

Being a good gardener:

Time spent in the weeds can lead to
a massive harvest

Mike Spadafore

MPTA Education Series: *In the Weeds* (webinar)

Problem:

The cost [of a ride to dialysis] is too damn high!

Solution:

Collaborate with your friendly neighborhood Mobility Manager!



Collaboration is key

A representative from the American Cancer Society (ACS) and I were at a KDOT-sponsored transportation meeting.

She asked if we could work on a problem they're running into with a grant for transportation that they awarded to two Topeka medical centers.

I said, "Absolutely."

The situation

The ACS awarded \$10K to cover transportation trips for rural patients going to dialysis in Topeka (Shawnee County).

The medical centers then, as was their procedure, called the local NEMT provider in Topeka to schedule rides for them.

But then the bills came in...

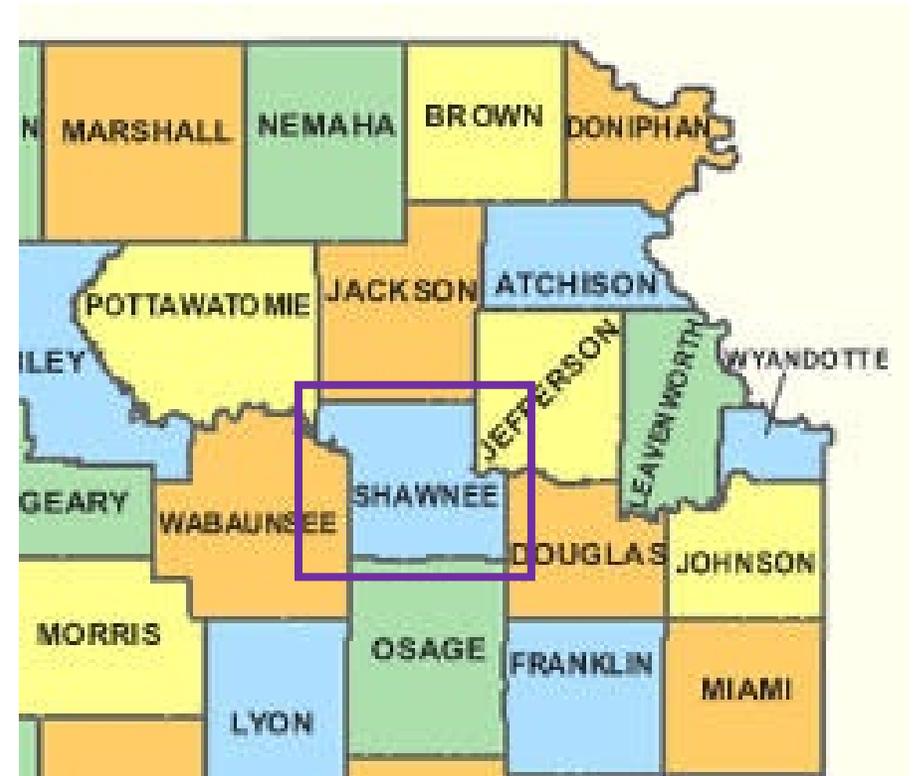


Image source:

<https://www.visittopeka.com/about-topeka/weather/tornados/>.

Types of Charge	Weekdays	Weekends & After Hours	Holidays
Ambulatory – Base Rate	\$25 - \$30	\$30 - \$40	\$35 - \$45
Wheelchair – Base Rate	\$45 - \$50	\$75 - \$90	\$85 - \$100
Stretcher – Base Rate	\$100 - \$200	\$125 - \$225	\$150 - \$250
Additional Mileage Fees	\$3 - \$5 per mile	\$5 - \$7 per mile	\$5 - \$10 per mile
Wait-time Fees (per 30 mins)	\$15 - \$30	\$15 - \$30	\$15 - \$30
Additional Attendant Fees	\$5 - \$10	\$5 - \$10	\$5 - \$10

Data source for example: <https://www.ecolane.com/blog/non-emergency-medical-transportation-rates>.

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\$45 base rate (wheelchair) +
 \$380 (38 miles from Osage City to Topeka, one way) +
 \$90 wait-time fee (1.5 hours of therapy) =
 Cost of trip through local Ambulance/NEMT provider = **\$515**

... and the grant funds dwindled quickly.

Not only were the costs of the rides high, but each passenger had to make the trip to therapy three times a week.

There had to be a better way (and there was, but you already knew that 😊).

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Enter 5310 rural providers!

