under-utilized, not usually running at capacity, but it exists to help Macon County Residents.

There is no other public transportation in Elmore or Tallapoosa County. There is a very limited taxi service in Tallassee, and individual churches may recruit volunteers to help provide assistance for their members, but other than that, patients mostly ask for rides from friends and family if they need them.

Transportation barriers will affect a range of patients in this area with regards to age, race, and gender, and affects their ability to keep regular doctors' office appointments. Sometimes, patients call the ambulance to get a ride and will present to the emergency room simply as a means of getting to the hospital any way they can, causing a misuse of the EMS system. At times, getting patients home after discharge from the hospital is as much of an issue as helping them get in, and sometimes hospital personnel may have to give them rides home in those instances if they cannot get a ride from someone they know.

Lack of reliable transportation does inhibit the hospital from providing efficient, timely care when patients miss appointments, and probably leads to re-hospitalizations when patient care is not appropriately maintained.

Area VIII Public Health Social Work Director*Montgomery County*

There are several transportation resources available to patients within Montgomery County: Kid One Transport provides rides for children and pregnant women. Patient First patients (part of the Medicaid program) can access Medicaid NET, through which they can use local transportation or be reimbursed for the money they spend to get a ride from another source. There is also the MAT bus system, but this can be too expensive for some patients. Some churches also provide some transportation assistance to their own members by recruiting volunteers, but presently there is no system in place for them to be regular providers of transportation to the community.

Low-income adults are most likely to experience transportation barriers, especially when they must travel longer distances for specialty care. There is no available transport directly to Birmingham, even for patients who are Medicaid eligible (the NET program is local-only for adults). This has been a longstanding problem in Montgomery and within the county at large.

Kid One Transport

Autauga, Elmore, Montgomery counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 10 – Lee-Russell Council of Governments

Counties: Lee, Russell

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of five safety-net healthcare providers operating within the two counties of the Lee-Russell Council of Governments. These providers included:

- One community mental health center
- One federally-qualified health center
- Two Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- Kid One Transport
- Van services provided by East Alabama Mental Health Center
- Senior centers transit program in Lee and Russell counties
- LETA bus system
- Johnson Express, based in Lee County
- Opelika public transportation

Populations identified by these providers as being affected by transportation barriers include:

- Medicaid population
- Indigent and low-income population, uninsured, non-Medicaid adults
- Rural Lee County residents who live outside the LETA operating area – estimated that up to 50% of patients seen by county Social Work department lack reliable transportation
- Rural Russell County residents who live outside of the reach of LETA transportation system - estimated that up to 75% of patients seen by county Social Work department lack reliable transportation
- Patients with a Lee County address but functionally live and work in Macon county cannot be helped by either county's transportation systems, as they do not connect or overlap

Specific transportation-related barriers discussed include:

- Fees and fares greater than what patients can afford, even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.
- Scheduling and route limitations on existing transportation resources may exclude certain groups of patients
- Difficulty in accessing and using the Medicaid NET program due to advance scheduling requirements
- Delayed Medicaid NET reimbursements causes hardships on low-income patients who must pay for their transportation up front

Several consequences of transportation-related barriers were discussed, including:

- When their transportation access is unreliable, patients may only present to healthcare providers when experiencing a more urgent medical issue
- Comparatively higher rates of missed appointments for preventative care and follow-up visits
- “Astronomically high” rates of missed appointments among Mental Health patients
- Increased re-hospitalizations and diminished health outcomes due to lack of proper preventative care
- Out-of-area travel to seek specialized care
- Doctors may discontinue seeing Medicaid patients who miss too many appointments, and this has been reported to have happened
- Multiple providers consider transportation to be among the highest-priority problems their patients face.

Transportation solutions currently in practice include:

- Medicaid NET voucher and reimbursement systems
- Providing assistance to patients
- Churches can sometimes provide gas vouchers and fare payment assistance to patients, but not often
- Quality of Life Health Services has a mobile unit to provide additional healthcare services (dental, medical, optometry) to rural patients and reduce their transportation burden
- Expanding the use to telemedicine to reduce the need for patients to travel

Other suggestions for potentially improving access to transportation in this region include:

- More assistance from the Lee-Russell Council of Governments in networking healthcare providers with available transportation resources
- Need for transportation resources that expand beyond Lee County
- Improving wheelchair accessibility in transportation systems
- Improving the ease of scheduling rides through Medicaid NET

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

East Alabama Mental Health Center
Chambers, Lee, Russell, Tallapoosa counties

East Alabama MHC provides full transportation services to their residential patients. Each group home has 1-2 vans, which are utilized for patients' daily needs, not limited to healthcare-related transportation. While they cannot provide transportation to their outpatient clients, they do assist them with referrals to public transportation systems. Many patients must still enlist friends or relatives to drive them to their appointments, and it is reported that some of them are price gouged (an example given was a charge of \$20 for a 3 mile car ride). Only a small portion of East Alabama MHC's patients use public transportation.

There is a "huge population" of Medicaid and indigent patients in this area, with little money and in many cases, no insurance. These patients often also face the most significant transportation-related issues. The low-income patients who do not qualify for Medicaid represent the major population gap that should be addressed as Alabama transitions to the RCO system for administering care. It was suggested that these organizations should play some role in helping to network transportation systems across counties to improve accessibility.

There is a higher 'no-show' rate for therapy sessions than for doctor's appointments, potentially indicative of preventative care being a lower priority for patients who struggle to obtain the transportation necessary to attend recurring appointments. In general, 'no-show' rates were described as "astronomically high," with an estimated 10-20% of the patient population (or possibly higher) being affected by transportation barriers for which they have no real solution. Transportation access was described as the Center's "biggest issue," however they do not keep specific data on how it specifically affects their patients. They have observed that re-hospitalizations are "fairly common" among patients who typically struggle to obtain reliable transportation, but cannot determine the extent of the causative link for certain. In addition to likely affecting the long-term health of patients, high rates of missed appointments due to transportation inaccessibility can also negatively affect the bottom lines of healthcare providers.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

Quality of Life Health Services covers 18 counties, up from 12 as recently as 2013. That year, they took over cases for a previous FQHC that was losing funding and had been closing satellite sites. By 2013, they were down to one site to cover the counties of Bullock, Chambers, Macon, Lee, Tallapoosa, and Russell. Quality of Life has recently opened a new site in Tuskegee, with future plans to expand with more sites in those counties. These are areas that they have identified as having a “great need” for transportation.

This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Russell County Public Health social work office

Russell County

Limited transportation access in Russell County is "one of the largest problems that we see with patients." There is a public transportation system based in Opelika that covers parts of Russell County, but is not easily accessible throughout. A private transportation company called Johnson Express also operates here, but fares range from \$25 to \$40, which is beyond the ability to pay for some transportation-limited patients. The East Alabama Care Network helps Medicaid patients attain rides, which will eventually be implemented through the RCOs.

