



**MICHIGAN HEALTH  
ENDOWMENT FUND**

**FROM HERE  
TO THERE**

**HEALTH-RELATED TRANSPORTATION  
GRANTS AND LESSONS SINCE 2014**

**MARCH 2020**



## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>4</b>
<b>INTRODUCTION</b>	<b>5</b>
<b>WHAT WE'RE TALKING ABOUT WHEN WE TALK ABOUT HEALTH-RELATED TRANSPORTATION</b>	<b>6</b>
<b>THE WILD WORLD OF TRANSPORTATION PROVISION AND FUNDING</b>	<b>8</b>
<b>GETTING TO THE DOCTOR IN MICHIGAN</b>	<b>10</b>
WHAT'S AVAILABLE FOR MICHIGANDERS WHO NEED RIDES?	12
<b>OUR GRANTMAKING IN TRANSPORTATION</b>	<b>16</b>
<b>MODELS WE'RE WATCHING</b>	<b>23</b>
<b>CONCLUSION</b>	<b>26</b>
<b>APPENDIX A: HEALTH-RELATED TRANSPORTATION GRANTS</b>	<b>30</b>
<b>APPENDIX B: METHODOLOGY</b>	<b>32</b>
<b>ADDITIONAL RESOURCES &amp; REFERENCES</b>	<b>34</b>

### **REPORT AUTHORS AND CONTRIBUTORS**

#### **EVALUATION TEAM**

RORY NEUNER, EVALUATION OFFICER

JOHN SLOCUM, EVALUATION ASSOCIATE

#### **COMMUNICATIONS TEAM**

HAYLEY ROBERTS, COMMUNICATIONS OFFICER

JACOB SCOBAY, COMMUNICATIONS ASSOCIATE

#### **EXECUTIVE LEADERSHIP**

PAUL HILLEGONDS, CHIEF EXECUTIVE OFFICER

TERRY GARDNER, CHIEF OPERATING OFFICER

#### **GRAPHIC DESIGN BY ZOYES CREATIVE**

## EXECUTIVE SUMMARY

The Michigan Health Endowment Fund wrote this report to better understand our role in health-related transportation. In the following sections, we define what we mean by “health-related transportation” and explain how people in Michigan rely on various services and organizations to access medical care. We review the health-related transportation grants we made between 2014 and 2019, examine their impacts, and highlight some successes. Finally, we present some trends taking shape outside the Health Fund and recommend strategies for maximizing our impact in the future. One thing we learned while writing this report is that the Health Fund’s investments in health-related transportation have been delivering clear and positive impacts. Our grantees have been able to expand the services they deliver and, in notable cases, improve health outcomes.

We also learned that, although our previous transportation grants were not driven by an overarching strategy, they had clear commonalities: some projects directly helped people get to medical care, while others focused on either coordination, payment, or education.

As the report describes, health-related transportation is a complex system, both in terms of the people who rely on it and their diverse needs as well as the web of players (and payers) who provide services. While this on-the-ground work is critical, this report elucidates just how crowded that space is and determines that directly supporting service delivery is not the best use of the Health Fund’s resources.

Instead, we find that the Health Fund should shift its transportation focus to improving the system in which these direct service programs are operating. Our investments should aim to permanently streamline and coordinate service delivery; facilitate collaboration and change at the statewide level; and ensure those who use health-related transportation are empowered to improve the system.

Finally, our focus will also move beyond just grantmaking. We can’t do this work alone. As a statewide funder, we have the capacity and resources to drive change, not only by supporting projects, but also by bringing together decision-makers from the too-often disparate worlds of health and transportation.

## INTRODUCTION

### When you’re sick, you go to the doctor.

Many of us take this for granted, but it’s a deceptively simple statement. How does an older adult with poor eyesight go to the doctor if there’s no one to drive them? How does a child who requires frequent consultations with their psychiatrist go to the doctor if the closest specialist is a four-hour drive away? How does a wheelchair user or someone who can’t afford a car go to the doctor if there’s no public transit in their community?

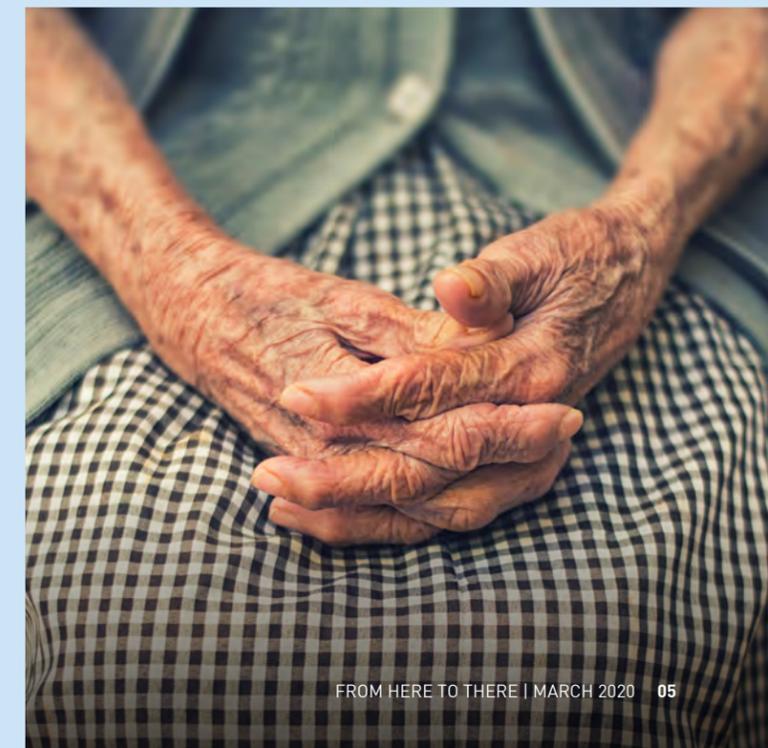
When we zoom out a bit further, we see how transportation plays a role in health beyond just getting to an appointment. As a social determinant of health, transportation can help or hinder our overall picture of health: do we have a reliable way to get to the grocery store, employment opportunities, and outdoor spaces where we can be active? Do we live near a congested highway that pollutes our neighborhood? In this way, all transportation is health-related, and the answers to these questions are woven into our health and well-being.<sup>1</sup>

“Health-related transportation” is one of [eight focus areas](#) at the Michigan Health Endowment Fund, defined for us in our 2013 enabling legislation. In our first five years, we’ve worked to understand that term and figure out how it fits into our grantmaking. Some tasks are too big in scope for us to meaningfully tackle alone. We don’t have the resources, for example, to overhaul public transit across the state. Conversely, other approaches are too limited to create lasting change. We can help some community organizations purchase vans to drive people to appointments, but not all of them—and what happens when it’s time for a new transmission?

This report is one part look back and another part look forward. It evaluates our investments to date in “health-related transportation,” telling the story of the impact of the projects we’ve funded. Looking ahead, this report identifies a strategic

path forward, using what we’ve learned to steer us toward greater impact with our future grantmaking.

So, despite the multidimensional nature of transportation, our approach is likely to be narrower than transit as a social determinant or environmental factor. In the following pages, you’ll see us try to find and articulate that sweet spot: how can we help the most (and most vulnerable) Michigan residents better access healthcare by supporting specific transportation initiatives?



# WHAT WE'RE TALKING ABOUT WHEN WE TALK ABOUT HEALTH-RELATED TRANSPORTATION

To tackle this topic, we needed to develop an understanding of what “health-related transportation” means to the Health Fund.<sup>2</sup>

We know that all transportation is health-related in some way; that our mobility and our well-being are inextricably linked. In fact, the health costs associated with car and truck crashes, air pollution, and physical inactivity add up to hundreds of billions of dollars each year, yet health is not routinely or uniformly a major factor in transportation policy and planning.<sup>3</sup>

On the other end of the spectrum, “non-emergency medical transportation,” or NEMT, means something very specific to most people: a distinct set of services guaranteed and funded primarily by Medicaid.

On the spectrum between the broad view of transportation as health and the specificity of NEMT benefits is a medley of services that help people get to medical appointments and other health-related destinations. These services aren't necessarily covered by the Medicaid NEMT benefit—so while NEMT is included in health-related transportation, the terms aren't interchangeable.

When the Health Fund says “health-related transportation,” we're referring to NEMT as well as a few more layers of support, including public transit, community organizations, and other innovative solutions. Something like “NEMT plus.” (See Figure 1)

Generally speaking, this is any service designed to help people get to a care provider. Most of these services support three specific populations: older adults, people with disabilities, and families with few transportation options.

These three groups often overlap. For example, Michigan is home to older adults in the rural Upper Peninsula who live hours from the nearest specialist, can't drive, and aren't served by any public transit. There are young children in suburban Detroit with chronic, complex conditions that require frequent medical appointments, whose families can't afford a wheelchair accessible van. These are the kinds of challenges the Health Fund is aiming to solve when we talk about health-related transportation.

