



**FOUNDATION FOR
Health Care Quality**

**Examining How Washington State
Organizations Address (Non-Emergency)
Patient Transportation Needs:**

Current Landscape and Opportunities for Action

Eniola Deborah Oladipo, MPH '26

University of Washington School of Public Health

Foundation for Health Care Quality

May 2026

Table of Contents

Abbreviations	1
Background	2
Methods	2
Findings	3
Characterizing the Need	3
Current Response	4
Policy & Systems Influence	5
Gaps & Constraints	5
Innovations and Opportunities	6
1. Standardized, Centralized Documentation & Data Infrastructure	7
2. Technology Innovations for Access & Navigation	7
3. Streamlined Workflows & Cross-Team Coordination	7
4. Strengthened Partnerships & Regional Coordination	8
Considerations for Decision Makers	8
1. Current Environment	8
2. Consensus Building and Decision-Making	9
3. Feedback Channels	9
4. Vigilance	9
Conclusion	10
Acknowledgments	10
References	10
Appendix	11

Abbreviations

ACH	Accountable Community of Health
ADA	Americans with Disabilities
CBO	Community-Based Organization
CIE	Community Information Exchange
CMS	Centers for Medicare & Medicaid Services
CHW	Community Health Workers
EHR	Electronic Health Record
FMLA	Family and Medical Leave Act
HCA	Health Care Authority
HRSN	Health-Related Social Needs
NEMT	Non-Emergency Medical Transportation
SDOH	Social Determinants of Health
WA	Washington State

Background

For the majority of the population, timely transportation to a health facility is a prerequisite for participating in healthcare services. Therefore, it is important to examine how organizations within the health and social care ecosystem are supporting patients who have unmet needs for transportation. Within the Pacific Northwest, Washington (WA) state stands out in its wide range of geographies across counties, including urban centers, rural and semi-rural regions, and ferry-dependent island communities. This landscape creates a complex and varied backdrop for public transportation infrastructure, with significant implications for healthcare access. Washington State is also distinguished in its extensive regional coordination between health sector entities through nine Accountable Communities of Health (ACHs), which strengthen sector efforts related to transportation needs and other Health-related Social Needs (HRSN) such as food insecurity and housing instability.¹

The objectives of this practicum were:

- To understand how organizations across Washington State are responding to transportation barriers that affect patients' ability to receive care.
- To examine potential innovations that can support current efforts, given the current policy and health systems landscape.

Methods

Several discussions with members from across the healthcare ecosystem were conducted to examine how WA State organizations are addressing patient transportation needs and explore potential innovations. A discussion guide was developed to align with the practicum's objectives. This guide was centered around five central domains outlined below:

Discussion Framework for Engaging WA Organizations in the Health and Social Care Ecosystem on Patient Transportation Supports.

Discussion Domain	Goal
Characterizing the Need	Understand how transportation needs appear across the populations that organizations support
Current Response	Identify existing internal policies, protocols and workflows that are shaping an organization's current response to transportation needs
Impact of Policy & Systems	Understand how public policy (including Medicaid and Medicare) and federal/state funding are shaping the strategy for patient transportation support services
Gaps & Constraints	Identify any operational, structural, financial, and regulatory barriers that impact an organization's approach to addressing transportation needs.

Innovations & Opportunities	Identify feasible opportunities to strengthen and streamline transportation support processes given constraints.
-----------------------------	--

Relevant organizational contacts within the Foundation for Health Care Quality’s network were identified and contacted. Organizations belonged to the following categories:

- Health System
- Federally Qualified Health Center
- Independent Group Practice
- Quality Improvement Organization
- Health Plan
- Accountable Community of Health

A list of the organizations engaged in discussions can be found in Table A in *Appendix A*. The participants engaged included personnel at various levels of their organization’s hierarchy, including executive, managerial, and coordinating roles. Discussions ranged from thirty to sixty minutes, and key findings were documented, analyzed, and synthesized to develop this report.

Findings

Characterizing the Need

Discussion participants identified several trends in the data pertaining to who demonstrates the greatest need for patient transportation supports. These populations included:

- Medicaid and Medicare-Medicaid dual-eligible members
- Older adults with mobility limitations
- Patients with other disabilities
- Pregnant and postpartum patients
- Individuals without robust support systems
- Patients just above assistance thresholds

Participants also identified geographic and county-level variations in transportation challenges:

- Rural residents traveling long distances to tertiary care centers
- Island and ferry-dependent communities encountering ferry service delays
- Urban residents facing safety and navigation barriers with public transit

The nature of barriers encountered by patients during healthcare-related travel included:

- Mobility and navigation challenges encountered by people with disabilities
- Multi-hour travel times and multimodal transportation journeys
- Ride delays encountered while utilizing direct pickup up services (e.g., paratransit)
- Safety concerns on public transportation
- Challenges accessing and utilizing digital navigation tools (e.g., phone applications)
- High parking costs and limited parking availability

Indicators of unmet patient need included:

- High patient no-show rates, which are identified within health systems by appointment scheduling and care coordination teams
- Results from Social Determinants of Health screening tool administered within health systems during patient intake
- Direct reports from patients/clients to health systems and health plans describing transportation challenges
- Transportation needs surfaced during in-patient discharge planning and case reviews by clinical teams.