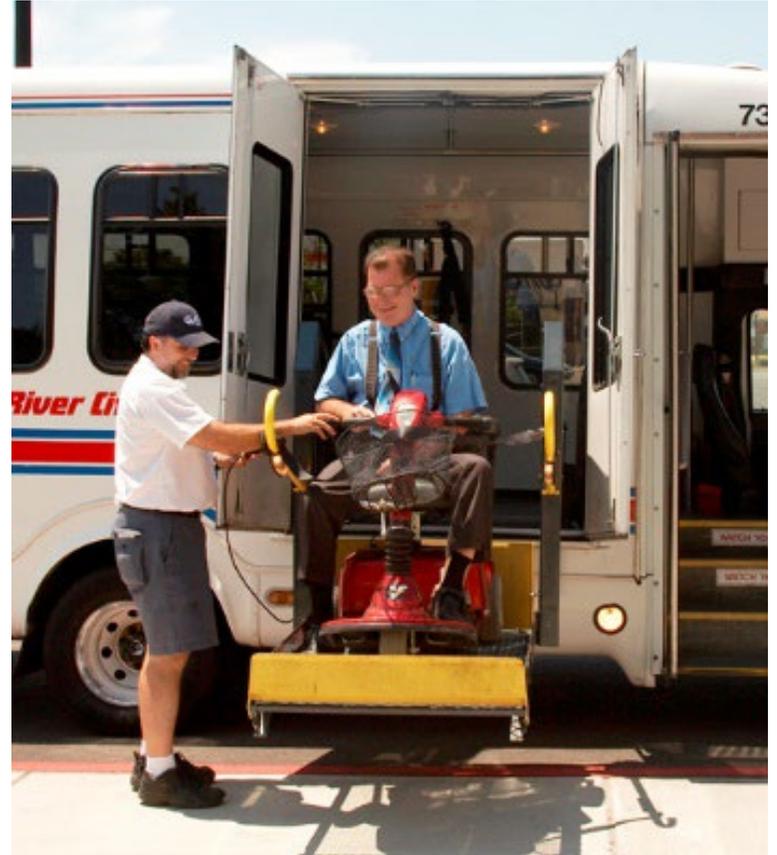


Image source:

<https://www.nadtc.org/about/transportation-aging-disability/ada-and-paratransit/>.

I contacted Osage County General Public Transportation, a 5310 provider that operates in the county just south of Topeka.



Since the patient was a resident of Osage City, KS, they were happy to help. They already make trips to Topeka every now and again, so this was no trouble for them.

Image sources: <http://osageco.org/main/departments/general-public-transportation>; https://www.landandfarm.com/property/Hunting_Getaway_with_Stocked_Pond-7084669/; and <https://www.youtube.com/watch?v=rle96qs73Rg>.

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\$45 base rate (wheelchair) +
 \$380 (38 miles from Osage City to Topeka, round trip, twice) +
 \$90 wait-time fee (3 hours for therapy) =
 Cost of one trip through traditional NEMT provider = **\$515**

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Ambulatory – Base Rate	\$25 - \$30	\$30 - \$40	\$35 - \$45
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Additional Attendant Fees			\$5 - \$10

\$380 (38 miles at \$10 base rate (with wheelchair) for Osage City to Top of the Hill and trip, twice) +
 \$150 wait-time fee (3 hours for the therapy) =

Cost of one trip through traditional NEMT provider = **\$515**

When I asked what it would cost to provide the service, she said they recommended a donation of \$10 round trip.

Cost of round trip through rural 5310 provider = **\$10**

Sorry, some of you didn't catch that.



TEN DOLLARS!

Image source: https://en.wikipedia.org/wiki/United_States_ten-dollar_bill#/media/File:US10dollarbill-Series_2004A.jpg.

To review:

Cost through rural 5310 provider = **\$10**

Cost through traditional NEMT provider = **\$515**

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Cost through rural 5310 provider = **\$10**

Cost through traditional NEMT provider = **\$515**

Cost savings = \$505 per trip

... but we had to get
way down in the weeds
to make it happen.

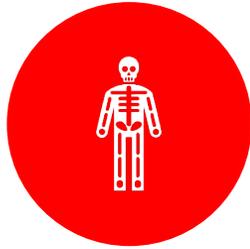
What did it take?

- Getting the right people together as many times as necessary to both understand and discuss the problem
- Knowledge of the medical services being provided, the funding source restrictions, and the transportation options available
- Having discussions with transit providers for local buy-in
- Including the local NEMT provider for their rates
- Collaborating at the local/regional scale to come up with a solution
- Sharing resources with discharge workers so that they know who to call in the collar counties
- Putting together a short training to implement the solution

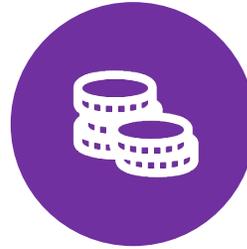
What did we actually do?

- Change the phone number the discharge planners called.

What grew out of this collaboration?



Many more riders will be served by the ACS grant.



More appointments will be kept, saving on overall health costs.



Clinical staff are now more knowledgeable about transit options for their patients.



Project funding was not only stretched further, but also doubled by funders.

Thank you!



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