Before we move full steam ahead using our definition of health-related transportation, let's put a pin in two factors that don't fit neatly within that definition:

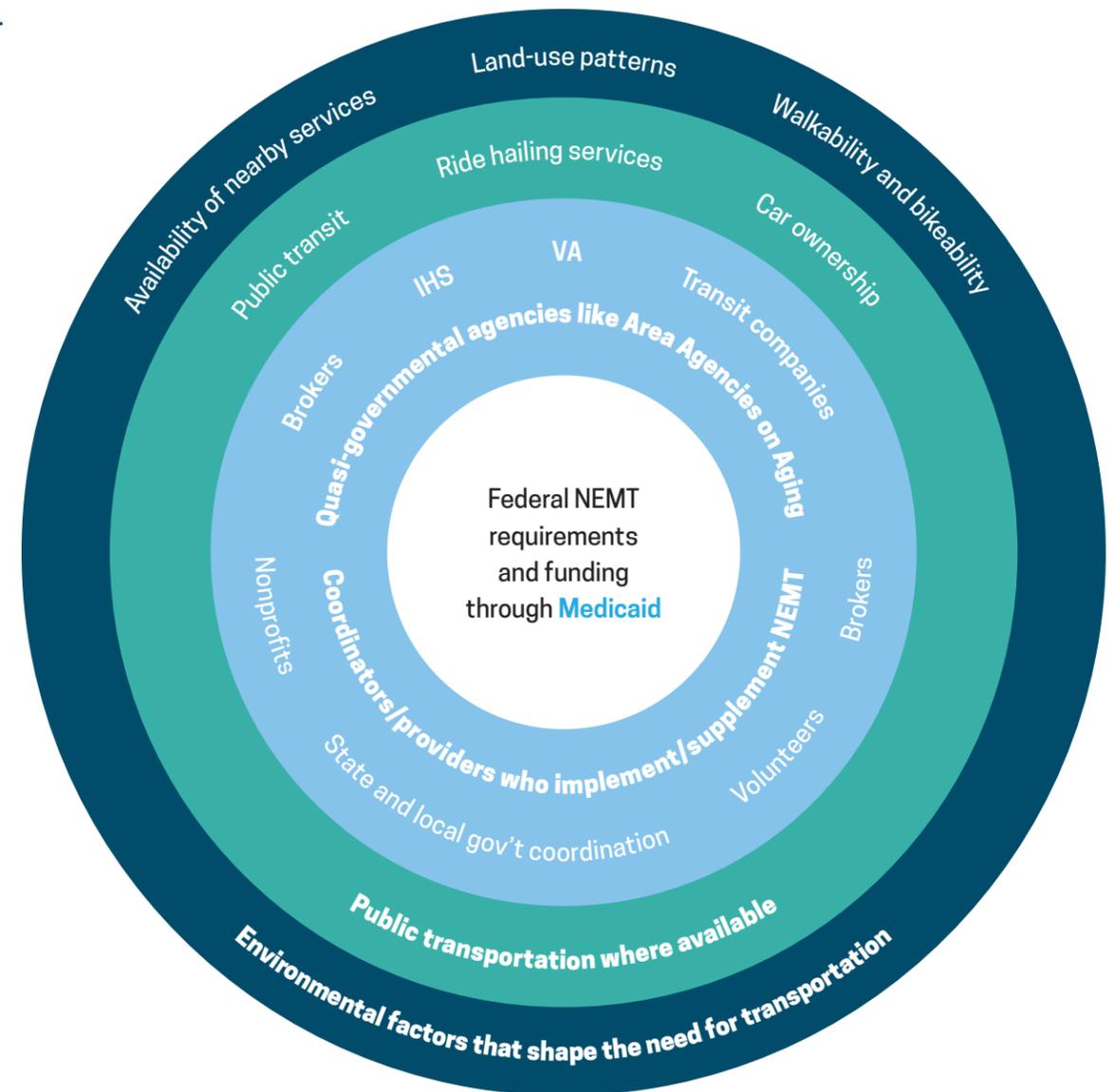
## 1. NON-TRANSPORTATION SOLUTIONS

Interventions like telemedicine or mobile medical units aren't transportation solutions, but they can work for people and communities that need creative solutions to access care.

## 2. CONNECTING THE DOTS BETWEEN HEALTH AND TRANSPORTATION AT A HIGHER LEVEL

The Health Fund can't transform Michigan's entire transportation system, but we can be a part of the conversation about how to improve it. Specifically, we can help connect agencies, policymakers, and ideas in transportation to those in health. We'll come back to this idea later in the report.

FIGURE 1





## THE WILD WORLD OF TRANSPORTATION PROVISION AND FUNDING

### WHAT IS NEMT?

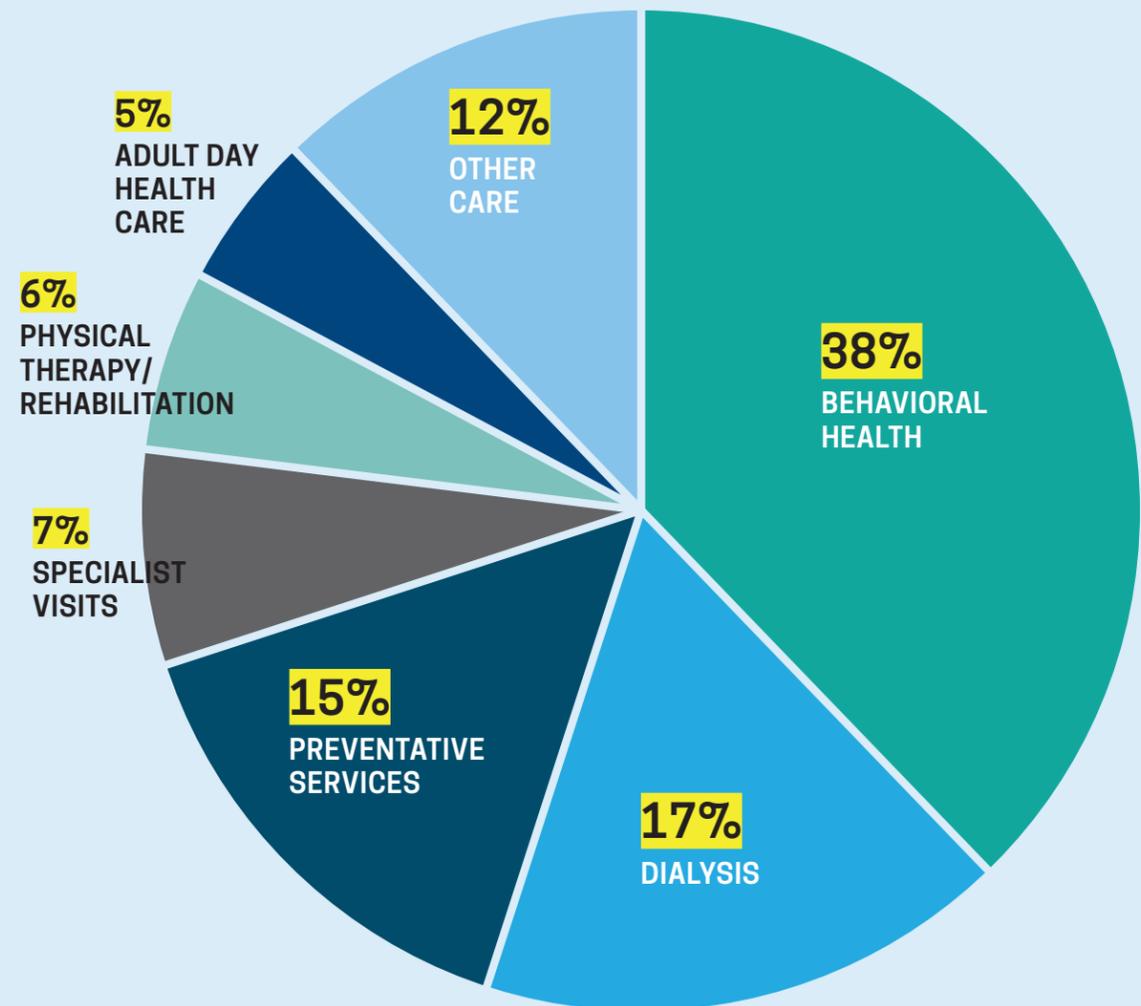
The federal government requires states to ensure that Medicaid enrollees have transportation to and from care providers for medical appointments. The services that meet this requirement are referred to as non-emergency medical transportation, or NEMT.<sup>4</sup> Medicaid enrollees use NEMT to access services like preventative care, specialist visits, dialysis, and behavioral healthcare.

To be eligible for NEMT, enrollees must meet certain qualifications, like not having a driver's license or a working vehicle, being unable to travel alone, or having a cognitive or physical limitation.