Current Response

There are several direct and indirect support mechanisms that were described during participant discussions. These supports are administered by a range of personnel within the health and social care ecosystem, including but not limited to:

- Care Coordinators
- Community Health Workers
- Patient Navigators
- Clinicians
- Scheduling Staff
- Vendor Coordination Teams
- Social Workers
- Front desk Health System Staff
- Community Care Hub Navigators
- Caregivers
- Health Plan Case Managers
- Health Plan Call Center Staff

Direct supports: Patients commonly receive direct rides through Medicaid Non-emergency Medical Transportation (NEMT) benefits and Americans with Disabilities Act (ADA) paratransit services, as well as through health plans such as Medicare Advantage, which offers supplemental rides.

Indirect supports: Bus passes and gas cards are dispensed from community-based organizations and health systems as part of social support initiatives. Family and Medical Leave Act policies such as caregiver FMLA enable family members to facilitate transportation for patients. Clinicians and community health workers also support patients with transportation access by assisting with administrative paperwork such as assistance applications and provider attestations. Additionally, healthcare delivery platforms such as telehealth and mobile clinics have played a substantial role in reducing transportation-related barriers to care across the state.

Participants described the external partnerships that enable them to administer transportation support initiatives.

- Medicaid NEMT brokers and transportation vendors (e.g., Hopelink, Paratransit, Medical Transportation Management, SafeRide, and Specialty Mobility Services) are critical to facilitating direct rides for eligible patients.
- Several community-based organizations (e.g., Sound Generation, Mother Africa) and senior centers also partner with health sector organizations to support patient transportation needs.
- Community Care Hubs, which are ACH-managed coordination centers, deliver transportation-related patient navigation support.

- Taxi and cabulance companies may work independently of Medicaid NEMT with health systems to provide rides for newly discharged or mobility-limited patients.
- Mobile health vendors may offer screening services (e.g., mammography, cervical cancer screening) and laboratory testing (e.g., blood glucose testing).

Policy & Systems Influence

During discussions, participants reflected on how public policy and federal/state budgets impact the way organizations administer transportation supports to patients/clients.

It became apparent how changes to Medicaid and Medicare policies influence how organizations support patient transportation services. One participant detailed how their organization has planned to implement tools in the electronic health records to enable billing for SDOH domains (including transportation). However, changes to the Centers for Medicare & Medicaid Services (CMS) policy limited billing to food insecurity, and the planned updates were halted.

Liability and risk policies affect how transportation support is coordinated for patients. For example, a participant detailed how vendor liability policies within the Medicaid NEMT policy limit who can accompany a patient during a direct ride. In this situation, a patient with a child was unable to bring the child on the NEMT ride, and the patient also did not have access to childcare.

Policies related to technological systems and data governance also have significant impacts on transportation-related workflows. Organizations may use multiple care coordination platforms due to existing technology contracting arrangements, despite the lack of integration between platforms. For example, a patient navigator may need to enter the same patient transportation request into two different portals that are unable to communicate with each other. More so, different organizations may utilize disparate technological platforms, which may complicate information exchange.

The healthcare sector is a highly regulated environment that requires constant monitoring. A participant stressed the importance of maintaining strong relationships with the Washington State Health Care Authority, the agency that administers Apple Health (Medicaid) for WA residents. This connection is important for receiving timely updates and disseminating accurate information to clients and partner organizations.

Gaps & Constraints

Participants addressed several gaps and constraints that shape delivery of transportation support services to patients/clients. Several of these findings are described below. Given the wide range of participants engaged, these findings are not generalizable to all organizations. Rather, they highlight specific challenges that were raised during discussions.

Within one health system context, CHWs and navigators were described as not fully embedded within outpatient care teams, which limited their ability to support patient transportation needs proactively. For example, an individual in a navigator role described scenarios where their engagement with patients began once the individual had already left the clinic, making follow-up more difficult and reducing the likelihood that support was provided, as the patients are harder to reach by telephone. In another instance, community health workers described how clinicians and other care personnel in an outpatient setting were largely unaware of HRSN resources that were available to patients. These anecdotes demonstrate how care navigation staff were not consistently incorporated into routine care management activities, thereby reducing the impact of their role.

Another constraint described within health system and health plan contexts was difficulty 'closing the loop' on transportation referrals, as participants described lacking confirmation about whether a patient utilized a support service following a referral. Fragmented communication channels between health systems, health plans, ACHs, and transportation providers can make it difficult to verify outcomes of referrals. As a result, some teams were unable to obtain data to evaluate the effectiveness of support services, which is needed to inform improvements to workflows. Additionally, it was difficult to determine whether patient transportation issues were fully resolved or if the patient required additional support following initial contact.

A prominent theme was the impact of budget constraints on transportation assistance. Health system participants noted that recent budget cuts had constrained capacity by reducing staffing, especially for CHWs. One individual noted that because discussions about transportation needs are a nonbillable activity, there is reduced incentive to integrate them into already constrained clinic appointment durations. Additionally, community-based organizations are vulnerable to cuts in grant funding, which can reduce their bandwidth for providing transportation-related assistance.

