Boston Region Metropolitan Planning Organization Pilot Transit Working Group

Medical and Human Services Transportation Chat: Thematic Summary

May 11, 2021

9:00 AM-10:00 AM, Zoom Video Conferencing Platform

Representatives of municipalities, transit providers, Massachusetts agencies, senior services providers, and advocacy organizations met for one hour to discuss aspects of medical and human service transportation in the Boston region. Boston Region Metropolitan Planning Organization (MPO) staff suggested the following discussion questions for this meeting:

- 1. What are the current gaps or challenges in medical and human service transportation in the Boston region today?
- 2. What long-term changes might there be in medical and human service transportation as a result of the COVID-19 pandemic?
- 3. What opportunities do you see for medical and human service transportation, either in your service area or in general?
- 4. What resources (funding, technology, etc.) are needed to launch or support medical or human service transportation?

Current Gaps and Challenges

- A major unmet need is longer-distance medical trips, which may not necessarily be MassHealth trips.
- Because of the general geography of the region, along with other operational factors, it can take a long time to complete trips.
- It can be challenging to make long-distance medical trips into Boston when you
 are not in the Massachusetts Bay Transportation Authority's (MBTA) The RIDE
 service area.
- Volunteer drivers, who are often seniors themselves, have been in short supply during the COVID-19 pandemic. Recruiting paid drivers can also be challenging.
- Different towns have different arrangements for providing medical trips.

- Taxi rides, an alternative when volunteer drivers are unavailable, are expensive.
 Funding to provide taxi service is limited, which limits the number of rides available to clients.
- Volunteer drivers may not be willing to drive into Boston.
- People may need to go to more than one destination to meet their medical needs, and they may need to make many trips.
- Some places outside of the core of the region may not have sufficient population to support a separate van service for medical trips.
- <u>PT-1 Program</u> challenges:
 - Patients wait a long time after appointments to get a ride home.
 - It can take a long time to hear back after trip requests are made.
 - Rides are often late.
 - Services that provide PT-1 rides need to show empathy to the people that rely on them.
 - Volunteer drivers may not be willing to drive into Boston.
- Patients who are eligible for the RIDE can sometimes wait one or more hours to be picked up after their appointments.

Changes Resulting from the Pandemic

- In Lexington, taxi trips have been taking longer during the pandemic than they had before.
- SeniorCare, Inc. was able to get more volunteers during the pandemic. They kept their volunteers engaged through monthly meetings and were able to offer service throughout the pandemic.
- The suspension of the American Cancer Society Road to Recovery program, which provided cancer patients with rides to medical appointments, has been challenging during the COVID-19 pandemic.

Future Opportunities

- The Massachusetts Executive Office of Health and Human Services' Human Service Transportation office will offer orientations about Massachusetts' Human Service Transportation (HST) Office Brokerage System. Information is available at www.mass.gov/hstnews.
- The idea that there are different programs and rides for different kinds of people is inherently inefficient. Would it be possible to have a one-stop-shop for all medical needs?

More than 75 people were interviewed by the Greater Boston Legal Services
Disability Law Center and the Boston Center for Independent Living to gather
feedback about the PT-1 program. They highlighted problems with the PT-1
service and the Human Services Transportation Office; staff at higher levels in
the Executive Office of Health and Human Services have been responsive. Up
until recently, the Commonwealth has been constrained by a bad brokerage
contract.

The new brokerage contract for PT-1 services reflects significant improvements over the previous contract, including in terms of requirements for vehicles, brokers, and transportation providers, and direct oversight by people who use the system. Stakeholders need to advocate with their state legislators to prevent delays in contract implementation and ensure that the elements of the new brokerage contract are included. (Update: The new brokerage contract will go into effect July 1, 2021.)

Resources Needed to Improve Medical and Human Services Transportation

- It is important for transportation to be recognized as part of health care, including by insurance companies. They need to play a role in this process.
- A centralized registry of everyone who is getting rides would be helpful for understanding demand, though there may be privacy concerns.
- It should be possible for people to make direct trips to appointments from places outside of the Inner Core, such as Acton, instead of needing to make multiple transfers.
- More funding is needed, including for vehicles.
- There will still be a limited amount that service providers can do because of the lack of drivers.
- PT-1 should be the first choice for riders if it is a quality service. We need to insist that it works well.

Other Notes

- SeniorCare, Inc. provides training to their volunteers to support their operations.
- SeniorCare, Inc. creates teams of volunteers to serve specific patients, so that more than one volunteer may help a person make a lengthy trip.
- Proximity to the core of the region helps with driver recruitment.
- Those who take trips to medical appointments are comforted when volunteers stay with them at appointments to give them a ride back.
- The medical services that people need should ideally be closer to home.

- We need to have a more holistic demand-response service.
- The people who work at medical facilities can also struggle to get to those locations.
- SeniorCare, Inc. tries to provide transportation options to clients before automatically booking them with a volunteer driver.

Other Resources

- Many medical establishments offer <u>Executive Health</u>, a one-stop-shop for getting medical needs met, including escorts to medical appointments. Ideally, this model could be replicated to help people regardless of their insurance.
- The Greater Attleboro Taunton Regional Transit Authority manages <u>RideMatch</u>, which is a database of public, private, community-based, and non-profit transportation providers in Massachusetts. This database can be used by anyone searching for transportation. It is particularly useful for people with disabilities and older adults who often need accessible transportation options.
- Aging Services Access Points (ASAPs) provide senior services (in home support, transportation, information/consultation appointment), but not to assisted living facilities. Every municipality is served by an ASAP. Not all ASAPs may offer transportation, although they may have information about transportation resources.
- Massachusetts has <u>Community Health Network Areas (CHNAs)</u>, which are coalitions of public, non-profit, and private sector entities working together to build healthier communities through community-based prevention planning and health promotion. This page details the municipalities that fall into each CHNA.
- Massachusetts' <u>Home Care Program</u> provides care management and in-home support services to help older adults, people with disabilities, and people with Alzheimer's disease or related dementia successfully age in place.

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Boston Region MPO 10 Park Plaza, Suite 2150 Boston, MA 02116 civilrights@ctps.org

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