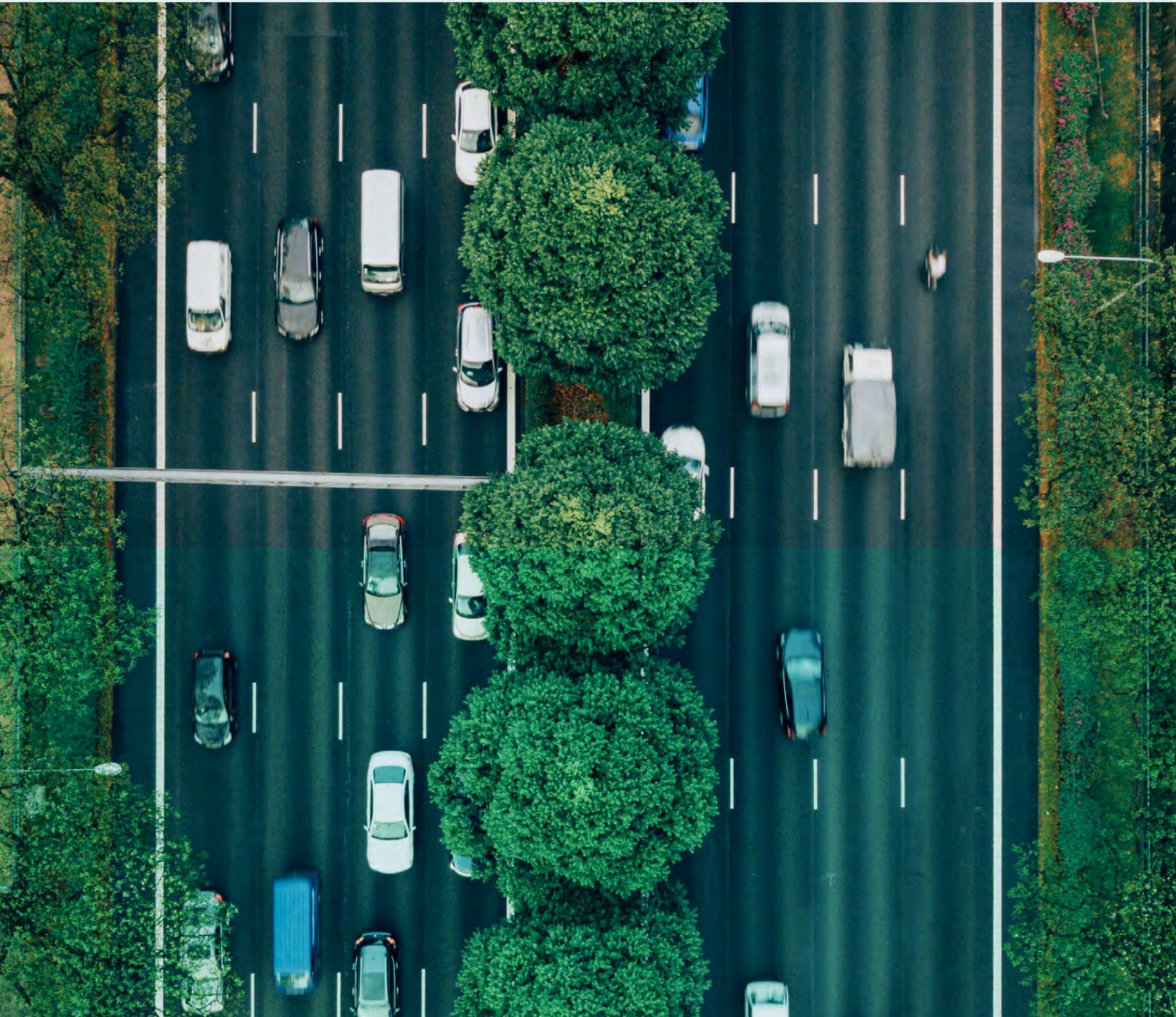
NEMT implementation varies from state to state, but there's one constant: it's complicated. States can obtain waivers that affect the federal requirement. The state department that runs the benefit—the Michigan Department of Health and Human Services in our case—often contracts with brokers to manage NEMT services, and in turn the brokers rely on a variety of modes and providers. And states rely on a tapestry of agencies, methods, and funding streams to meet the federal requirement.

**!** We'll talk more about Michigan's NEMT in the next section and touch on a few other states' systems later in the report.

FIGURE 2  
WHAT ARE PEOPLE USING NEMT FOR?<sup>5</sup>



**NEMT IMPLEMENTATION VARIES FROM STATE TO STATE, BUT THERE'S ONE CONSTANT: IT'S COMPLICATED.**



## GETTING TO THE DOCTOR IN MICHIGAN

Michigan's dominance of the auto industry can misleadingly imply that we're a land of transportation plenty. The reality is that many Michiganders have scarce access to a reliable ride. 12% of Michigan residents of driving age don't have a license, and even among those that do have one, a license alone isn't a guarantee of a vehicle.<sup>6</sup>

---

And not everyone can hop in a car even if it's available as an option. The "last mile problem"—a common issue in transportation planning—can quickly become the last-few-feet problem given people's vastly different health and medical needs. This is especially true for older adults. And the way they request help, who provides it, and who pays for it could all be different as well.

As much as people's needs differ, communities differ, too. Between urban streetscapes and country vistas, Michigan is home to a couple thousand cities, villages, and townships with different densities of people, health services, and transportation services. Someone in Keweenaw County who must see a specialist located four hours away needs a different kind of support than a wheelchair user who lives on a bus rapid transit line in Grand Rapids. Considering the varied needs and the complex funding streams that support health-related transportation, this "landscape" is as local as the streetscapes and vistas themselves.

## WHAT'S AVAILABLE FOR MICHIGANDERS WHO NEED RIDES

If you can't take a personal vehicle, you have a pretty well-defined list of options for getting to the doctor. They include the following:

### PUBLIC TRANSIT

Public transit provides a crucial backbone for many Michigan communities and can be a lifeline for people of all walks of life. Michigan is home to 82 different public agencies serving communities across the state, including 21 in urbanized areas.<sup>7</sup> In those communities where it exists, transit is typically Medicaid's first choice option, assuming it is the least expensive.

Trains and buses, including Bus Rapid Transit (BRT), typically operate as fixed-route services, meaning they keep a standard route on a standard schedule. Many transit systems also offer some level of flex-route or demand-response services, which can adapt to user needs, as well as carpools or volunteer services. Many rural counties have some form of public transit, typically in the form of demand-response services.

Despite transit's role as an indispensable component of health-related transportation, even residents of transit-dense urban cores face challenges using it. Whether it's inadequate service or difficulty using the system due to physical limitations, Michigan's transit is far from a panacea.



### MEDICAID NEMT SERVICES

In a world where 1 in 5 Americans rely on Medicaid to pay for their healthcare, no conversation about health-related transportation is complete without a discussion of NEMT. Even if you've never used health-related transportation services yourself, NEMT-backed services are taking people to appointments all around you.

NEMT isn't a specific mode of transportation or a vehicle type. It's a benefit—a gateway to a ride for some of the most vulnerable among us. Sometimes it looks like a van, equipped to be accessible for a range of physical impairments, with a driver specifically trained to assist with door-to-door service. Other times it looks like a city bus, with a passenger using a bus pass paid for by the Medicaid NEMT program.

Regardless how the benefit is provided, NEMT is one of the most common and effective health-related transportation services across the country. The system isn't perfect—tomes have been written on its inefficiencies<sup>8,9</sup>—but a wide and growing body of evidence shows that NEMT helps improve health outcomes for Medicaid patients, saving money for payers, patients, and caregivers alike.<sup>10</sup> This is especially true for especially for those with chronic conditions that require frequent trips to a provider, like diabetes, heart disease, cancer, COPD, or asthma.

How each state approaches NEMT is different; it depends on the policy structure, demographics, and transportation resources already in place. Michigan operates its NEMT system on what's called a hybrid model: a combination of a brokerage and fee-for-service.

### Brokerage model

The brokerage portion of Michigan's program is run by LogistiCare, a national for-profit company that manages NEMT services in other states, too. LogistiCare has a contract to manage brokerage services in Oakland, Macomb, and Wayne counties—in other words, our state's most densely populated region, accounting for almost 80% of statewide Medicaid NEMT costs.<sup>11</sup>

An NEMT broker's job is to qualify, book, and schedule non-emergency trips for clients. As Figure 3 depicts, the client calls the broker, typically located at a call center, and the broker verifies that the client is eligible for NEMT services, based on state or health plan records. The broker then coordinates transportation for the client, either for a single trip or a series of trips. They do so with a transportation provider that they've contracted with, who in turn coordinates with a driver, who actually transports the client to and from their appointment.

As you can see from this explanation, there are many cooks in the NEMT kitchen. And let's say the driver is running late; without robust technology in place, the call center has no idea this is the case until the client calls in to ask: hey, where's my ride? With a variety of specific setups and so many moving parts, it's no wonder that coordination problems pop up.

### Fee-for-service

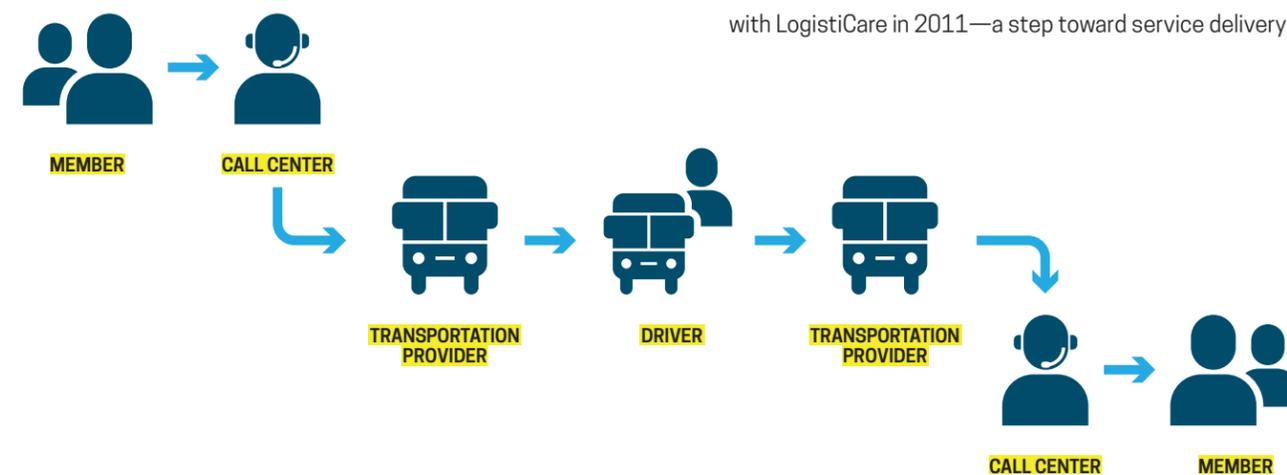
On the other side of Michigan's hybrid model is the fee-for-service system. The NEMT fee-for-service payment model is like most fee-for-service systems in healthcare: services are unbundled and paid for separately. Some criticize these systems because they create an incentive for physicians (or transportation providers, in this case) to provide more treatments (rides, in this case) because getting paid depends not on the quality of the service, but on the quantity.

MDHHS administers the fee-for-service side of NEMT through field offices in counties across the state, except in the Southeast Michigan brokerage counties. The program includes transportation to Medicaid services as well as transportation to dental, substance abuse, and community mental health services for enrollees enrolled in a Medicaid managed care plan.

