



# **Critical Access Hospital Transportation**

*Prepared for Kansas Flex Program*

October 14<sup>th</sup>, 2020



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## Background

The Kansas Department of Health and Environment in partnership with the Kansas Hospital Education and Research Foundation engaged critical access hospitals (CAH) to identify challenges, barriers, current strategies and future needs related to transportation issues faced by community members and patients. This activity builds on population health key informant interviews with CAH leaders during 2018 and subsequent issue briefs developed by the Kansas Hospital Association and the Kansas Health Institute. The engagement serves to inform the future work of the Kansas FLEX program, which seeks to support critical access hospitals in serving their communities through public health and primary care service delivery.

## Methods

In order to engage as many different kinds of stakeholders as possible, the engagement of CAHs around transportation took place in two formats:

- 1) Asynchronous submissions through an online platform (Thoughtexchange) over the course of two weeks
- 2) Synchronous virtual focus group held on Zoom

The two-pronged approach had the benefit of collecting data from those who might not otherwise had the ability to participate in one or the other activity. Each process is outlined below in greater detail.

### Thoughtexchange

Thoughtexchange is an online platform that utilizes the power of crowds to help identify priorities about a topic and build consensus around those ideas. Participants submit as many brief thoughts or ideas (140 characters) as they can and then in the next stage, they rate how much they agree with the ideas presented (their own along with those of other participants). It was selected to offer an easy, efficient, and engaging way for knowledgeable stakeholders to provide their thoughts about transportation issues with critical access hospitals (CAH) as well as possible solutions to those issues. Representatives from all Kansas critical access hospitals were invited via email by the Kansas Hospital Association to participate and each participant was asked to identify the part of the state their organization served in order to try to identify potential differences in responses based on geography. Because Thoughtexchange encourages focused attention on a single question of interest, challenges in transportation were addressed in one exchange, and solutions were addressed in a second exchange. These two exchanges ran consecutively one week apart. Importantly, Thoughtexchange is an anonymous platform such that power dynamics are eliminated from the data collection process. Despite identifying the region of the state they represented, no other identifying information was collected and every idea submitted was given equal weight.

### Thoughtexchange 1: Challenges

The focused question posed by the first exchange was: “What are the barriers and challenges around transportation you see/hear experienced by patients and the community your hospital serves?” The purpose of this question was to offer participants an opportunity to share their thoughts about barriers and challenges related to transportation experienced by the patients and community that their hospital serves. Figure 1 shows the participation breakdown for this exchange.



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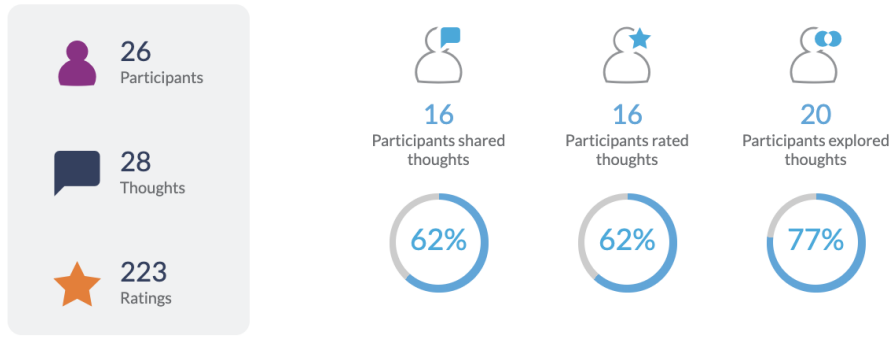
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- In which of the following regions does your critical access hospital operate? (For a map, please see: <https://www.khanet.org/KansasHospitals/KansasHospitalMaps/d106411.aspx>)



