Welcome to Project ECHO
Cancer Patient Navigation

This meeting will begin promptly at 3:00pm

Please mute upon entry

Enter your name, credentials, organization, and email address in the Chat

Please enter in your first and last name in your square. Click the “…” in the lower left or upper right hand corner and click on “rename.”

If you are experiencing any technical difficulties, please type in the Chat or call Maine Cancer Foundation at 207-773-2533 and reference you need Project ECHO assistance
Ground Rules

• Always MUTE microphone when not speaking – do not put your call on hold because it will play music
• Please show yourself on your video, but remember people can see you!
• Never disclose protected health information
• To speak:
  • Raise hand (physically or click the option in Zoom)
  • Message in Chat
• Speak loudly and clearly
• Please keep questions and comments related to the topic
Maine Cancer Foundation
Project ECHO
Cancer Patient Navigation

Transportation
Magda Alden, American Cancer Society
Michael Reisman, Beth C. Wright Cancer Resource Center
August 28th, 2019
Learning Objectives

1. Participants will understand the importance of the cancer treatment schedule in getting to that treatment.

2. The Navigator will learn the transportation and financial assistance options available to getting patients to treatment.

3. The Navigator will learn what patient factors are needed to take into account to arrange for successful access to treatment.

4. Participants will learn what the barriers to getting patients to treatments are.
Cancer patients face a number of transportation barriers

“Geography. Sometimes the area where they are doesn’t allow for them to participate in programs and they can’t pay for taxis.”

“Reliable transportation that allows a patient get treatment in a reasonable time frame.”
Understanding MaineCare transportation programs

• If patient has MaineCare, do they have a transportation benefit?
  • QMBY, SLMB do not have transportation
  • Other MaineCare levels do have transportation benefit
    • If in EPIC, it’s coded for the levels. You can always call and verify benefit with transportation broker if need be.

• MaineCare brokers are listed by county
  https://www.maine.gov/dhhs/oms/nemt/nemt_index.html

• Transportation needs to be booked at least 48 hours prior to appt
  • Some exceptions can be made
Understanding MaineCare transportation programs

• Important to designate that it’s for cancer care.
  • Radiation & chemo appts are prioritized
    • Weather related cancelations and inability to find drivers can affect fulfilment of rides but if those appts are noted, they have to be given priority

• Companions are no longer automatically allowed
  • Letter of medical necessity from physician– can take several days to get approved

• Mileage reimbursement!!!!
  • Many patients do not know about this benefit
  • Can call and register up to a few minutes prior to appt, needs someone to sign off on form
Can we EMPOWER our patients?

• Recognize patients abilities, stressors and limitations. Are they able to advocate for themselves? Do they understand how to navigate the system? Can we help give them tools to succeed?

• If they have MaineCare benefit, many of the transportation providers do not allow them to use the grant funds to access transportation. Many patients complain about frustrations with MaineCare transportation system (rightfully so). How can we validate those feelings yet educate them to advocate to use the system to the best of their ability.
Barriers to Consider

- Access to vehicle/driver
- Distance
- # of appts (radiation especially)
- Time of appts, traffic on route (ie: patients coming from North Conway in the summer)
- Is lodging locally an option?
  - ACS Hotel Partner Program
  - Hospital affiliated houses (barriers: availability, typically not handicap accessible)
  - Medical discount rate
- Post-Sedation transportation (many providers do not allow transporting patients)
Barriers to Consider

- Financial
  - Gas/ car expenses
    - Mileage reimbursement
    - Using volunteer programs
  - Loss of income from family members

- Mobility issues
  - Limits ability to use volunteer programs

- Access to cell phone/ can they receive texts (Uber/ Lyft is used by Logisticare and cannot communicate ride info to patients easily)
Understanding transportation for people not on Maine Care

- Road To Recovery – American Cancer Society
- Local Volunteer Driving Programs
- Veteran Programs –
  - Maine Cancer Foundation Transportation Assistance Grants
  - Diagnosis based assistance: Maine Breast Cancer Coalition
- PALS and Angel Flight
- Public Transportation
Treatment in Boston

- PALS and Angel Flight
- ACS Road to Recovery
- ACS Cancer Care Fare (Amtrak Downeaster)
- Hospitality Homes
- Hope Lodge
- Public Transportation
- Friendship Works
Maine Cancer Foundation
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Transportation
Case Study Presentation
Michelle Hayes
Maine Medical Center
August 28th, 2019
Case Study:
Background Information

- 60 year old white, married male; one son with autism who just graduated high school
- Diagnosis: Malignant neoplasm of prostate, stage IIc
- Treatment plan: Radiation therapy x 44 treatments
- Geographic location: Hope to Coastal Cancer Treatment Center in Bath x 44 visits
- Psychosocial: Disability, generalized anxiety disorder, multiple comorbidities including diabetes
- Spiritual: Strong connection with local church
- Ethical issues: Patient’s wife is physically disabled, likely on autism spectrum (difficulty understanding social cues and norms; shared openly with other patients and caregivers in waiting room, leading one caregiver giving money
Case Study: Interventions

- American Cancer Society Road to Recovery – no volunteer driver base in the Hope region
- MaineCare Transportation Reimbursement - $.22/mile x 55 miles each way
- Gas cards
- Grocery cards
- Emotional support
- Encouraging strong connection to church
Case Study: Barriers

- Lack of resources due to geography and disability
Case Study: Questions

• When transportation options are slim at best, and patients do not have any “extra” income to apply to transportation costs, and we are connecting them with care as close to their homes as possible and travel remains just out of reach, what can we do?

• How do we minimize or eliminate the gap that exists between patients wanting and needing cancer care and the varied abilities of affording that care?

• Points for discussion:
  • Transportation
  • Financial funding
  • Care close to home