In this system, clients request a ride through the county MDHHS office. The office reviews the request and conducts all activities necessary to administer the NEMT program, including provider registration, receipt, screening, approval of requests for transportation, and payment to providers and enrollees.

As you can glean from this description of Michigan's hybrid model, responsibility for running this critical program is diffuse. Historically, the NEMT system depended completely on a fee-for-service model run by local MDHHS offices. This setup relied heavily on volunteer drivers, along with public transit and commercial transport services. But the growth of Medicaid, budgetary pressures, and staff reductions overwhelmed local capacity to effectively administer the program, fraying the system and leading to late or missing pickups, stranded clients, not to mention high incidences of missed appointments. To solve the problem, the state signed the contract with LogistiCare in 2011—a step toward service delivery reform.

**FIGURE 3**  
HOW AN APPOINTMENT IS MADE IN THE BROKERAGE MODEL





## GETTING TO THE DOCTOR IN MICHIGAN

### OTHER HEALTH-RELATED TRANSPORTATION SERVICES

Beyond the Medicaid-funded NEMT program, there's a tapestry of other health-related transportation services in communities across Michigan. Here are some of the players:

- **Area Agencies on Aging/County Commissions on Aging:** Area Agencies on Aging (AAAs) typically operate at the county level, coordinating rides for older adults using dedicated transportation dollars available specifically to these kinds of organizations. While an important source of transportation for older adults, their services are constrained by local or county millage rates, making it complicated and sometimes impossible for AAAs to transport patients across county lines.
- **Veterans Administration:** The Veterans Transportation Service (VTS) provides transportation to veterans who require assistance traveling to and from VA healthcare facilities and authorized non-VA healthcare appointments. VTS also partners with service providers in local communities to serve veterans' transportation needs.<sup>12</sup>
- **Other public programs:** Other sources of transportation include the MI Choice Waiver program, which allows Medicaid-eligible older adults to stay in their homes instead of moving into a nursing home. The MI Choice Waiver administering agency in a given region (sometimes Area Agencies on Aging) is responsible for medical and non-medical transportation for participants. Another example is the Program of All-Inclusive Care for the Elderly (PACE) program, which is responsible for transporting participants to and from their PACE centers.

### COMMUNITY ORGANIZATIONS

Local nonprofits provide critical services where transportation services are otherwise scarce, often by using volunteer drivers. Michigan is like many other states—there are a plethora of organizations that offer rides, filling important gaps in service for those in need. These include national organizations dedicated to a particular population, major health systems, health clinics, public agencies, and small, local non-profits. Community organizations often face challenges similar to both government-provided transportation and ride-hailing apps: lack of funding, driver shortages, and regulatory hurdles, to name a few.

In spite of these challenges, community organizations and their many forms cover service areas and populations that can be among Michigan's most vulnerable. Often, one of the barriers for these organizations is whether or not potential riders are aware of their services in the first place. Regulatory, funding, and staffing challenges are significant, and using and maximizing resources that are already in place relies heavily on understanding the roles that community organizations play in communities and regions across the state.

### TRANSPORTATION NETWORK COMPANIES

Transportation network companies (TNCs) like Lyft and Uber have not only changed how we hail a cab—they're reshaping health-related transportation, too. For one thing, the quick availability of ride-sharing services in many communities has drastically altered consumer expectations about reasonable pick-up times and what role technology plays in connecting us to rides. These services are often cheaper than other options, too, leading to cases of misuse, like the case of people using Uber to go to the emergency department because it costs less than taking an ambulance.<sup>13</sup>

These innovations are forcing traditional transportation providers and NEMT brokers to be more responsive and to adopt similar technology. As Medicare Advantage plans expand the number of people eligible for the NEMT benefit, there's more demand to capitalize on, too. As a result, several states and health plans are looking at TNCs as a way to enhance their NEMT programs' responsiveness. This includes Michigan, which has joined five other states (Arizona, California, Colorado, Idaho, and Texas) in signing NEMT contracts with Veyo, a technology-focused transportation broker that offers features such as independent drivers; an app and a web-based portal for requesting rides; and predictive analytics to provide transportation services to Medicaid enrollees.<sup>14</sup> Health systems are getting in the game, too. In 2018, Henry Ford Health System launched a pilot project with Lyft to explore ways to ensure dialysis patients could access their appointments.<sup>15</sup>

But while players in Michigan are dabbling in this area, questions abound about how widespread of a role TNCs can truly play. While TNCs provide access to paid drivers, these folks aren't necessarily trained to help people get from doorstep to doorstep—some of them won't even get out of the car to help you with your suitcase. These companies also don't account for safety and mobility needs like wheelchair accessibility, car seats for infants, or communicating with someone who has cognitive limitations. Still, health providers are testing ways to partner with TNCs and overcome some of these hurdles to help more patients reach their appointments regularly and on time.<sup>16</sup>

## OUR GRANTMAKING IN TRANSPORTATION

Between 2014 and 2019, the Health Fund awarded 21 health-related transportation grants, supporting projects in every corner of the state. These projects addressed transportation in a variety of ways: connecting healthcare providers and transportation agencies, educating residents about options available in their community, and actually providing rides to those in need, including seniors, cancer patients, new mothers, and people living in rural areas where the nearest hospital is 50 miles away.

Beyond what they did, what did these grants achieve? What did we learn from them? And, based on what we learned, what strategic direction should the Health Fund's investments take going forward?

Our internal evaluation team canvassed the reports and results from all 21 of these projects, conducted interviews with a few grantees, and read supporting documentation. We found clear, ample evidence that our grantees made an impact. Grantees pursued new partnerships and expanded services. People had better access to care. In many cases, health improved.<sup>17</sup> Our funding boosted the work of our grantees, and our grantees boosted the opportunity for those they serve to access the care and services they need.

These investments fell into a few clear categories:

### 1. **RIDE COORDINATION**

Sometimes, navigating the intricacies of the healthcare system can feel like a full-time job: insurance, co-pays, specialists, deductibles. What happens when you also have to figure out how to get to your appointment? The largest category of grants aimed to smooth out how patients experience the task of getting a ride. Doing so led to fewer missed medical appointments, improved health, and more consistent use.

Two projects employed tech-savvy solutions to improve how patients and their providers connect to transportation. Bus.me from Wayne State University and Macomb County Interfaith Volunteer Caregivers' Driven to Good Health Initiative simplified ride scheduling, albeit in slightly different ways:

- Bus.me provided a smartphone application allowing low-income patients and health providers to coordinate appointments with public transportation schedules, aiming to decrease no-shows.
- Driven to Good Health developed ride scheduling software that helps volunteer drivers in Macomb, Oakland, and St. Clair counties connect with riders, coordinate with other drivers and track client information. These critical improvements helped ensure that 24-hour bedside-to-bedside transportation services could be delivered when and where they were needed.

Often, however, technology alone isn't enough. Several grantees aligned resources to ensure patients had someone on their team to navigate the system with them. Michigan Children's Health Access Program (CHAP), the Village of Hillside, and Bridging Communities each found ways to make sure an actual person helped ensure patients could get where they needed to go.

This was especially effective for vulnerable populations, including seniors, cancer patients, and parents with young children. Many seniors, for example, lack a consistent caregiver, and having an escort plus medical transportation services helped them remain independent, build ongoing relationships, and discover other services. In the case of parents with small children, being paired with someone to assist them also ensured that rides had the right equipment to get kids safely to the doctor:

"My children's pediatrician referred me to CHAP because I missed a few appointments. The woman from CHAP said she could help me get a ride to our appointments and asked me if I needed car seats. She got one for me and then called and made the appointments and scheduled the ride for me. CHAP reminds me of my appointments and connects me to resources like transportation."

**“CHAP REMINDS ME  
OF MY APPOINTMENTS  
AND CONNECTS ME  
TO RESOURCES LIKE  
TRANSPORTATION”**

— PARENT AND CHAP CLIENT

### 2. **PAYMENT**

If you think splitting a restaurant tab with a friend is hard, imagine a healthcare entity and transportation provider trying to tackle who pays for a patient's ride to and from an appointment. As we discussed in Section II, the number of entities and funding sources in the health-related transportation game makes it a crowded space. And fiscal constraints in communities often increase the need to identify and piece together multiple sources of funding to sustain or grow a system.

Several projects tackled policy issues related to payment, including reimbursement. In one, the Midland Area Community Foundation partnered with Michigan Transportation Connection (MTC) on a pilot to smooth the flow of funds needed to cover transportation for NEMT clients in Clare, Gladwin, and Midland counties. MTC convened the three county MDHHS offices in the region to establish a single fixed rate<sup>18</sup> structure for NEMT services.

MTC's pilot was wildly successful. The project exceeded its goals by delivering 5,400 rides, tackling major payment coordination issues, and saving money. As a result, following the Health Fund's original \$175,000 investment, MTC landed matching grants from two local foundations to extend the pilot for two additional years. And in 2017, MTC was awarded a \$1 million grant from the Federal Transit Administration to build out the infrastructure to support their brokerage services in other parts of the state.<sup>19</sup> This infrastructure includes regional mobility management centers, which will take calls from Medicaid enrollees and broker rides, housed in transit agencies, Area Agencies on Aging, and 2-1-1 contact centers.

### 3. EDUCATION

Given the mind-boggling number of providers of health-related transportation services out there, one major obstacle to improving services is just getting the word out—and doing so in a way that doesn’t make people’s heads spin. Another set of projects aimed to make patients more aware of the resources already available in their communities, and how to use those resources.