Some faith-based organizations will give gas vouchers sometimes to community members who need them, not just for members of the church. These vouchers can only be used sparingly however, about once per year, so they do not help a great deal.

The most rural areas of the county face the largest transportation struggles since the public transit system doesn't adequately reach them, unless they are going to senior center. Patients often cite transportation issues as the reason for missing or canceling medical appointments, and it is estimated that perhaps 75% of patients face some form of transportation-related barrier

It was observed that just across the state line in Columbus, GA, Medicaid recipients have a localized call center to arrange transportation. Establishing a similar such call center in Phenix City could be very helpful to both Medicaid and non-Medicaid patients.

Lee and Macon County Public Health social work office

Lee and Macon counties

Lee County is served by the LETA bus and the area agency on aging, only within city limits however. The cost is \$2 to ride, \$4 round trip, with a discount for seniors. This system seems to work well for patients who live in the city and can readily access it, but there are increased problems for patients who live farther out in the county, as the availability of this system there is restricted only to certain designated pickup sites and times. This may cause long delays and logistical inconveniences to patients when using the system, if they can access it at all.

Macon County runs a bus through community action, with some arrangements made with some doctors' offices to provide healthcare-related round-trip transportation free of charge. These agreements exist with two family medicine offices and one pediatrician's offices. Community Hospital in Tallassee helps set this up. As long as a patient lives in in Macon County, they may this. However, if they have to get out of county, there will be a \$10-25 upcharge, and the system will go as far as Montgomery only (not all the way to Birmingham).

Kid One Transport is reliable in serving the area's pediatric population. Johnson Express (based in Lee) will sometimes do out of town transport if they have the drivers available at the time, and they additionally participate in Medicaid NET program. The potential barrier is that while patients must pay for their ride up front, NET may pay out a reimbursement sometimes 6 months to 1 year sometimes after the ride.

There are very few additional transportation resources in Macon County, even churches that could potentially be recruited to assist. Lee County most needs a system that provides out-of-county transportation.

The transportation problem is largest among the area's elderly and low-income patient populations, and more common among patients in Macon County (estimated at least 60-70% are affected) than those in Lee County (estimated that maybe 50% are affected). This affects their ability keep general medical appointments, exams, and other forms of preventative care. Doctors' offices may not even receive advance notices of cancellation; patients will simply fail to show up because they don't have rides or can't afford them. This can become a serious problem because a doctors' office can discharge Medicaid patients for repeated 'no-shows' under Medicaid policy, where they are not required to see the patient anymore. This is not a regular occurrence, but it is reported to happen.

Due to the non-crossover of transportation systems across county lines, and the fact that Auburn straddles the line between these two counties, there is reportedly a Catch-22 that affects some patients: a person with a Lee County mailing address might consider themselves to be living in Macon County with a different physical living address. In that case, neither transport system can be used to help them.

In general, cost remains the biggest issue to patients who do not have reliable transportation, as even those who cannot afford to take public or private transportation may still be charge "an arm and a leg" by someone they know for a ride to see a doctor. There is a need for financial assistance for both individual patients and for organizations. Additionally, there is a need to increase the availability of wheelchair-accessible vans.

Kid One Transport*Lee and Russell counties*

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for our clients is essential."

Region 11 – North-Central Alabama Regional Council of Governments

Counties: Cullman, Lawrence, Morgan

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 115 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of nine safety-net healthcare providers operating within the three counties of the North-Central Alabama Regional Council of Governments. These providers included:

- Two community mental health centers
- One federally-qualified health center
- Two rural health clinics
- One rural hospital
- Two Department of Public Health social workers
- Kid One Transport

Currently available transportation options include:

- CARTS public bus transportation in Cullman County
- Van systems provided by mental health centers for certain patient populations
- MCAT van in Morgan County
- Taxi services
- Kid One Transport
- Lawrence County transportation system

Populations identified by these providers as being affected by transportation barriers include:

- Low-income uninsured, non-Medicaid adults
- Elderly patients, who are often low-income and may have limited mobility and more significant health issues
- Homeless and indigent population
- Patients living in the most rural areas, outside the reach of available public transit, especially in Lawrence County, where public transportation is especially limited
- Mental health patient population – estimated up to 50% of Cullman Mental Health patients and 70-80% of Lawrence/Morgan patients are affected by transportation access issues

Specific transportation-related barriers discussed include:

- Scheduling and route limitations on available transportation resources
- Difficulties accessing and using the Medicaid NET system, and issues with delayed reimbursements
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as checkup and follow-up visits, without reliable transportation access
- Fees and fares greater than what patients can afford, especially for taxi services, and even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.
- Difficulty in traveling greater distances to seek specialty care
- Patients with substance abuse problems are also faced with transportation problems if they cannot obtain a driver's license
- Lawrence County transportation system may only travel to areas where healthcare providers are located approximately once per week

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments (transportation is reported to be the primary cause of these)
- Filling prescriptions can be difficult
- Regularly missed appointments for preventative and follow-up care, leading to worsening health status and increased re-hospitalizations
- Mental Health patients also have increased difficulty obtaining important medications, delaying recovery and causing “chaos in their lives.” Can further exacerbate any co-morbid medical problems they have (estimated 80-90% of mental health patients in Limestone/Lawrence/Morgan)
- Multiple providers consider transportation to be among the highest-priority problems their patients face.
- When their transportation access is unreliable, patients may only present to healthcare providers when experiencing a more urgent medical issue
- Strain on healthcare personnel needing to provide or pay for rides for patients who are discharged from care but have no immediate way to get home
- Long delays and ride times for rural patients who are reliant on public transportation

Transportation solutions currently in practice include:

- Healthcare providers may pay for rides and/or provide transportation vouchers to cover the costs to patients who use public or private transportation for their appointments
- Case managers and social workers can provide assistance to patients when scheduling rides through public transportation or Medicaid NET providers
- Medicaid NET voucher and reimbursement systems
- Quality of Life Health Services has a mobile unit to provide additional healthcare services (dental, medical, optometry) to rural patients and reduce their transportation burden
- Churches may recruit volunteers to help provide rides to their members, but not on an organized, regular basis
- Expanding the use to telemedicine to reduce the need for patients to travel
- Healthcare providers working to accommodate patient transportation needs when scheduling appointments
- Recruitment of DHR to provide transportation assistance in Lawrence County

Other suggestions for potentially improving access to transportation in this region include:

- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- Expansion of case management and social services workforce to assist patients in obtaining rides and meeting schedules
- Necessary to increase public awareness of available transportation services, as well as how to access them, including the Medicaid NET program
- Need to increase integration of transportation systems to better facilitate out-of-area travel between counties

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the proceeding pages.

Cullman Mental Health Center*Cullman County*

Cullman MHC has a van route for patients participating in day treatment programs. Providers working with developmentally-disabled patients also provide transportation assistance as part of their client care. The Center also employs case managers to help arrange rides for clients, either through public transit or through the Center's own transportation service, if it positively impacts their ability manage symptoms.