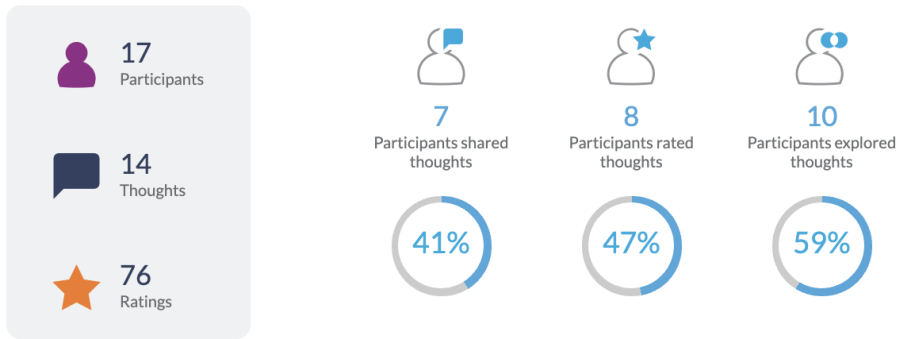
Figure 1: Participant breakdown for Challenges Thoughtexchange

In this exchange, 16 participants submitted 28 thoughts and provided 223 ratings. The largest participation rates came from the northwest and southeast parts of Kansas.

### Thoughtexchange 2: Solutions

The second focused question on which participants were invited to provide feedback was: “What are the solutions around transportation you think might address the challenges you see or hear experienced by patients and the community your hospital serves?” The purpose of this second question was to offer participants an opportunity to provide ideas and thoughts about solutions to transportation challenges, based on the results of the first Thoughtexchange, which were provided in the email invitation as well as in the introduction to the exchange. Figure 2 illustrates the participant breakdown for this second exchange.





- In which of the following regions does your critical access hospital operate? (For a map, please see: <https://www.khanet.org/KansasHospitals/KansasHospitalMaps/d106411.aspx>)



Figure 2: Participant breakdown for Solutions Thoughtexchange

In this exchange, 17 participants submitted 14 thoughts and provided 76 ratings. The largest participation rate came from the northwest region of Kansas.

### Focus Group

The Thoughtexchange data was intended, in part, to inform more detailed questions that could be asked of a focus group of stakeholders with experience in the transportation issues experienced by communities served by CAHs. Using Zoom as a pandemic-safe convening tool also provided the opportunity to convene stakeholders across the state who might otherwise not have been able to participate in person. The participants were asked to expand on what was learned in the two Thoughtexchanges and to collaboratively interpret those results, which were provided prior to the actual group meeting. Additionally, focus group participants were asked to comment on residual questions that were not previously explored.

Focus group participants were recruited from those invited to participate in the ThoughtExchange, including members of the KHA Population Health and Community Health Worker Work Groups and other KHA members. The group consisted of eight CAH participants from across Kansas and was facilitated by representatives from KHA and Kansas Health Institute (KHI).



## Findings

For clarity, the findings of each activity will be presented separately.

### Thoughtexchange 1: Challenges

#### Quick Takeaways:

- Limited availability of existing services (where they do exist) is a feature of many challenges identified.
- People who are elderly are at high risk of missing care due to transportation barriers.
- The use of EMS when there are no other services creates a burden on an already stressed system.

Thoughtexchange uses the qualitative ideas shared by participants to organize a group’s reaction to a given question or topic. The ideas shared in response to the question about challenges for CAHs with respect to transportation fell into one of five themes: Distance Barriers, Elder Care, Limited Services Available, Financial/Resource Challenges, and Use of EMS. *Table 1* shows how these themes were ranked in terms of ratings (how much participants agreed with the thoughts in the theme) and frequency (which themes had the most thoughts).

Theme	Rank by Highest Rating	Rank by Frequency of Thoughts
Distance Barriers	1	4 (tie)
Elder Care	2	2
Limited Services Available	3	1
Financial/Resource Challenges	4	3
Use of EMS	5	4 (tie)

*Table 1: Challenges Themes Ranked by Rating and Frequency*

The differences in ranking suggest that while thoughts associated with Limited Services Available were most top-of-mind (they were submitted most frequently) the thoughts associated with Distance Barriers resonated the most with these participants. Of primary concern, as represented by the thoughts in this exchange, is patients delaying needed care or not receiving care at all due to difficulties in transportation. An example of this is the following top rated thought: “Difficulty for patients to attend physician appointments that are scheduled out-of-town [sic]. Without a caregiver, patients can not [sic] attend specialty care appointments.” Indeed, the word “appointments” appeared most often in the thoughts submitted, both in those thoughts that were highly rated and in most of the thoughts submitted regardless of rating. *Table 2* summarizes example thoughts within each theme.