Two projects sought to raise awareness of existing transportation services. One focused specifically on the NEMT benefit. We know that awareness of NEMT is lacking in Michigan: 2017 findings by the Michigan State University Institute for Health Policy indicate that only about 36% of Medicaid Health Plan members were aware of NEMT as a service, and approximately 50% of fee-for-service (or ‘straight’ Medicaid) enrollees were aware.<sup>20</sup>

The Grand Traverse Regional Community Foundation’s 2019 Improving NEMT Ridership project aims to build NEMT ridership in Northwest Michigan by casting public transportation as a go-to resource for getting to and from appointments. In addition to helping local transit agencies coordinate ride scheduling, one of the program’s cornerstones is an NEMT awareness-building strategy. They’re placing advertisements on buses and at stops around the community and educating potential riders on how to use public transit.<sup>21</sup>

The 2015 Dickinson Area Community Foundation project also educated residents about available options, but with a much broader view of existing transportation resources. This effort provided residents with the opportunity to learn about the benefits and ease of seeking alternative ways to move around their community through classes provided at local YWCAs and print, radio, and social media advertisements. The goal here wasn’t to promote a new resource or model; instead, it highlighted how people could take transit, walk, or bike to get where they needed to go, through community forums and social media, newspaper, and radio ads.

### 4. GETTING PEOPLE WHERE THEY NEED TO GO

Finally, many of the projects we funded found our grantees doing the hard work of getting people (and their caregivers) to and fro. Eight projects directly provided transportation services, providing over 28,000 rides to Michiganders in need.<sup>22</sup>

These projects expanded already available services, paid volunteers for mileage, bought and leased vehicles, and put gas in the tank. But here’s what that money really paid for: grantees in this category made sure people got to and from medical appointments in order to reduce readmission rates, properly manage chronic illness, fill prescriptions, and get to chemotherapy and radiation appointments.

These kinds of routine care can change lives. The Village of Hillside’s Emmet Transit Connection (ETC) project leaders told us about Susan, a client in Northwest Lower Michigan. Susan was unable to drive, but as a result of kidney failure, she needed dialysis three times a week. Before she connected with ETC, Susan had nine different people taking her to dialysis appointments in any given month. ETC paired Susan with a volunteer who took her to and from appointments, providing consistency to her routine. Her ability to attend regular treatment made her eligible for a kidney transplant, which she received in spring 2018. Transportation services for routine medical care is critically important in the state’s rural or remote areas, where the nearest hospital can be more than 50 miles away.

### WHAT WE LEARNED

The Health Fund’s investments in health-related transportation have been delivering clear and positive impacts on grantees and the people they serve. Evidence shows that this work has improved grantees’ ability to deliver services and, in notable cases, improve health outcomes.

Despite this good evidence, too many people are still without the transportation they need to get to the doctor. We still have work to do to move the needle on the larger health-related transportation ecosystem in Michigan.

This is not intended as an indictment of our grantees; most weren’t aiming to make systemic change. In fact, the majority of these grants had a limited, community-level scope: of the 21 grants, 14 were made in the 2015 Local Impact grant round or in 2016-2019 Community Health Impact rounds, which means they were less than \$100,000. (See Figure 4 for a timeline of our transportation grantmaking.)

On one hand, supporting health initiatives at the community level is an important part of our grantmaking, and these projects proved they could do the honest work of getting people where they needed to go.

On the other hand, it’s hard to make a systemic impact at that price point. This community-level work by our grantees has paved the way for the Health Fund to shift our grantmaking strategy toward addressing underlying structural obstacles to transportation.

In our role as a statewide funder, the Health Fund can do more to drive systemic solutions to health-related transportation. For example, grantees were successful at improving coordination, even with small dollar investments. We could make a larger impact on coordination between health and transportation entities through larger investments with players that have a broader scope of influence, including those at the state-level.

The following projects illustrate some of the directions we envision for future health-related transportation grantmaking.

FIGURE 4: Timeline of Our Health-Related Transportation Grantmaking



## GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION

IMPROVING NEMT RIDERSHIP | 2019 COMMUNITY HEALTH IMPACT | \$50,000

A common roadblock to providing health-related transportation is getting patients to use existing resources. While many health-related transportation projects are focused on adding to the supply of available services and infrastructure, one of our grant partners is instead aiming to increase demand for services that are already available but not widely used.

The Grand Traverse Regional Community Foundation's (GTRCF) initiative aims to improve NEMT ridership in a five-county region in northern Michigan through two strategies. First, GTRCF is collaborating with SPLT, a technology company that allows residents to schedule rides with transit agencies online, over the phone, or by text message. Second, a comprehensive awareness and training campaign will be rolled out in order to educate riders, care providers, and transit agency staff on how to use the new platform, as well as what services will be available after its rollout.

These improvements are designed to address challenges prevalent in these five counties. GTRCF estimates that only 1.1% of potential riders take advantage of NEMT services provided by public transit agencies. As the region's population continues to age, it's critical for communities to make NEMT options easy and visible for patients, so residents can use those options to access medical care.

About 65% of NEMT clients across the five-county region use NEMT to reach a single provider: Munson Healthcare. With Munson as a major healthcare hub in the region, GTRCF saw an opportunity to test its strategies directly with one key player. As part of the project, Munson is training staff to educate patients about NEMT options. So when someone is discharged from the hospital, communicating their transportation options will be a built-in part of the process.

Area residents will also learn about existing NEMT options at the point-of-ride through posters and advertisements for the services on buses and at their stops throughout the target region.

In addition to patients and providers, integrating SPLT into local transit agencies means training those agencies to use the platform—and making sure the platform is providing options that reflect the needs of each county. For example, Benzie County is a largely rural area, and Benzie Bus currently provides fixed-route services, meaning the SPLT platform will allow patients to identify pick-up points and schedule and confirm trips along the fixed-route service.

GTRCF is similarly working with the Bay Area Transportation Authority (BATA) and the Groundwork Center for Resilient Communities to determine local needs and ensure the SPLT partnership addresses those specific parameters. As uptake of SPLT becomes more widespread among the patient population, more on-demand NEMT services will be offered by each transportation provider.

To evaluate the program's impact, GTRCF will track public transit NEMT usage as a percentage of the total Medicaid NEMT market and the number of patient "no-shows." They'll also conduct surveys gauging public awareness of NEMT options offered by transit agencies.

This project was funded in the Health Fund's 2019 Community Health Impact program, so results remain to be seen. However, the model could prove to be efficient, replicable, and cost-effective.

**MORE THAN 40,000 MICHIGAN STUDENTS AREN'T GETTING THE BEHAVIORAL HEALTHCARE THEY NEED. AN ADAPTABLE TELEMEDICINE PROJECT CAN HELP SCHOOLS PROVIDE CARE BY MEETING STUDENTS WHERE THEY ARE.**

## SUPERIOR HEALTH FOUNDATION

MEDICAL TRANSPORTATION IN THE U.P. | 2019 COMMUNITY HEALTH IMPACT | \$50,000

Michigan's Upper Peninsula (U.P.) comprises about a third of the state's land area, but it is home to just 3% of the population.<sup>23</sup> This means U.P. residents often have to travel relatively far to access healthcare and that transportation services must cover a large geographic footprint. Covering this footprint can be expensive; many organizations don't have the capacity to manage it, and the region also lacks the needed supply of trained drivers and specialized vehicles. Without a major influx of funding or additional resources, providing transportation services to patients across the U.P. depends on coordinating and building upon resources that are currently in place.

This is where the Superior Health Foundation's (SHF) Medical Transportation in the U.P. program comes in. SHF sought to improve health-related transportation services across the U.P. by aggregating funding from multiple foundations, including the Health Fund, the Blue Cross Blue Shield Foundation, the West End Health Foundation in Ishpeming, and SHF itself. SHF is now wielding their convening power to bring together a variety of key stakeholders to implement the on-the-ground work. In recent months they selected the Michigan Public Transit Association (MPTA) and Michigan Transportation Connection (MTC) to execute the coordination work, a project now dubbed ConnectUP.

Working with the U.P.'s 10 existing public transit agencies, ConnectUP aims to create a health-related transportation delivery system that can effectively overcome the region's unique geographical obstacles, jurisdictional challenges, and scarce resources. Little Brothers – Friends of the Elderly, War Memorial Hospital, and U.P. Healthcare Solutions will all work with MPTA and MTC to leverage their existing health-related transportation services. SHF's coordinated grantmaking and the work being carried out by MPTA comprise a strong set of stakeholders, all committed to improving health-related transportation services across the U.P.

The MPTA is well-suited to help knit together the U.P.'s transportation system. Based on decades of experience working to coordinate services, MPTA spun off the MTC as a separate nonprofit in 2014. Doing so allowed MTC to focus squarely on

its work as a transportation broker, including a broker of NEMT services. Since 2014, MTC has provided scheduling services throughout lower Michigan in conjunction with Michigan's state health and transportation departments, as well as local public transit agencies and private health providers. By extending MTC as a scheduling hub for accessing transportation services in the U.P., ConnectUP's first year is focused on streamlining access to existing public transportation resources in the region.

While existing services work well where they're present, service gaps remain in particular places across the U.P., especially in communities farther from cities like Marquette, Escanaba, or Sault Ste. Marie. To address these more remote regional needs, during ConnectUP's first year, a new 2019 Health Fund grant is working with planning agencies to identify service gaps. Led by the Upper Peninsula Commission for Area Progress (UPCAP), this project will map where additional drivers and vehicles are most needed and where care providers are located throughout the U.P.<sup>24</sup> This snapshot of the U.P.'s transportation landscape will help MPTA allocate vehicles and drivers most effectively in ConnectUP's second year, when the project's focus turns to extending health transportation services to the most isolated service areas.

Yet another major challenge is the lack of cell phone and Wi-Fi coverage in many remote areas in the U.P. Using MTC to schedule rides is a big step, but it won't help people who can't log on or use their cell phone to make the call. To help ensure that people using landlines can also access the scheduling service, MTC's tollfree number will be listed on 2-1-1, Michigan's statewide resource directory.