Any patient may schedule a ride through the local public transit system, though the requirement to schedule the pickup in advance is not always convenient for some patients. There is no transit that runs on a fixed route or schedule. Occasionally, churches have also provided volunteers to assist with providing transportation to needy patients.

Low-income patients struggle with transportation in general, but transportation barriers also become more substantial for patients living in the most rural areas of the county. There are numerous smaller communities nestled in Cullman County, and transportation for some is more difficult than it is for others.

Low transportation access is "always a high priority issue" to the mental health center's patient population. They estimate that transportation is a "significant issue" for up to 50% of the patients they serve, which could mean that the patient does not have a vehicle, has nobody to assist them with accessing the system, or does not have the money to pay fares.

Substance abuse is also a major issue here, which can present another form of transportation barrier in that patients with these types of health problems may not be able to get or maintain drivers' licenses in the first place.

Mental Health Center of North Central Alabama, Inc.*Lawrence, Limestone, Morgan counties*

The MHC provides transportation to clients attending day treatment programs (in all counties, adults and children) through a van system that runs on set schedule. This is generally well-utilized at or near capacity. Unfortunately in Limestone and Lawrence counties, there is no public transportation. There is limited area coverage in Morgan County through the MCAT van, which clients can call ahead to arrange to be picked up for appointments. They MHC is not exactly sure how large the coverage area is. There are taxi services available, but their patients don't use them often due to cost.

Obtaining rides through friends, family, or neighbors is the only other recourse for most patients. This reliance on the schedules of others "contributes heavily to non-kept appointments." In general, patients at the Center will "regularly" miss appointments, something that occurs multiple times per week and has "been a headache for years." An estimate of the total rate of non-kept appointments was 30-35%.

Low transportation access was characterized as "a big problem, and has been for years." In all 3 counties, especially in Limestone and Lawrence "either you have transportation or you have to beg someone to give you a ride." The patients living in the furthest outlying areas are generally most impacted, but the transportation issue affects the spectrum of age, racial, and gender demographics. It is estimated that probably 70-80% of the MHC's patients are affected in some way by inadequate transportation.

Due to restricted transportation access, it can be difficult for patients to get to pharmacies and appointments regularly, limiting their access to medications negatively affecting the success and pace of their recover, especially when there is already constant stress in their lives stemming from their mental health problems. A patient not being able to adhere to a treatment schedule puts them at very high risk for relapse, and on top of that, and estimated 80-90% of patients have comorbid medical issues that can also be exacerbated without regular care.

There is a pilot grant-funded program to train Community Specialists through the state of Alabama. These are professionals who do much of what case managers do, can help with case management and also work with patients 1-on-1 to arrange transportation. It would be "extremely helpful" for mental health centers and other larger healthcare provider systems to have more people with these skills.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

Quality of Life Health Services covers 18 counties, up from 12 as recently as 2013. That year, they took over cases for a previous FQHC that was losing funding and had been closing satellite sites. By 2013, they were down to one site to cover the counties of Bullock, Chambers, Macon, Lee, Tallapoosa, and Russell. Quality of Life has recently opened a new site in Tuskegee, with future plans to expand with more sites in those counties. These are areas that they have identified as having a “great need” for transportation.

This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Horizon Medical Clinic, LLC
Midway Medical Clinic, LLC
Cullman County

Some patients ride the public bus in Hanceville (through CARTS), but this system only runs for certain hours, requires patients to schedule their rides in advance, and they charge a fare, all of which are potential barriers to access for certain patients.

In Jackson and DeKalb counties, transportation access isn't as much of an issue, but the clinics in Cullman county face the worst transportation-related problems with their patients, particularly among the Medicare and Medicaid populations, since Medicaid NET does not seem to operate in this area. The clinic does their best to schedule around the patients' availabilities and reschedule appointments when necessary. Most problems occur with patients getting to the appointments, not necessarily getting back home from them.

Limited transportation access increases the difficulty associated with maintaining almost any type of appointment, especially follow-up appointments and prescription refills.

The elderly seem to be the most affected segment of the patient population. They may experience increased difficulty staying aware of available resources, and are often income-limited, which affects their ability and willingness to pay the fares associated with transportation. Some of the senior citizens and adults here are also poorly educated and struggle to understand the Medicaid and Medicare programs: how referrals work, what services are and are not covered, and what resources they have access to. Overcoming these knowledge and information gaps can be just as crucial as overcoming transportation gaps.

Lawrence Medical Center*Lawrence County*

Lawrence Medical Center presently does not offer any proprietary patient transportation systems. Their patients in need of assistance may use the local public transportation agency, consisting of just a few vans. There is a taxi service as well, and many patients also find rides from friends and family.

Regularly-scheduled physicians' appointments and tests become more difficult for patients without reliable transportation, especially if they live far from the hospital, since there are no other radiology/lab services available elsewhere in the county. Most physicians at other clinics will utilize the hospital's lab service, since that can be done on site any day of the week.

In this area, older adults aged 50 or older, some of whom may be homeless without family, seem to be the most impacted patient population; however, transportation is primarily linked to socioeconomic status than any other factor.

There have been a few incidents of ER patients being discharged without having a ride home. In these instances, the hospital would pay for a taxi home.

Overall, transportation barriers here are moderately significant, and it does create scheduling issues. And while the hospital does see some patients that have difficulty with transportation, it is possible that some people in the community may not even be getting to the hospital at all, and thus receiving no healthcare, because of lack of transportation.

Area II Public Health Social Work Director

Morgan

County

Transportation-related healthcare access barriers are the area's largest public health issue, consistent in all 7 counties. The issues are especially large for the furthest-flung patients, and for patients that have to travel to Birmingham for specialist appointments.

The MCAT transportation system provides local public transportation within the area. It requires a voucher, and sometimes patients can't even afford that. Social workers will donate vouchers to clients, but in more rural counties, this transportation option doesn't even exist. Those patients may end up missing appointments since they are dependent on a family member or friend to take them, and this can cause exacerbated health issues, a loss of the doctor's services due to non-compliance, and potentially, increased emergency room visits and re-hospitalizations.

There is greater transportation access and resources in Madison County than in other counties in the area.

Most of the clients that county-level social workers work with are on Medicaid, but they also get frequent calls from people without health insurance and are also without the transportation means to access healthcare reliably. Patients in Lawrence, Jackson, and parts of Morgan counties seem to experience the most difficulties.

Lawrence County Public Health social work office

Lawrence County

There is a public transportation system available in Lawrence County, but patients more often use private vehicles for their healthcare-related transportation – whether their own or by riding with someone they know. There are also routing and scheduling limitations on the transportation system, and they may only go to areas where doctors' offices are located one or twice per week. Improved coverage and availability of the current system would be a significant improvement. Currently, patients who use public transit may have to wait for very long times for their ride to pick them up either near their home or at the healthcare provider. A cost-effective individual cab system would be helpful, something people could schedule to use when needed.