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Theme	Example Thought
Distance Barriers	“Transportation to out of town appointments is very difficult to find. Because we live in a rural area, it is difficult for pts who have transportation needs to be compliant with out of town appointments (1-2 hours away).”
Elder Care	“Lack of transportation for the elderly to go to appointments. A lot of the elderly are homebound and unable to drive or don't have a vehicle. We need to keep our population healthy and make sure they can get to appointments. [Name Redacted] Transportation serves our county but limited hours.”
Limited Services Available	“Limited availability. The transportation that is available is only Monday through Friday and not available in the evenings or weekends. Healthcare doesn't end at 5:00pm. Some patients that present to the ER per EMS do not have transportation home.”
Financial/Resource Challenges	“Most pts who need rides have financial hardship and are unable to pay for transportation services. Unfortunately, many people cannot afford to physically get to the place they need to go to receive appropriate medical care.”
Use of EMS	“We are in an under served [sic] area where transportation is a constant battle. Many people do not have transportation or reliable sources of transportation. Patients are not able to access healthcare. Local EMS is becoming burdened with non emergent [sic] calls.”

Table 2: Example Thoughts in Each Challenges Theme

Data were collected about the region of the state each participant represented in this activity, but of the six regions, only two had sufficient numbers to report any differences in thoughts. These regions were the northwest and southeast regions. Both regions highlighted the limited nature of services and distances as challenges those regions faced. Interestingly, both also noted the limited nature of public transportation in their areas.

A dynamic report that includes all thoughts (broken out by region where possible) and the ability to navigate rated thoughts within the themes is available here:

<https://my.thoughtexchange.com/report/b3383aa9da42432e100772283bc1aae1>

## Thoughtexchange 2: Solutions

### Quick Takeaways:

- Sustainable funding and access are highlighted as primary concerns
- Different use cases suggest difficulties in efficient shared use
- The need is there but it is diverse and hard to solve for across that diversity



The second Thoughtexchange was intended to take the challenges from the first exchange and solicit the solutions some communities are implementing to try and face those challenges. If no solutions were currently being implemented, then participants were invited to suggest possible solutions they would like to implement with the right support. The thoughts submitted were a combination of possible solutions as well as an expansion of challenges that were not articulated quite the same way in the previous exchange. This exchange resulted in four primary themes and one thought that remained unthemed because it simply indicated that the participant did not feel transportation was a concern for his/her community. The four themes were: EMS Funding, On-Call Services, Funding Sources, and Cost Mental Health Transport. *Table 3* shows how these themes were ranked in terms of ratings (how much participants agreed with the thoughts in the theme) and frequency (which themes had the most thoughts).

Theme	Rank by Highest Rating	Rank by Frequency of Thoughts
EMS Funding	1 (tie)	3
On-Call Services Needed	1 (tie)	2
Funding Sources	3	1
Cost Mental Health Transport	4	4

*Table 3: Solutions Themes Ranked by Rating and Frequency*

Similarly to the challenges exchange, the most top-of-mind concepts were not necessarily the highest ranked. Thoughts associated with Funding Sources were far more frequent, but EMS Funding and On-Call Services Needed were more highly rated. This suggests that while most participants recognize the need for funding to support transportation needs, participants prioritized solving specific issues related to those transportation needs. The word “cost” appeared most often in the thoughts submitted, both in those thoughts that were highly rated and in most of the thoughts submitted regardless of rating. *Table 4* summarizes example thoughts within each theme. Data were collected about the region of the state each participant represented in this activity, but none of the six regions had sufficient numbers to report any differences in thoughts.

Theme	Example Thought
EMS Funding	“The CAH cost report needs to allow for cost for a transport service. [. . .] It's important because EMS programs are constantly being constrained in their budgets and qualified persons are hard to find.”
On-Call Services Needed	“County transportation systems on-call: Funding for transporting people to healthcare appointments, food shopping, and other basic necessities needs to be available daily and on weekends.”
Funding Sources	“Federal, State, or local grants would be needed to keep the system solvent. Philanthropy included. The population that would use the system would not be able to afford to cover the true cost of the transportation.”
Cost Mental Health Transport	“There needs to be CAH cost report consideration given local transportation for mental health patients seen in the ER - local authorities don't have resources. Importance seems self evident [sic].”