ConnectUP highlights what we can accomplish by getting buy-in from providers, transportation entities, and organizations that connect residents to resources. Rather than a transformation of available services, it's an example of more clearly and tightly knitting together the complex web of people and organizations who have an interest in improving access to medical care.



## MODELS WE'RE WATCHING

### 1. NEW FINANCIAL INCENTIVES MEAN NEW PLAYERS

#### FORD MOTOR COMPANY'S GORIDE HEALTH INITIATIVE

In 2017, Ford piloted GoRide Health, a “bedside-to-bedside” service for transporting patients between home and their care providers. Just two years later, they announced plans to expand nationally and provide thousands of rides per day. But why Ford? And why now?

For decades, states have relied on Medicaid reimbursement as the main payer for NEMT. This funding has barely been enough to sustain transportation services, much less to incentivize new or better options. But that equation is changing.

As healthcare shifts from a fee-for-service model to value-based reimbursement, healthcare and insurance organizations have a vested interest in improving patient outcomes. Meanwhile, Medicaid expansion in many states has meant new enrollees in the system, including more than 650,000 via the Healthy Michigan plan, adding to the demand for NEMT. Medicaid providers know that helping patients get to their appointments results in cost savings and improved health outcomes over time, and increasingly they're willing to pay for rides.

At the same time, car companies are repositioning themselves as champions of mobility for the 21st century. In addition to groundbreaking technology like self-driving vehicles, companies like Ford are dabbling in mass transit, electric scooters, and smart cities. With the emerging potential for profit, it makes sense for these companies to start offering health-related transportation services, too.

Ford launched GoRide in late 2017, initially partnering with Beaumont Health to ferry patients from skilled nursing facilities to Beaumont sites throughout Southeast Michigan. Within a year, they teamed up with the Detroit Medical Center and Henry Ford Health System, serving hundreds of affiliated area clinics and hospitals. In spring 2019, Ford announced plans to expand the program to Ohio, Florida, Texas, North Carolina, and Louisiana.<sup>25</sup> This expansion may

**AS HEALTHCARE AND POLICY EVOLVE TOWARD VALUE-BASED CARE, FINANCIAL INCENTIVES ARE DRAWING NON-TRADITIONAL PARTNERS TO NEW REVENUE OPPORTUNITIES.**

have proved too ambitious—in December 2019, Ford halted the service in Michigan and Ohio, pivoting to concentrate efforts on a yet-to-be-launched pilot in Miami with a new focus on autonomous vehicles.<sup>26</sup> As of the date of this report, no launch date has been announced, but Ford has expressed an ongoing commitment to improve transportation services for those with limited mobility.

As healthcare and policy evolve toward value-based care, new financial incentives are drawing nontraditional partners (like Ford and Beaumont) to new revenue opportunities. In health-related transportation, this investment is largely welcome—we want more, better options for Michigan residents.

At the same time, we are watching carefully as the private sector makes a grand entrance into this public service. Transportation is a lifeline to some of our most vulnerable neighbors: older adults, people with disabilities, and families with no other options for reaching critical care. No matter who is providing the service, it must be safe, reliable, and high quality. From our perspective, that means it's integrated with communities and their existing resources, accountable to strong oversight, and available to all who need it.

## 2. REGIONAL TRANSIT AUTHORITIES LEAD THE WAY

### MTA FLINT'S RIDES TO WELLNESS PROGRAM

Health-related transportation usually lives more in the “health” domain than the “transportation” domain. State health departments along with local agencies, partner nonprofits, and care providers work to provide NEMT, and these kinds of organizations have typically driven new ideas and service expansions. However, the Mass Transit Authority of Flint (MTA Flint) shows us how a strong, visionary transit agency can lead on health-related transportation.

### RIDES TO WELLNESS HIGHLIGHTS HOW TRANSIT AND HEALTH AGENCIES CAN WORK TOGETHER ON NEMT CHALLENGES.

MTA Flint was already a creative agency. Since 2016, they've transported workers from Genesee County to job centers in the surrounding areas—going well outside their service area to better serve those who live within it.<sup>27</sup> This initiative demonstrates one of the agency's most valuable traits: they're committed to building partnerships that will help them serve their community.

This commitment is at the center of MTA Flint's Rides to Wellness program. After complaints about NEMT service, and in the wake of the Flint water crisis, the city needed to improve NEMT. So MTA Flint worked with Genesee County DHHS to negotiate a reimbursement rate that would allow them to provide the service safely and reliably: a flat rate of \$15 per trip. Under this new rate, Rides to Wellness began providing rides to Genesee County Medicaid enrollees.

While the reimbursement rate allowed the program to get off the ground, the key ingredient was MTA Flint's ability to work with health entities around Genesee County, including the Genesee County Department of Veteran's Services, Genesee Health Plan, the American Cancer Society, and six care providers in the region.

While some health systems hesitated to take on the challenge of patient transportation, they quickly realized MTA Flint's NEMT services were more effective than their typical approach of handing out bus passes.

MTA Flint was well-equipped to lead this charge, in part because they are practiced in building partnerships, in part because external factors laid the groundwork for better reimbursement rates. But broadly speaking, Rides to Wellness highlights how transit and health agencies can work together, bringing their respective expertise to bear on entrenched NEMT challenges.

It also demonstrates how stronger partnerships can transform the delivery of health-related transportation. The Health Fund has already supported some projects aimed at knitting together, rather than transforming, the NEMT network. As we develop this strategy further, we should keep in mind how transit agencies' roles as regional anchors can make them ideal leaders in regional health transportation initiatives.

#### RIDES TO WELLNESS PARTNERS INCLUDED PUBLIC AND PRIVATE ORGANIZATIONS FROM THE TRANSPORTATION AND HEALTH SECTORS:

- Mass Transit Authority of Flint
- Michigan Department of Health and Human Services, Genesee County
- Genesee County Department of Veteran's Services
- Genesee Health Plan
- American Cancer Society
- Hurley Medical Center
- Hurley Children's Center at the Flint Farmers' Market
- Hurley Diabetes Center and Food FARMacy
- McLaren Family Medicine
- Mott Children's Health Center
- Genesys Downtown Health Center

## 3. CONSUMER OVERSIGHT DRIVES IMPROVEMENTS

### PROMISING PRACTICES IN PUBLIC ENGAGEMENT

Complex health needs, patchworked systems, inadequate funding, and a plethora of players—no wonder it's hard to design and manage health-related transportation services.

And though the people who rely on these services are well-suited to help gauge their effectiveness and provide feedback for improvement, they haven't traditionally been empowered to affect change. But now, public and private systems alike are seeking consumer feedback and defining concrete oversight and performance standards to deliver better service.

Some of our grant partners already know how important listening can be. For example, as part of their funded project, Little Brothers – Friends of the Elderly established an Elder Advisory Council that offers insight and input to the board of directors and staff, shaping the direction of their 37-year-old medical transportation program. By regularly providing insight and feedback on changes, advisory boards like the Elder Council ensure that services are responsive and accountable.

### PUBLIC AND PRIVATE SYSTEMS ALIKE ARE SEEKING CONSUMER FEEDBACK AND DEFINING CONCRETE OVERSIGHT AND PERFORMANCE STANDARDS TO DELIVER BETTER SERVICE

Another way to hold health-related transportation accountable to consumers is to make data publicly available, especially the NEMT data from contracted brokers. Some states already do this: in Wisconsin, which also has a LogistiCare NEMT service delivery contract, the Department of Human Services publishes NEMT ridership data on its website on a quarterly basis. This means the public can check up on how well the broker—and the state—is delivering on its NEMT responsibilities.<sup>28</sup> Once published, this data could provide the basis for beginning to gather and account for consumer feedback when developing policies around delivering NEMT services.

A final way to address consumer input is to create formal oversight structures that engage consumers in meaningful ways. Many states have either ad hoc or permanent oversight committees that review NEMT service providers and collect information from consumers. In Indiana, the state legislature recently passed a bill implementing an oversight committee made up of legislators and stakeholders to meet regularly to oversee their NEMT contractor. In other states, these oversight structures are administered by a third party and tied to performance reviews that address compliance issues directly. And while there is no one-size-fits-all approach to enforcing these standards, rider feedback has led some states to adopt standards preventing excessive multi-loading, excessively long trips, 30-minute-or-less wait times, and obligations to accommodate same-day requests when accompanied by physician verifications.

## IN CONCLUSION

Improving health-related transportation in Michigan is a long game. Whether we're looking at the entire transportation network or, as we are at the Health Fund, a narrower scope of services, lasting change requires lasting commitment and investment from policymakers, health entities, and communities. No single organization can transform the entire system.

And the process of putting together this report made that painfully clear. There are people thinking about and working hard on this challenge, trying to cobble together the tangled tapestry of resources and do more with less every day. Too often, this work is siloed and disconnected from other organizations with different perspectives, ideas, and resources.

And that's where we think the Health Fund can drive change. As a funder, we have the capital to support projects but also to bring people together. So we see a potential way forward as a partner that helps get stakeholders at the same table and keeps us all accountable to the people of Michigan who rely on health-related transportation.

Three guideposts can help us direct our investments along this path:

### 1. **SUPPORT IDEAS THAT KNIT THE SYSTEM TOGETHER**

Building and sustaining a health-related transportation service supported by a well-trained cohort of drivers is resource-intensive. But as the projects we funded demonstrated, local and state coordination efforts can greatly expand the reach of services.