Occasionally the social work department will use DHR to obtain patient transportation assistance, and individual churches will sometimes assist with ride payment for their members.

The elderly population, mostly those with more significant health issues, tends to be most impacted by low transportation access. Low-income, non-Medicaid adults are also faced with these barriers.

In general. If a patient needs to travel inside the county, it's usually not as much of an issue, but traveling outside the county becomes a problem. There is a need for more integrating of transportation systems between counties, but even for systems that do offer long-distance travel, cost becomes an issue for patients outside of the Medicaid program who don't have NET vouchers.

Kid One Transport*Morgan, Cullman counties*

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for their clients is essential."

Region 12 – Top of Alabama Regional Council of Governments

Counties: DeKalb, Jackson, Limestone, Madison, Marshall

The Alabama Community Health Improvement Plan (ACHIP) is based on the results of a comprehensive statewide Community Health Assessment (CHA) and was developed by the Alabama Department of Public Health (ADPH) – in collaboration with a varied cross-section of stakeholders – to address the top three statewide healthcare priorities. The highest identified priority is Access to Care, and the associated ACHIP workgroup’s defined goal is as follows: “To measurably improve access to care for all Alabamians by reducing transportation barriers, addressing the shortage of providers, closing insurance coverage gaps, and improving health literacy.”

To begin addressing the issues surrounding transportation barriers, ADPH conducted a series of email surveys and interviews (telephone and in-person) with representatives of 114 safety-net healthcare providers across the state. This sample of providers primarily included rural hospitals, rural health clinics, federally-qualified health centers, community mental health centers, and Department of Public Health social workers.

One objective of this assessment was to contribute to identifying the areas and patient demographics most impacted by a lack of transportation. A second objective was to identify potential gaps in information between healthcare providers, patients, and transportation agencies by collecting information on transportation issues and available resources from the providers’ perspective. Based on their experiences in treating their respective patient populations, representatives of each healthcare provider were asked to provide their input on the following topics:

- Types of transportation resources within their operating area, including those offered directly by the provider, that patients may use for their health care needs.
- Other local agencies or organizations that could potentially assist with providing non-emergency patient transportation.
- Groups of patients that have the most difficulty obtaining reliable transportation for their healthcare needs.
- The types of appointments representing the greatest challenges to people without reliable transportation.
- The scope and scale of transportation-related issues faced by their patients, and the accessibility and availability of transportation resources within their operating area.
- Other general comments regarding patient transportation issues and potential access-to-care solutions.

This statewide assessment included input from representatives of seventeen safety-net healthcare providers operating within the five counties of the Top of Alabama Regional Council of Governments. These providers included:

- Four community mental health centers
- Two federally-qualified health centers
- Six rural health clinics
- One Department of Public Health social worker
- Kid One Transport

Currently available transportation options include:

- Van systems provided by mental health centers for certain patient populations
- Accessible transportation services in Madison County include Handi-Ride and TRAM
- MARS transit in Madison County
- Taxi services
- Public transportation in Jackson, Marshall, and DeKalb counties
- Limestone County Council on Aging provides local transit to seniors and wheelchair-bound patients

Populations identified by these providers as being affected by transportation barriers include:

- Low-income uninsured, non-Medicaid adults
- Elderly and disabled patients
- Homeless and indigent populations
- Patients living in the most rural areas, outside the reach of available public transit, especially in DeKalb and Marshall County
- Mental health patient population – estimates of patients seen at community mental health centers in this region who face transportation-related barriers range between 50-80%

Specific transportation-related barriers discussed include:

- Scheduling and route limitations on available transportation resources
- Difficulties accessing and using the Medicaid NET system, even among patients who are eligible for it, and issues with delayed reimbursements
- Difficulties to the patient in maintaining regularly-scheduled appointments, such as injections or psychiatry sessions for mental health patient, without reliable transportation access
- Even patients who own vehicles may not be able to consistently afford gas or maintenance to keep them running
- Fees and fares greater than what patients can afford, especially for taxi services, and even for rides obtained from friends and family members. For many patient groups, this is frequently a hardship.
- High difficulty in traveling greater distances to seek specialty care
- Mental health patients may face additional difficulties using services with which they are unfamiliar

Several consequences of transportation-related barriers were discussed, including:

- High rates of missed, canceled, and re-scheduled appointments (transportation is reported to be the primary cause of these)
- Filling prescriptions can be difficult
- Regularly missed appointments for preventative and follow-up care, leading to worsening health status and increased re-hospitalizations
- Multiple providers consider transportation to be among the highest-priority problems their patients face.
- Limitations on the hours during which public transportation services are available may exclude some segments of the population from being able to access them
- When their transportation access is unreliable, patients may only present to healthcare providers when experiencing a more urgent medical issue
- Long delays and ride times for rural patients who are reliant on public transportation

- Some mental health patients in Huntsville who lack transportation will resort to walking everywhere they need to go
- Mental Health patients also have increased difficulty obtaining important medications, delaying recovery and causing “chaos in their lives.” Can further exacerbate any co-morbid medical problems they have (estimated 80-90% of mental health patients Limestone/Lawrence/Morgan)
- Misuse of ambulance services even for non-emergency reasons because there is no other way for some patients to get to hospitals

Transportation solutions currently in practice include:

- Healthcare providers may pay for rides and/or provide transportation vouchers to cover the costs to patients who use public or private transportation for their appointments
- Case managers and social workers can provide assistance to patients when scheduling rides through public transportation or Medicaid NET providers
- CASA and Helping Hands are two organizations that assist with arranging and providing transportation in Limestone County
- Friends, Inc. is a similar organization providing transportation in Madison County, mostly to mentally ill patients
- Medicaid NET voucher and reimbursement systems
- Quality of Life Health Services has a mobile unit to provide additional healthcare services (dental, medical, optometry) to rural patients and reduce their transportation burden
- Some churches may help members of their community pay for transportation
- A church in Abbeville (Marshall County), provides monthly free medical clinics, which are heavily utilized by transportation-limited patients
- Expanding the use to telemedicine to reduce the need for patients to travel
- Healthcare providers working to accommodate patient transportation needs when scheduling appointments

Other suggestions for potentially improving access to transportation in this region include:

- Involving other community or faith-based entities in providing healthcare transportation, if funding and liability barriers can be overcome
- Expansion of case management and social services workforce to assist patients in obtaining rides and meeting schedules
- Necessary to increase public awareness of available transportation services, as well as how to access them, including the Medicaid NET program
- Need to increase integration of transportation systems to better facilitate out-of-area travel between counties
- Cherokee/Etowah/DeKalb Mental health center action teams (nurse/case manager/doctor) to provide mobile services in Etowah County, bringing care directly to the patients. Hoping to implement a similar system in DeKalb County soon.
- Plans to expand telemedicine and telepsychiatry services to reduce patients’ need to travel
- Foster more integration between the mental health system and the public health system to improve coordination of transportation and medical care for mental health patients
- Avenues for funding could allow healthcare providers to implement their own transportation systems to serve their patient populations

A full summary of the information obtained by interviewing the sample of safety-net healthcare providers operating within the region is detailed in the preceding pages.

