

March 4, 2010

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Department of Health Services
Madison WI 53707

Fredi and Marlia,

Thank you for soliciting our comments on a proposal to require nursing home non-emergency transportation services to be provided or arranged via a contracted broker. Based on comments received from our nursing home members and feedback from other States in which a broker system was implemented, we strongly recommend that DHS NOT extend a broker system to include nursing home residents. A brief summary of the reasons a transportation broker system could be harmful to nursing residents include:

- Resident Acuity and Dementia: Residents are medically and physically fragile and compromised. They most often must be accompanied to a doctor or eye appointment by a staff person (CNA) or family member/legal representative. Some transportation providers will not allow non-residents to join the resident on trips to the clinic, citing insurance/liability issues. They also may say that their responsibility for the residents begins once they are loaded onto the van and ends when they arrive at the front entrance of the clinic. Some carriers are ill-equipped to serve nursing home residents with behavioral challenges or higher clinical/ADL needs often associated with our residents (see: www.wahsa.org/char9610.pdf)
- Delays: Often times, resident conditions (changes) impact on the departure schedule causing transportation carriers to wait or leave to serve other clients. In turn, residents may have to wait longer than necessary to be transported to the appointment. Once at the clinic, visits are often delayed and, when the resident is ready to return home, the carriers are then frequently busy serving other clients. A two-hour MD visit may turn into a five or six hour visit, exhausting the resident and compromising her medical and mental state. Regular carriers are more accommodating, especially those operated by the nursing home.

- **Schedule:** Broker services work best when trips are scheduled in advance and according to some predictability. Due to the complex and changing resident conditions, trips required by nursing home residents are not always scheduled in advance and may be in response to a “near emergency.” If the carrier is not available on a timely basis, the facility cannot allow a resident’s health to be compromised. Trips that may have been accommodated using the facility’s van and staff may instead be completed by ambulance to the hospital’s emergency room. Using an ambulance and the ER to meet the resident’s needs, instead of a van and a clinic visit, results in more costly health care utilization.
- **Regulatory Exposure:** In the above example, the punitive nursing home regulatory system incentivizes nursing homes to ensure resident doctor visits or eye exams are successfully arranged and completed. The option of calling the ambulance to transport the resident to the hospital as a strategy to ensure the resident is seen by the physician on a timely basis may not be cost-effective, but it is a justifiable and likely result if transportation services become unreliable.
- **Geography:** Both our urban and rural nursing homes expressed serious reservations over the possible changes that would disrupt their transportation services. Some rural facilities that directly provide this service noted that no other viable transportation service exists for their residents. They foresee a broker attempting to contract with their own transportation service but forcing a payment cut to fund the broker’s “management” contract. Many urban facilities have established excellent working relationships with dependable and reliable transportation carriers and also are deeply concerned how residents will be impacted under a broker system.

I understand that many States, including but not limited to, Kansas, Minnesota, and Louisiana, developed a transportation broker system that initially included nursing home residents. However, these States reportedly quickly realized their system was not working and residents were not being served well or, in some cases, at all. According to a Minnesota provider staffer, “the broker couldn’t handle the fax load. The scheduling was a hit-or-miss affair, and the special transportation service providers complained about the broker (MNET). Lots of delays, people being stranded, etc. And all this was before winter weather.” In the end, the State changed the system to accommodate nursing home residents. In some states, calls to the Governor, legislators and the State agency, as well as the media coverage on the problems associated with the broker

system (i.e., the negative impact on the residents), motivated these States to exclude nursing homes from the broker system.

I hope you find this information helpful. Please give me a call at 608.255.7060 or email, jsauer@wahsa.org, if you have any questions or comments on these remarks.

Sincerely,

{Electronically submitted}

John Sauer
WAHSA Executive Director