This report highlights a variety of approaches, including MTA Flint's Rides to Wellness program, that substantially improved whether and how people got to the doctor. These examples involve a variety of players, approaches, and tactics, but they share one common trait: they all seek to knit together the system to make it more tightly coordinated and more effective. As one of our grantees said, "Some of this is as simple as getting better at sharing information."<sup>29</sup>

Generally speaking, this approach means using what's already in place in new, impactful ways. This can look like bringing together organizations that previously tackled the challenge on their own to streamline their efforts into a comprehensive program. It might mean working with health officials in a community, region, or at the state government level to leverage existing vehicles in a more efficient way. Or it might mean implementing new scheduling software and ensuring both providers and patients know that it exists and how to use it.

In other words, "knitting the system together" doesn't exclude innovative solutions, but it doesn't rely on them, either. Further, it requires understanding the landscape of existing health and transportation resources in an area and building partnerships that will last long after a grant period has ended.

### 2. **USE OUR CONVENING POWER**

When it comes to knitting together the system, evidence points to the fact that our grantees are making an impact. Project results point toward the Health Fund's support being meaningful to support that impact. But the Health Fund can do more than make grants that support local or regional groups working together. We can also walk the walk: we can connect organizations whose work can benefit or inform one another. We can bring together the people who influence policy, funding, and other state-level decisions that in turn affect how more local systems can operate. This includes knitting together the disparate worlds of transportation and healthcare.

Who we connect is critically important, too. Just as we can't sustainably fund vans in every community that needs one, we also can't fund every local multi-sector collaborative seeking to help transportation and health entities speak the same language. As a statewide funder, we can do more to leverage our resources and expertise to build the connective tissue between these disparate systems at the state and regional levels. We heard this loud and clear from our interviewees; the Health Fund can amplify what we've learned by funding local work to convene thought-leaders and policymakers at the state level.

In May 2019, we took our first steps towards flexing this convening power by presenting a memo with [recommendations](#) from a 2016 grant outlining Michigan's NEMT programs to MDHHS officials. This summer, this memo led in part to the creation of a cross-department workgroup linking key players in MDOT and MDHHS. This workgroup is now meeting internally on a quarterly basis. Going forward, bringing influential actors together and breaking down silos between health and transportation entities will be critical to long-term improvements in health-related transportation. The Health Fund can play an instrumental role in catalyzing this.

### 3. **FUND INITIATIVES THAT ENGAGE THE PEOPLE THEY SERVE**

When we change up a system, we impact the people who rely on that system. And sometimes a new idea, which seems from the outside like an obvious improvement, can fail because it doesn't fully account for the very people it should serve. That's why it's important to design programs that not only inform users but bring them along for the transformation ride.

In the "Models" section, we shared ways that other states have found ways to position client listening and engagement as a core driver of strategy. Advisory councils, open data platforms, and ample opportunity for client input in the system are ways to ensure that health-related transportation—especially publicly-subsidized systems—are not just for the people, but by the people, too.

Other tools could help improve accountability. For example, robust user testing plans can ensure usability, and surveys and other evaluation tools can ensure those actually using the system have the chance to give their input.

Even following these three pillars, the Health Fund faces decision points. Should we focus on funding \$100,000 initiatives to improve coordination, or should we devote a much greater amount to facilitate systems change at the state level? It's possible to do both, of course, but we should be clear on the balance and what results we can expect from that decision.



## OUR GRANTMAKING IN TRANSPORTATION

Health-related transportation is more than a mode, an operator, or a payer. It's a way for people to access care they need to live healthy, full lives. Engaging Michigan residents in the design and delivery of these services will help keep people, and their health outcomes, at the center of our work.

Going forward, these three pillars can help define the Health Fund's role in health-related transportation. However, while our investments are focused on a narrower set of transportation activities and outcomes, improving health and access to care overall relies on transit more broadly. It bears repeating: all transportation is health-related.

Conversely, if health-related transportation is about access to care, we have to remain open to solutions that address access without touching transportation. The cheapest trip to the doctor is the one you don't have to take in the first place. Of course, everyone should be able to go to the doctor and sometimes in-person appointments are necessary. But oftentimes consultations or other kinds of appointments can just as easily take place remotely.

Approaches like telemedicine are becoming increasingly common in schools, community health centers, and even patients' homes as new technology makes it easier to erase the distance between a patient and a provider. For Michigan residents who live in areas that are a long or expensive ride from a specialist, technology-based solutions can offer an alternative. (For more reading on this, see [our report](#) on health-related technology.)

Neither groundbreaking new innovations nor traditional tactics alone will solve Michigan's health-related transportation challenges. Instead, it's a little from column A and a little from column B, a whole lot of collaboration, and staying focused on the people our efforts are intended to help.

**HEALTH-RELATED  
TRANSPORTATION IS A WAY  
FOR PEOPLE TO ACCESS  
CARE THEY NEED TO LIVE  
HEALTHY, FULL LIVES.**

## APPENDIX A:

### HEALTH-RELATED TRANSPORTATION GRANTS

- **Ann Arbor Area Community Foundation | Washtenaw County: A Coordinated Effort to Promote Health Outcomes | 2015 Community Foundation | \$430,988**  
Ann Arbor, MI
- **Battle Creek Community Foundation | Calhoun County Health Initiative | 2015 Community Foundation | \$226,000**  
Battle Creek, MI
- **Bridging Communities, Inc. | Senior Transportation for Healthy Living | 2015 Local Impact | \$38,000**  
Detroit, MI
- **Dickinson Area Community Foundation | Grant Request B: Alternative modes of Transportation promotion | 2015 Community Foundation | \$43,758**  
Iron Mountain, MI
- **Grand Traverse Regional Community Foundation | Improving NEMT Ridership in Grand Traverse and Benzie Counties | 2019 Community Health Impact | \$50,000**  
Traverse City, MI
- **Little Brothers – Friends of the Elderly | Little Brothers – Friends of the Elderly, Medical Transportation in the U.P. | 2015 Local Impact | \$46,179**  
Hancock, MI
- **M&M Area Community Foundation | Rural Health Initiative | 2015 Community Foundation | \$29,000**  
Menominee, MI
- **Macomb County Interfaith Volunteer Caregivers | Driven to Good Health | 2017 Community Health Impact | \$80,068**  
Center Line, MI
- **Michigan Association of United Ways | Michigan Children’s Health Access Program (MI-CHAP) | 2014 Program | \$5,000,000**  
Lansing, MI
- **Michigan League for Public Policy | A Proposal to Assess, Analyze, and Make Recommendations on Michigan Medicaid’s Non-Emergency Medical Transportation Program | 2016 Special Projects and Emerging Ideas | \$480,000**  
Lansing, MI
- **Michigan Public Health Institute | Partners in Care Concierge | 2017 Community Health Impact | \$100,000 | Partners in Care Concierge Expansion, Enrichment, and Evaluation | 2018 Community Health Impact | \$100,000**  
Okemos, MI
- **Midland Area Community Foundation | Non-Emergency Medical Transportation | 2015 Community Foundation | \$175,000**  
Midland, MI
- **Midland County Cancer Society, Inc. | Caregiver Support Services: Health & Wellness Programs, Transportation, and Mental Health | 2015 Local Impact | \$100,000**  
Midland, MI
- **Munson Healthcare Foundations | Access to Care Transportation Program | 2015 Local Impact | \$62,500**  
Traverse City, MI
- **St. Patrick Senior Center, Inc. | St. Patrick Senior Center’s Community Living Support Transportation Program | 2015 Local Impact | \$95,851**  
Detroit, MI
- **St. Vincent Catholic Charities | Refugee Health Access | 2016 Community Health Impact | \$70,000**  
Lansing, MI
- **Superior Health Foundation | Medical Transportation in the U.P. | 2019 Community Health Impact | \$50,000**  
Marquette, MI
- **The Village of Hillside | Emmet Transit Connection | 2015 Local Impact | \$100,000**  
Harbor Springs, MI
- **Washtenaw County Health Department | HealthyOne | 2019 Community Health Impact | \$100,000**  
Ypsilanti, MI
- **Wayne State University | BusMe: An E-Health Platform to Reduce Pediatric Health Disparities by Improving Public Transportation Access in Detroit | 2017 Community Health Impact | \$99,987**  
Detroit, MI

## APPENDIX B: METHODOLOGY

This report was developed over a seven-month period between May and December 2019. The evaluation team, internal to the Health Fund, carried out a range of activities to inform the findings and recommendations provided in the previous pages. These activities are listed below:

- We developed a full catalog of the health-related transportation grants made prior to May 2019. To do so, we developed a list of relevant keywords and searched our grants database to identify an initial list of matching grant programs. We then conducted a desk analysis to determine if they had a substantial transportation focus. Our keywords included: transportation, transit, mobile, mobility, NEMT, and non-emergency.
- From this final list of projects with a transportation focus, we compiled a database that included brief project descriptions and other key project information.
- We then conducted an in-depth review of the grant applications, interim and final reports, and any attachments for each grant, and catalogued the intended and achieved outcomes for each grant. Each of these grantees and their contact information can be found in Appendix A.
- Alongside this work, our evaluation team conducted a series of stakeholder interviews to inform this report. These interviews included three grantees funded among our investments in health-related transportation, as well as individuals involved in transportation across Michigan and at the national level. These interviews attempted to broaden our understanding of the trends in health-related transportation in Michigan, challenges and success stories, and what role the Health Fund could play moving forward. We are grateful to the time and expertise these interviewees shared with us.

The interviewees included:

- **Clark Harder**, Executive Director | Michigan Public Transportation Association
- **Renee Ray**, Senior Business Development Consultant | Conduent Transportation Solutions
- **Gilda Jacobs**, President & Chief Executive Officer | Michigan League for Public Policy
- **Jesse Wolff**, Senior Advisor | Grand Traverse Regional Community Foundation
- **Andi Mullin**, Project Manager and Madison Tallant, Program Associate | The Center for Consumer Engagement in Health Innovation
- **Harmony Lloyd**, Chief Operating Officer of Planning and Innovation | Mass Transit Authority of Flint
- **Jim LaJoie**, Executive Director | Superior Health Foundation
- **Joan Ilardo**, Director of Research Initiatives at the College of Human Medicine | Michigan State University
- **Dave Mengebier**, President and CEO | Grand Traverse Regional Community Foundation
- Finally, the evaluation team conducted a significant review of media and reports about health-related transportation and prospects for future innovation. These are reflected in the footnotes.