Cherokee/Etowah/DeKalb Mental Health Center

Cherokee, Etowah, DeKalb counties

Cherokee/Etowah/DeKalb MHC owns some vans for use in Etowah County, and have recently pooled some resources to buy a van to service DeKalb County. They also help patients access the trolley system and pay for their tickets to DART. Their patients do not use Etowah County transit as frequently as they used to, as fares have become more expensive for more rural patients. The MHC also provides case manager support to help patients with any issues they may have with accessing and using transportation systems, as some patients require more support than others in these types of activities. The MHC also has action teams (made up of a nurse, case manager, and physician) to provide mobile services in Etowah County, and they are hoping to bring this service to DeKalb as well. By bringing services to the patients and reducing their need to provide their own transportation, and by consolidating several services into fewer trips to see several clients, care can be delivered more cost-effectively and access barriers can be overcome. In this vein, they also plan to implement a telemedicine/telepsychiatry system in all three counties by the end of the summer.

Etowah County has some transportation programs that these patients use: DART, Etowah County Transportation Service, and a trolley service in Gadsden. Cherokee County Transportation service is also relatively cost-effective, and many of the MHC's patients that have moved out the Center's residential homes into the Cherokee County area make use of this system. DeKalb County is so large and rural that it represents more of a trouble spot. It is a more mountainous area with fewer transportation resources and many patients that need care, but cannot reliably obtain it. Aside from the aforementioned services, there is little else available to transportation-limited patients in Cherokee and DeKalb counties other than ambulance services. It was reported that the Center has often had patients being transported to their Gadsden location by ambulance from Cherokee Regional.

Low-income patients, and those who live far from the currently-existent transportation routes, struggle the most with healthcare access, an issue that is more pressing in DeKalb than in Cherokee and Etowah counties. Within Etowah County, transportation is more of a barrier for patients living outside the Gadsden/Attalla area. The MHC has assisted school systems to help provide some mental health services in school, which helps address access-related problems among the pediatric population.

Specialist appointments in general can represent the most significant challenges to transportation-limited patients if they require the patient to travel greater distances. Transportation availability in general was described as a "high-priority healthcare access barrier," especially in the most rural areas. If the MHC didn't intervene to orchestrate these resources, many of their patients (estimated approximately 60%) would simply rely on their neighbors and friends for all of their transportation needs, which can be particularly difficult for mental health patients. It was reported that the mental health patient population generally experiences less anxiety and distress when using the MHC's van services than if they have to use a more public service that the Center has networked with.

It was suggested that increased partnerships and collaboration between the state's mental health system and its public health system would yield better complete care for mental health patients, who may struggle to maintain a proper regimen of preventative medical care.

Mental Health Center of Madison County*Madison County*

The Mental Health Center of Madison County does not provide direct patient transport of their own, but they help patients purchase shuttle passes, arrange rides through county and city wheelchair-accessible transportation agencies (Handi-Ride and TRAM), and employ case managers to assist with transportation to appointments as needed. They also have a contract with the local Handi-Ride transit system. The Center purchases transportation tickets yearly to primarily distribute to patients in their day treatment program, but these also utilized center-wide for other patients on a miscellaneous basis. Some patients may use Elderly Care transportation. Some patients use MARS (Madison-area transit), but this system doesn't always come to Huntsville. Patients do sometimes use taxi services, but not often due to the high cost of fares. Patients that get their rides from family members or friends will still usually have to pay, even if it's just a short ride (e.g. \$10 to go 5 miles).

Patients with limited income (e.g. disability) are typically the most likely to be affected by transportation-related barriers. The money to afford regular public transportation is lacking for these patients, even to get to medical appointments. This is a "huge disparity." Huntsville-area patients will sometimes heavily rely on the MHC for transportation, and lacking transportation or the money to consistently afford fares, some patients simply have to walk everywhere they go across the city.

Scheduled injections and psychiatry appointments will most often be missed if patients without reliable transportation can't get in to keep their appointments. It was estimated that over 50% of patients, especially adults, are affected by some transportation-related obstacle.

In general, transportation availability was described as "fair, but not good." The transportation system needs to be available for more extended hours. Clients complain that hours during which the transportation system operates are not long enough (approximately 8:00-4:30), because patients may work longer or have later appointments outside of this window of time. The route is also too long. A patient might be living relatively near the Mental Health Center, but may still have to take a long route with many stops along the way to get there.

Mountain Lakes Behavioral Healthcare*Jackson, Marshall counties*

MLBHC has two outpatient facilities in two counties. They have a van to provide direct transportation for residential clients, and these run daily, transporting clients to their day program and doctors' appointments, as well as other needs. The center can also provide assistance with accessing Medicaid NET to help patients access use public transportation.

They have case managers who end up having to deal with providing & arranging transportation for their clients and managing them in more aspects than just their healthcare. Clients simply can't survive if they can't get these transportation-related issues taken care of.

Public transportation exists in both counties, albeit it is limited, because both counties are so rural. Access is more limited in Jackson, the larger county. The transportation system is based in Scottsboro, which doesn't reach the northern part of the county as well.

Every now and then, the center can ask CASA (a local non-profit) for their help in transporting clients, usually more for medical needs. If they have an appointment at UAB or another distant hospital, some of the non-profits help with that, and some of the churches may help as well with fare payment.

The local churches and their vans could potentially be used for non-emergency patient transportation, but presently are not.

Medicare clients are "absolutely underserved." Their general access to services is poor, the payouts are poor for mental health services, and no provision for transportation assistance is included. Therefore the elderly & disabled populations face the largest transportation-related challenges.

Regularly scheduled appointments (e.g. injections, dialysis, etc.) can be most difficult for transportation-limited patients to upkeep. However, serious problems can arise if they miss these types of appointments.

By an estimation, "probably 50%" of the Center's patients are affected by a lack of adequate transportation, a figure that is likely higher in Jackson than in Marshall County.

In general, this is a high-priority issue. Lots of clients miss appointments directly due to lack of transportation or the cost of obtaining transportation.

The Center has a child day treatment program in Scottsboro, but transportation is one of the biggest barriers to getting there. They can only serve kids that can get transportation from the immediate area. If they could get more transportation assistance to get out that far, they could help so many more kids, but logistically this is presently impossible.

These issues certainly exist in Marshall County as well, especially once you get outside the city areas.

Mental Health Center of North Central Alabama, Inc.*Lawrence, Limestone, Morgan counties*

The MHC provides transportation to clients attending day treatment programs (in all counties, adults and children) through a van system that runs on set schedule. This is generally well utilized at or near capacity. Unfortunately in Limestone and Lawrence counties, there is no public transportation. There is limited area coverage in Morgan County through the MCAT van, which clients can call ahead to arrange to be picked up for appointments. They MHC is not exactly sure how large the coverage area is. There are taxi services available, but their patients don't use them often due to cost.