*Table 4: Example Thoughts in Each Solutions Theme*



A dynamic report that includes all thoughts and the ability to navigate rated thoughts within the themes is available here: <https://my.thoughtexchange.com/report/7ca118c9fd6d2cebddd3a45c52b9b9851>

## Focus Group

### Quick Takeaways:

- “Limited services” is itself a diverse idea: Some communities lack human resources, some lack facility/vehicle resources, some have both of those but the hours of operation are limited.
- The elderly and those with mental health needs are populations of particular concern in multiple communities.
- Sustainability is more than just funding. Changes in populations make programs hard to conceptualize for more than just a few years.
- Support for solutions include both regulatory review (the need to revisit some statewide policies) and resource development (public and private).

Focus group questions were influenced by both Thoughtexchanges as well as critical questions stemming from previous interviews. The flow of the group conversation was to examine the results of the exchanges, discuss what topics or ideas might be missing or different based on geography, build on solutions and think about the populations particularly affected by transportation concerns, and offer ideas for how communities could be supported in solving transportation issues at multiple levels.

In general, participants indicated that the results of the Thoughtexchanges “sounded familiar.” There was a consensus that the particulars of a given community might be different, but that the challenge of transportation for those who did not own, were too infirm, or could not afford to operate a vehicle were common. It was during this part of the discussion, however, that the concept of “limited services” was potentially too broad since different communities experience different limitations. Participants expressed the “need to be able to match need to the community – it’s a black hole in the conversation that isn’t happening.” Additional consensus was built around the issues of distance and the places where healthcare services are rendered (ie not in town, in an industrial area, etc).

In thinking about building on solutions, many participants talked about the ability (or lack of ability) of local leaders to collaborate across agencies and systems. An example of this is “It’s so important for leaders in all the different agencies to work together like EMS, hospital administration, and health department. We’re blessed to have an administrator who is good at communication and even reaching out to other towns; he is good at thinking about what we have and what’s needed, and he’s nonthreatening so he can approach these other agencies.” Conversely, another participant described that it was exactly this collaboration piece that they



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were struggling with: “[. . .] the county is struggling to keep up. The hospital is good at leading the conversation, but the city/county entities are not collaborating – not all on the same page. The county as a whole is overwhelmed.” This was also contextualized within the pandemic and the constant crisis mode that many are struggling to maintain: “[In crisis], you help until [your neighbor isn’t] in trouble any more [. . .] we need to transition from crisis collaboration to everyday collaboration – we need to find the resilience rather than the will or capacity.” This suggests that some form of facilitation between CAHs and their local community might be a support that can be leveraged in multiple areas.

Additional solutions and challenges were discussed for the populations who tend to be affected by transportation issues more egregiously: the elderly and those seeking mental health care. These discussions ranged from acknowledging the limitations of volunteerism to understanding the licensing issues for mental health transport. One particular idea that emerged was utilizing the experience of the people who are part of the population of interest, perhaps duplicating some of the successful efforts of experience groups helping to manage Type 2 Diabetes in some communities<sup>1</sup>.

Finally, participants discussed the supports that could be useful in working to face challenges with transportation. Two kinds of supports emerged from this discussion: regulatory and financial. The regulatory support discussed was specific to EMS services and what they can and cannot do. If the state made it possible to create interlocal EMS such that counties might be able to share that resource, that is one opportunity. And additional opportunity is for there to be a statewide description of what EMS is and is not allowed to do rather than leave it to individual counties to decide. For example: “EMS are not required to transport, but there could be legislation to clarify what EMS should do; there are a handful of counties that want to lower the tax burden which affects EMS funding, but some basic rules about what they’re required to do could help. [Also], mental health needs some structure that includes community support to reduce burden on law enforcement.” With respect to financial support, the discussion centered around reimbursement changes, the resources that the state already provides (but may not be well known), and the way CAH financial reporting rules prevent using some EMS services. There was also some discussion of how counties without major industry might resource what they need long term.

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<sup>1</sup> The researcher mentioned specifically was Dr. Chris Ulack, Research Manager at Value Institute for Health and Care at Dell Medical School, University of Texas at Austin