Prior to crafting this report, the Health Fund made a grant to the Michigan League for Public Policy (MLPP) to better understand the gaps in NEMT service and how to address them. To fully grasp the complex NEMT program, MLPP partnered with Michigan-based consulting firm Health Management Associates (HMA). The project included focused specifically on how the Michigan NEMT model was affecting Medicaid enrollees.

Their findings proved compelling. Through a combination of over 50 stakeholder interviews, three focus groups, as well as an analysis of NEMT policy and claims data, MLPP identified a series of oft-cited issues with how services were provided. Common complaints included late pick-ups before and following appointments, vehicles that lacked car seats or wheelchair accessibility, and difficulty scheduling same-day appointments or repeated trips for common treatments like chemotherapy or dialysis. For those who drove themselves or their children and required reimbursement, common complaints included overwhelming reimbursement paperwork, confusing rules and processes, and insufficient reimbursement amount.

Articulating these obstacles was a critical step toward determining next steps. To that end, MLPP and HMA provided a comprehensive series of recommendations originally categorized based on what type of capacity each solution addressed, such as communication, accountability, or program administration.

Based on MLPP and HMA's analysis, Health Fund staff then categorized the recommendations as either short- or long-term solutions, as well as whether they were actions that MDHHS could take administratively versus others that would require legislative or budget action. This helped us, as well as state health officials and legislators, see what ideas are feasible more immediately than others and what steps require longer term investment.

We presented [a memo](#) derived from MLPP and HMA's analysis to MDHHS director Robert Gordon at the outset of his appointment. By providing a comprehensive and candid view on NEMT services and their impact on Michigan's patients who qualify for Medicaid, this grant helped policymakers understand why transportation is a critical health issue, and how we can work together to improve health-related transportation in the future.

## ADDITIONAL RESOURCES & REFERENCES

- <sup>1</sup> For more on the relationship between transportation and health, visit: <https://www.rwjf.org/en/library/research/2012/10/how-does-transportation-impact-health.html>
- <sup>2</sup> Some content from this section was inspired by a report written by the Michigan League for Public Policy (MLPP) and Michigan-based consulting firm Health Management Associates (HMA). In 2016, we made a grant to MLPP to help us better understand the gaps in NEMT service and how to address them. To fully grasp the complex NEMT program, MLPP and HMA crafted a report focused specifically on how the Michigan NEMT model was affecting Medicaid enrollees.
- <sup>3</sup> How does transportation impact health? (2012, October 25). *Robert Wood Johnson Foundation*. Retrieved from <https://www.rwjf.org/en/library/research/2012/10/how-does-transportation-impact-health.html>
- <sup>4</sup> NEMT is primarily a Medicaid benefit. Traditional Medicare (Part A and Part B) do not cover transportation to doctor appointments, but some Medicare Advantage plans do. Meanwhile, the Indian Health Service and the Department of Veterans Affairs offer some health-related transportation services.
- <sup>5</sup> Examining the effects of separate non-emergency medical transportation (NEMT) brokerages on transportation coordination. (2018, October 25). *Transportation Research Board*. Retrieved from <http://onlinepubs.trb.org/onlinepubs/webinars/181025.pdf>
- <sup>6</sup> Licensed drivers. (2015, June). *United States Department of Transportation*. Retrieved from <https://www.bts.gov/content/licensed-drivers>
- <sup>7</sup> Public transit providers. (2020). *Michigan Department of Transportation*. Retrieved from [https://www.michigan.gov/mdot/0,4616,7-151-9625\\_21607-31837--,00.html](https://www.michigan.gov/mdot/0,4616,7-151-9625_21607-31837--,00.html)
- <sup>8</sup> Ganuza, A., & Davis, R. (2017, February). Disruptive innovation in Medicaid non-emergency transportation. *Center for Health Care Strategies, Inc.* Retrieved from <https://www.chcs.org/media/NEMT-Issue-Brief-022717.pdf>
- <sup>9</sup> MacLeod, K. E., Ragland, D. R., Prohaska, T. R., Smith, M. L., Irmiter, C., & Satariano, W. A. (2015). Missed or delayed medical care appointments by older users of nonemergency medical transportation. *The Gerontologist*, 55(6), 1026-1037. doi:10.1093/geront/gnu002
- <sup>10</sup> Non-emergency medical transportation: findings from a return on investment study. (2018). *Medical Transportation Access Coalition*. Retrieved from <https://mtacoalition.org/wp-content/uploads/2018/07/NEMT-ROI-Methodology-Paper.pdf>
- <sup>11</sup> Michigan did not always comply with federal and state requirements for claims submitted for the nonemergency medical transportation brokerage program. (2018). *United States Department of Health and Human Services*. (Publication No. A-05-16-00021). Retrieved from <https://oig.hhs.gov/oas/reports/region5/51600021.pdf>
- <sup>12</sup> Veterans transportation program. (n.d.). *U.S. Department of Veterans Affairs*. <https://www.va.gov/healthbenefits/vtp/>
- <sup>13</sup> O'Donovan, C. (2018, February 26). People are using Ubers as ambulances – and drivers hate it. *BuzzFeed News*. <https://www.buzzfeednews.com/article/carolineodonovan/taking-uber-lyft-emergency-room-legal-liabilities>
- <sup>14</sup> Ganuza, A., & Davis, R. (2017, February). Disruptive innovation in Medicaid non-emergency transportation. *Center for Health Care Strategies, Inc.* Retrieved from <https://www.chcs.org/media/NEMT-Issue-Brief-022717.pdf>
- <sup>15</sup> Lawrence, E. D. (2018, March 10). Henry Ford, startup offer patients a Lyft. *Detroit Free Press*. Retrieved from <https://www.freep.com/story/money/cars/2018/03/10/henry-ford-splt-lyft-patient-rides/354559002/>
- <sup>16</sup> One of the only studies specific to the effectiveness of these partnerships appeared in the *Journal of the American Medical Association* in September 2016. It examined the impact of the National MedTrans partnership with Lyft. The authors concluded that average wait times decreased by 30% from 12.25 minutes to 8.77 minutes and average per-ride costs were reduced by 32.4% from \$31.54 to \$21.32. These are the results promised by the partnerships – better response times and lower costs – but it is a single study and therefore, hardly conclusive.
- <sup>17</sup> See the appendices for our full evaluation methodology.
- <sup>18</sup> This type of rate structure is referred to as a “capitated rate,” which means that stakeholders managing the transportation agreed to a fixed amount of money for each patient for each ride in a given region, rather than different rate structures in each county.
- <sup>19</sup> Hansle, V., Page, T., & Houk, E. (2017, October 18). Michigan’s statewide approach to connecting transportation and information. *National Aging and Disability Transportation Center*. <https://www.nadtc.org/news/blog/michigans-statewide-approach-to-connecting-transportation-information/>
- <sup>20</sup> Non-emergency medical transportation (NEMT) survey results. (2017.) *Michigan State University Institute for Health Policy*. Internal report for the Michigan Department of Health and Human Services, Medical Services Administration. Unpublished.
- <sup>21</sup> Read more about this project in the following pages.
- <sup>22</sup> One grantee, the Macomb County Interfaith Volunteer Caregivers, has a pending final report that may change this number slightly. The report was due on December 2, 2019.
- <sup>23</sup> Guthrie, E. A. (2018, June 7). Demographic trends in Michigan’s Upper Peninsula. *Michigan Department of Treasury*. Slides 5 & 13. Retrieved from [https://www.michigan.gov/documents/treasury/3\\_State\\_Demographer\\_binder\\_628642\\_7.pdf](https://www.michigan.gov/documents/treasury/3_State_Demographer_binder_628642_7.pdf)
- <sup>24</sup> This grant is part of the Health Fund’s 2019 Healthy Aging grant portfolio.
- <sup>25</sup> White, J. (2019, May 7). Ford plans to take medical transport venture nationwide. *Ford Media Center*. Retrieved from <https://media.ford.com/content/fordmedia/fna/us/en/news/2019/05/07/ford-goride-health-expands-nationally.html>
- <sup>26</sup> Korosec, K. (2019, December 3). Ford to shut down GoRide Health service and pivot to AV research. *TechCrunch*. Retrieved from <https://techcrunch.com/2019/12/03/ford-to-shut-down-goride-health-service-and-pivot-to-av-research/>
- <sup>27</sup> Colvin, L. (2017, June 1). Why hundreds of Flint area workers are being bused into Livingston. *Livingston Daily*. Retrieved from <https://www.livingstondaily.com/story/news/2017/06/01/why-100s-flint-area-workers-being-bused-into-livingston/100170900/>
- <sup>28</sup> Wisconsin’s quarterly data can be found at this website: <https://www.dhs.wisconsin.gov/nemt/data.htm>
- <sup>29</sup> Interview with Dave Mengebier, President and CEO, Grand Traverse Regional Community Foundation.

**MICHIGAN HEALTH**  
**ENDOWMENT FUND**

📍 330 MARSHALL STREET  
LANSING, MI 48912

✉️ [INFO@MIHEALTHFUND.ORG](mailto:INFO@MIHEALTHFUND.ORG)  
📖 [MIHEALTHFUND.ORG](http://MIHEALTHFUND.ORG)

📍 7927 NEMCO WAY, SUITE 270  
BRIGHTON, MI 48116

📞 517-374-0031