Obtaining rides through friends, family, or neighbors is the only other recourse for most patients. This reliance on the schedules of others "contributes heavily to non-kept appointments." In general, patients at the Center will "regularly" miss appointments, something that occurs multiple times per week and has "been a headache for years." An estimate of the total rate of non-kept appointments was 30-35%.

Low transportation access was characterized as "a big problem, and has been for years." In all 3 counties, especially in Limestone and Lawrence "either you have transportation or you have to beg someone to give you a ride." The patients living in the furthest outlying areas are generally most impacted, but the transportation issue affects the spectrum of age, racial, and gender demographics. It is estimated that probably 70-80% of the MHC's patients are affected in some way by inadequate transportation.

Due to restricted transportation access, it can be difficult for patients to get to pharmacies and appointments regularly, limiting their access to medications negatively affecting the success and pace of their recover, especially when there is already constant stress in their lives stemming from their mental health problems. A patient not being able to adhere to a treatment schedule puts them at very high risk for relapse, and on top of that, and estimated 80-90% of patients have comorbid medical issues that can also be exacerbated without regular care.

There is a pilot grant-funded program to train Community Specialists through the state of Alabama. These are professionals who do much of what case managers do, can help with case management and also work with patients 1-on-1 to arrange transportation. It would be "extremely helpful" for mental health centers and other larger healthcare provider systems to have more people with these skills.

Northeast Alabama Health Services, Inc.*Jackson, DeKalb counties*

Northeast Alabama Health Services does not provide a van transportation system, but there is a local bus service in Jackson County patients will use, and another bus system in DeKalb as well. The clinic employs support staff that lives in many of the communities they serve, so they are able to stay informed on their needs. They also conduct quarterly calls to patients to survey them on healthcare- and transportation-related matters, as a means of determining the need for the clinic to provide more direct assistance.

It would be very beneficial to patients if there were more transportation systems in these very rural areas, not only for healthcare-related needs but for other essentials such as grocery shopping, which can also be difficult for those with limited transportation access.

The local churches could potentially be recruited help provide transportation if there was a way to make it cost-effective for them.

Transportation doesn't appear to be major problem for the patients that come to this clinic, since there is public transportation available (although they report that it is seldom used by their patients) and patients can often get a family member or friend to bring them if nothing else. Missed/rescheduled appointments have not been reported as common at this clinic, and the responses to their periodic patient questionnaires that have not indicated that patients are struggling with transportation. Additionally, pharmacies in the area tend to be located near their clinics, so any transportation issues for medication access wouldn't be very different from those related to doctors' appointments.

The clinic is located in a mostly rural agricultural area, composed of large families and close-knit communities who are generally willing to help each other. It is not unusual for family members to bring patients in when they need the help. They may or may not be charging fares for these rides, but patients haven't specifically reported this.

It is possible that there are patients who simply don't come because they don't have the access to transportation, so the clinic administrators recognize that they cannot be 100% sure of the extent of the potential transportation problem.

Quality of Life Health Services, Inc.

Etowah, Cullman, Calhoun, Talladega, Blount, Cleburne, Marshall, DeKalb, Randolph, Clay, Cherokee, Macon counties

Quality of Life Health Services covers 18 counties, up from 12 as recently as 2013. That year, they took over cases for a previous FQHC that was losing funding and had been closing satellite sites. By 2013, they were down to one site to cover the counties of Bullock, Chambers, Macon, Lee, Tallapoosa, and Russell. Quality of Life has recently opened a new site in Tuskegee, with future plans to expand with more sites in those counties. These are areas that they have identified as having a “great need” for transportation.

This FQHC formerly offered transportation assistance to maternity care patients, but has not been able to maintain that service. They’ve identified a limited transportation system for public housing residents in Gadsden, useful to their patients there because they only have one clinic located in one of the city’s public housing developments. Lee-Russell may also have a cooperative transit program for the elderly, bringing them to senior centers

There is a trolley system within Gadsden that is reliable and very affordable, \$1 or \$0.50 per ride. There are rural county transportation systems available throughout Quality of Life’s large coverage area, some of which serve only elderly patients, some a more broad clientele. Fees are generally low and affordable for local transportation needs. Kid One Transport is another resource that is commonly used, and they connect patients to the NET program if they have Medicaid coverage that makes them eligible for it.

It is difficult to get patients to return for follow-up and preventative appointments when they lack reliable transportation. If a patient is not immediately sick, and they can’t afford to commit the time or money it would require to see a doctor for non-emergent care, they are more likely to miss or cancel their appointments. Instead, patients with transportation barriers will present for acute care only when they are most in need of it.

In the most rural areas, Quality of Life’s sites may have to cover an entire county. It can be difficult to adequately service such a large area, especially if transportation is limited. Transportation access is a higher priority issue in some areas than others. The Gadsden area, where this system has numerous sites, does well. Anniston is also an area with improved healthcare access, where while they do not have a city transit system, most patients can make it to the FQHC sites there even by walking. Sites in Cullman also receive fewer patient complaints about transportation issues. In more rural areas, however, patients often report transportation as their largest obstacle to obtaining healthcare. The most challenged areas are those counties that Quality of Life has most recently begun to cover (Bullock, Chambers, Macon, Lee, Tallapoosa, Russell).

To help overcome transportation barriers, the FQHC system is currently expanding their use of telemedicine implementation. Since October 2012, they have also employed a mobile health clinic, a 40-foot long bus-like vehicle that is outfitted to provide dental, medical, and eye services. It features a multi-use chair that functions as exam table and dental exam chair, as well as a satellite communications dish to connect to the electronic health records network. This is mostly used to serve school-aged children, and most often around the Gadsden area, but they have expanded their coverage area somewhat since the program’s inception. With more funding to cover operating costs and potentially additional vehicles, it could be expanded further. They report that the dental services tend to be in the highest demand for patients who take advantage of this program.

This opportunity arose from a grant from the School Based Health Center program, which supplied the funding to buy the bus. Because units such as this come with a fully-equipped purchase cost of \$300,000-400,000, the start-up costs represent the biggest obstacle to other healthcare providers implementing such a program, though this representative did indicate that Franklin Primary Health Center (another FQHC based in Mobile) also has a mobile unit. It was suggested that trailer versions of this mobile unit would be a less expensive alternative to local or state governments, or healthcare systems. The trailers could be moved between various locations within a county/region or health system's coverage area on a rotating basis in order to provide services to more rural communities. Leaders in those communities would assume the responsibility of scheduling patient appointments and staffing the mobile clinic with the physicians, nurse practitioners, or other medical personnel necessary to provide care, while the financial costs of purchasing and maintaining the trailer and equipment could be diffused.

Med-Assist
South DeKalb Family Medical Center
Marshall, DeKalb Counties

Albertville has public transportation, a van system where rides are scheduled in advance which mostly serves retired and low-income citizens. There is also a taxi service, which also requires scheduling ahead and charges a fare. There are no comparable transportation resources in Crossville, however. Patients near either location will also seek rides from neighbors and relatives. If a patient is bed-bound or has a disability, Union Rescue Squad (or other ambulance services) will be called to help, but they must also charge a bill for transport (or bill Medicaid if the patient is covered for it).

Patients with limited transportation access must sometimes wait long times to be picked up from their appointments when finished. In one particularly notable case, a patient waited at the clinic from 2AM-6PM. sometimes, patients have to be taken home by clinic staff in personal vehicles.

It is possible that church vans or school busses would be adapted for use in assisting patients with healthcare-related transportation, but there are liability issues that currently prevent this.

The general low-income population seems to be the most affected by inadequate transportation, and it is reported to be a challenge for them. The clinics will work with patients to schedule within their availability as often as possible, but it was estimated that patients will have to schedule at an inconvenient time for them or will miss appointments up to 25% of the time. If the state or local government could provide funding assistance for new vehicles, the clinic would like to hire a driver to provide transportation their own transportation assistance service to patients.

Horizon Healthcare, LLC
Pisgah Medical Clinic
Premier Medical Clinic, LLC
Valley Head Clinic, LLC
DeKalb, Jackson counties

Some patients ride the public bus in Hanceville (through CARTS), but this system only runs for certain hours, requires patients to schedule their rides in advance, and they charge a fare, all of which are potential barriers to access for certain patients.

In Jackson and DeKalb counties, transportation access isn't as much of an issue, but the clinics in Cullman county face the worst transportation-related problems with their patients, particularly among the Medicare and Medicaid populations, since Medicaid NET does not seem to operate in this area. The clinic does their best to schedule around the patients' availabilities and reschedule appointments when necessary. Most problems occur with patients getting to the appointments, not necessarily getting back home from them.

Limited transportation access increases the difficulty associated with maintaining almost any type of appointment, especially follow-up appointments and prescription refills.

The elderly seem to be the most affected segment of the patient population. They may experience increased difficulty staying aware of available resources, and are often income-limited, which affects their ability and willingness to pay the fares associated with transportation. Some of the senior citizens and adults here are also poorly educated and struggle to understand the Medicaid and Medicare programs: how referrals work, what services are and are not covered, and what resources they have access to. Overcoming these knowledge and information gaps can be just as crucial as overcoming transportation gaps.

Limestone County Public Health social work office*Limestone County*

There is public transportation available to patients in Limestone County. The local Council on Aging assists elderly patients (60+ years old) in getting to local appointments. They are able to provide patients with wheelchair-accessible transport for medical appointments twice per week, even for appointments that require out-of-county travel. They can only assist ambulatory patients with intra-country travel, however.

Helping Hands is another program that provides non-emergency transportation within and outside of the county to patients that are able to schedule their rides in advance. It mostly serves Medicaid patients. If a patient has private insurance or Medicare coverage, they will still be able to provide transportation, but patients will need to pay their fares out of pocket.

CASA (Caring Assurance System for the Aging/Homebound) also provides some volunteer ride-providing services at times when they have someone available to give them. Similarly to the other services, patients will need to schedule their rides in advance. There are no transportation resources available that run on fixed routes and schedules.

Medicaid and other low-income patients tend to experience the most significant transportation-related difficulties, even though they may have access to the Medicaid NET program. Patients report difficulties with using this system: reimbursement often doesn't come to them in a timely manner, and the long telephone hold times (reported to be 30-40 minutes or more) can make scheduling rides difficult and inconvenient as well.

In general, transportation is "a big obstacle" to healthcare access here. If there were some form of public transit, people would likely be increasingly able to get to their necessary appointments. Currently, patients will have to miss or cancel some appointments when they can't access reliable forms of transportation.

Madison County Public Health social work office*Madison County*

Madison County patients may have several transportation options available to them. There is a Huntsville City shuttle bus that runs on set schedules and routes. It charges low fares for Medicaid patients (\$.50 each way); however, the closest stop is approximately 1 mile away from the current Medicaid office, so patients that need to get there will have to ride then walk. TRAM is Madison's county-level transportation system, but is also limited to running on set schedules and routes.

Handi-Ride is a service that patients must qualify for, but is able to pick them up near their homes for healthcare transit, charging \$2 per one-way trip. This system works better for non-ambulatory patients. The Elder Ride service is another option specializing in transport and assistance for elderly patients, however it does not accept Medicaid payment and charge an expensive fare (reported to be \$200) that many patients cannot afford. Friends, Inc. is a community group with their own set of qualifications for patients that they will transport, it is mostly used for the elderly and mentally ill, often female patients. Kid One Transport has also recently been extended to Madison County, serving pediatric patients. Patients living in the Huntsville area may also sometimes use taxicabs to get to their appointments.

Family support can be limited: it may be a transportation barrier to some, a dependable source of rides to others. Having to pay for these rides is often reported by patients as an issue, however.

The area's large homeless population and mental health patient populations tend to face the most severe transportation-related difficulties. Single parents and low-income individuals face barriers as well. And while transportation accessibility is generally good throughout Huntsville, patients living in the county's more rural areas have greater transportation-related issues.

In general, transportation in Madison County was described as "somewhat limited," representing a relatively high-priority public health issue for the patient groups it most affects. Affordability for certain transportation services is an issue to patients. The long delays and wait times incurred at times by using public transport can also be a barrier: social workers will sometimes have to ride busses with patients just to get them to go to their appointments.

More broadly, there hasn't been enough of a push to help educate the community at large on the transportation needs that some patients have. It may be possible help bring about new solutions to this issue by inviting more community involvement

Marshall County Public Health social work office*Marshall County*

There are some public transportation systems within the cities of Guntersville and Abbeville, which patients occasionally use, but not often. They are most commonly used for prescription pickups, but are not as helpful to patients who need to get to doctors' offices in another city or county. There are a few taxi services, but they only operate within the county and cannot be used to transport longer distances. Occasionally, Kid One Transport will provide pediatric transportation to Birmingham; however, this is relatively rare, as they usually just provide local transportation within the county in this area. Medicaid NET is also available to provide assistance and compensation to Medicaid patients in the area.

There is a volunteer community service organization serving elderly and disabled patients that will sometimes take them to medical appointments if they happen to have a volunteer available to do so. Otherwise, patients commonly obtain rides from relatives or friends, and often report having to pay gas money for these rides, sometimes more than they can afford.

There are some churches in the area that will already help patients pay for their prescriptions, so it would be of great help if there were a way to help them provide transportation as well. One church in Abbeville has a free medical clinic that they conduct once per month, where they bring in a doctor to help patients on a first-come-first-serve basis. However, this is often so heavily in demand that the church will actually have to turn some patients away.

There seem to be more services designed to assist children or the elderly, but low-income, middle-aged adults fall can through the cracks. This is the patient demographic that social workers most frequently have to work to assist. Additionally, patients living in the Boaz area generally face more transportation-related barriers, since there is no public transportation and few community resources.

Limited transportation is a "high-priority issue" in this area, inhibiting patients' abilities to keep standard medical appointments and check-ups and causing "a fair number" of these appointments to be dropped.

DeKalb County Public Health social work office*DeKalb County*

There is some public transportation available to patients for travel within DeKalb County; however, there is no service for transportation-limited adults to get out-of-county transportation, unless they can recruit church volunteers to assist them. Finding a long-distance ride in that capacity is a “needle in a haystack” endeavor, because the liability that they could assume is a major issue. Patients almost always have to be able to find a family member or friend that can provide those rides. For children, Kid One Transport has been “very helpful” in providing long-distance travel.

Low-income adults are the primary demographic segment that experiences transportation difficulties. Even though most adults do have vehicles, some of them may not work well and aren't trustworthy. The county social work office consistently receives 2-3 calls per week from these types of patients in need of transportation assistance.

The local ambulance service could potentially be used to assist with local-area transport, but this isn't a proper use of this resource and it would cost more to the patient than they would be reimbursed through their Medicaid NET voucher, so this solution doesn't truly help low-income adults.

Adults with Medicaid have limits on the number of doctor visits they can make per year (reported to be 14). Even seeing a physician simply to get a new prescription counts towards this total. Once the limit is reached – which reportedly happens frequently, representing a “major issue” for patients with multiple health problems – patients may call ambulances to present to the emergency room as a means of getting healthcare, which can end up being more costly and ties up the EMS system for improper non-emergency transport.

Medicaid might need to allow for increased numbers of visits if the patient's primary doctor approves them as absolutely medically necessary. Otherwise, if a patient has a chronic condition such as COPD, heart failure, or asthma, they tend run out of visits very quickly.

Area II Public Health Social Work Director*Morgan County*

Transportation-related healthcare access barriers are the area's largest public health issue, consistent in all 7 counties. The issues are especially large for the furthest-flung patients, and for patients that have to travel to Birmingham for specialist appointments.

The MCAT transportation system provides local public transportation within the area. It requires a voucher, and sometimes patients can't even afford that. Social workers will donate vouchers to clients, but in more rural counties, this transportation option doesn't even exist. Those patients may end up missing appointments since they are dependent on a family member or friend to take them, and this can cause exacerbated health issues, a loss of the doctor's services due to non-compliance, and potentially, increased emergency room visits and re-hospitalizations.

There is greater transportation access and resources in Madison County than in other counties in the area.

Most of the clients that county-level social workers work with are on Medicaid, but they also get frequent calls from people without health insurance and are also without the transportation means to access healthcare reliably. Patients in Lawrence, Jackson, and parts of Morgan counties seem to experience the most difficulties.

Kid One Transport

DeKalb, Limestone, Madison, Marshall counties

Kid One Transport is a 501(c)(3) nonprofit organization that provides transportation to medical, dental, and mental health care services for Alabama children and expectant mothers who are transportation disadvantaged. They are the only transportation service of this kind within the state, facilitating access to a variety of health care services, including preventive care, behavioral counseling, high-risk prenatal care, and pediatric dialysis. As a result, they collaborate with over 500 health care organizations, community service agencies, physicians, government agencies, and nonprofits throughout Alabama in order to meet the needs of the children and families they serve. They are also working closely with Alabama's Regional Care Organizations to help them prepare for implementation and to inform them on the transportation barriers that exist within each region.

Kid One has most recently added Morgan, Limestone, Madison counties to their operating area. In addition to those three, they have also extended their transportation coverage Chambers, Lee, Russell, Bullock, Marion and Marion counties – a total of eight new counties – within the past two years, bringing the size of their total coverage area up to 43 Alabama counties. They eventually seek to add coverage to the northeastern and southeastern regions of the state, where transportation barriers are significant, and ultimately to cover all 67 counties in the state. However, there are no present plans to add coverage to additional counties in the immediate future. The system cannot expand without additional revenues to cover the costs of additional vehicles and personnel, therefore funding is the principal reason for geographic limitations to their system. Currently, 81-82% of their funding is obtained through donations, private sources, and grants. They also receive some about 10-12% of their total reimbursements from Medicaid, but only about 40-50% of time that they service Medicaid patients.

Approximately two-thirds of Kid One's transports are local, and the remaining one-third are long-distance transports to receive specialty care at hospitals in Birmingham, Montgomery, or Tuscaloosa. Last year, they provided 13,000 local transports within Jefferson County, and approximately 7,000 longer-distance transports from other counties into Jefferson County. To Jefferson County they serve a role as economic catalysts, bringing 7,000 patients in to healthcare providers located there, however they receive no government or private funding from them. Children's of Alabama, as well as the City of Birmingham, used to be significant providers of funds, but these have been curtailed more recently. Some cities are more supportive of this service than others.

Kid One currently owns a fleet of twenty-one vehicles, five of which are wheelchair-accessible, so they are able to accommodate a wide range of patients. They provide strictly non-emergency healthcare-related transportation, and in some areas of their coverage map, they are the only dedicated healthcare transportation provider. Clients can schedule appointments as many as thirty days in advance, though they only ask for at least a three days' advance notice. The scheduling system is "first come, first serve," so there are limitations on the amount of patients that the system can handle at a given time. Additionally, they can currently only provide transportation on weekdays, at times of day when healthcare providers are open to receive patients. This reduces their liability and simplifies ride scheduling.

Kid One will provide transportation to children up to age 19, as well as expectant mothers of any age, and they maintain a low denial rate of approximately 3%. If a patient is denied a ride, it is typically due to high demand and related scheduling difficulties that have resulted in no vehicles being available in the patient's location at the requested time. No patient is denied a ride on the basis of their ability to pay, even though 83% of families they serve report a household income of less than \$10,000. Because there are no income requirements or restrictions on becoming a Kid One client, patients and their families need only to register and fill out an application in order to begin accessing their service. If the patient is a Medicaid recipient, Kid One asks them to facilitate Medicaid's NET reimbursement process, requesting that the payment be sent to Kid One in order for to cover the costs of their transportation. However, they have experienced problems with patients who collect the reimbursement themselves rather than have it sent directly to Kid One, and though they have notified the Alabama Medicaid Agency of this issue, changes to prevent it have been slow to arrive.

There are still many transportation-related barriers to their patient population, however. Even in some rural Alabama counties that lack local transportation providers, Kid One can only provide long-distance transport for specialized care, as it is logistically unfeasible to provide local transportation to all patients in these counties who may need it while continuing to provide essential long-distance transport to such a wide catchment area. They are only able to provide local transportation in more urban areas, where demand is high but transportation times are short. They also perceive one of the largest transportation-related healthcare access barriers to be in connecting rural patient populations to non-profits and other organizations that can help them. There is a need to reach out to rural communities and make it known to them the services exist and are available to assist them. "The education process for their clients is essential."