Due to regional variations in NEMT broker services, WA residents may encounter different levels of NEMT service. A participant explained that NEMT delivery varies across WA because different regions are served by different transportation brokers, which operate with their unique set of policies and processes regarding ride request limits and service coordination. These regional broker differences unintentionally reinforce geographic disparities in service quality and transportation access.

Innovations and Opportunities

Several recommendations for improving the infrastructure, policies, and workflows that facilitate transportation support services emerged from participant discussions. These insights can be grouped into four categories outlined below. Decision-makers of teams or organizations involved in providing transportation support workflows may consider which strategies or bundle of strategies may be appropriate to implement. Several of these strategies are already in the works (e.g., the development of WA State Community Information Exchange (CIE)).

1. Standardized, Centralized Documentation & Data Infrastructure

	Strategy	Sector
1a	Integrate relevant community resources directly into referral platforms.	Health Plan Administrators, Social Care Platform Administrators
1b	Enable shared, longitudinal records across health and social care organizations.	Comagine Health (CIE), Health System: IT
1c	Improve staff accountability for documenting transportation coordination.	Health System: Clinic Managers; Care Coordination Supervisors
1d	Create centralized and highly visible electronic health record fields for transportation needs rather than relying on free text notes.	Health System: EHR Governance and Informatics Teams

2. Technology Innovations for Access & Navigation

	Strategy	Sector
2a	Expand EHR-integrated resource directories and referral tools to streamline transportation coordination.	Health System: IT, EHR Governance and Informatics Teams
2b	Provide QR-code accessible information regarding transportation resources via posters and pamphlets in clinic settings	Health System: Clinic managers, Communications Teams
2c	Deploy digital outreach campaigns to inform plan members/clients about underutilized transportation benefits and resources.	Health Plan: Communications Team, CBOs: Outreach Team
2d	Create accessible non-digital navigation tools to support riders with limited smartphone access who require planning multi-bus trips	CBOs: Navigators, Transit Agencies

3. Streamlined Workflows & Cross-Team Coordination

	Strategy	Sector
3a	Expand clinical and care coordination staff's awareness of transportation support basics to improve workflow efficiency for CHW roles.	Health System: Clinic Managers
3b	Initiate transportation and other HRSN	Health System: Care

	navigation processes prior to the patient leaving the care setting	Coordinator and Navigator Managers
--	--	------------------------------------

4. Strengthened Partnerships & Regional Coordination

	Strategy	Sector
4a	Support CBOs with data infrastructure and digital resources enabling access to regional resource directories, and efficient referral and communication with ACHs	Comagine Health (CIE), ACHs
4b	Deepen partnerships with transit authorities and community organizations to facilitate information sharing about new transportation resources and initiatives that can benefit patients	ACH Leadership, Community Care Hub Program Managers
4c	Expand volunteer driver and other community-based transportation models to supplement NEMT services	CBO Leadership
4d	Establish regular joint case-review meetings between health plans and WA HCA to resolve escalated issues	Health Plan Leadership; WA Health Care Authority Liaisons

Considerations for Decision Makers

As decision-makers review potential strategies to inform transportation-related workflows, it is important to consider additional themes that emerged based on discussions with various directors and managers of health sector entities. These themes point to questions that decision-makers may need to reflect on as they consider approaches to strengthen their work supporting transportation and other health-related social needs.

1. Current Environment

Analysis of participant discussions alluded to the importance of organizations understanding the current environment they are operating within, including fiscal realities, staffing capacity, and policy environment. This raises a question:

- Has your organization developed a clear understanding of your current operating context, including fiscal, staffing, and policy realities?
- As a decision-maker, are you making decisions consistent with the current environment your organization is in?

For example, a workflow change that is appropriate in a period of relative stability may not be feasible during a period of transition or unpredictability.

2. Consensus Building and Decision-Making

Having robust and transparent processes for consensus building and decision-making within teams is important for the implementation of favorable strategies. Even when teams are motivated to improve coordination for delivery of transportation support services, cumbersome processes for obtaining the greenlight can stall strong ideas. This prompts the question:

- Are your processes for making decisions clear, efficient, and able to support the operational changes that your current environment demands?

Clarity and efficiency in decision-making processes are critical to staff buy-in and uptake of new processes.

3. Feedback Channels

Issues in transportation support tend to surface first among staff who have the closest engagement with patients/clients, such as community health workers, schedulers, care coordinators, and health plan call center staff. Therefore, it is important that the channels for frontline staff to relay feedback to decision-makers are open and clear.

- Are the channels for staff to relay feedback and observations to decision-makers genuinely open and operational?

Organizations benefit greatly from leveraging the insights from 'on-the-ground' staff who have firsthand experience with the workflows for transportation support.

4. Vigilance

The healthcare sector is a highly regulated environment, and the provision of HRSN support is shaped largely by external policy shifts. Organizations must remain attentive to changes in their funding landscape and state/federal policy, especially regarding Medicaid/Medicare.

- Are organizations staying alert to external changes that impact their work and their clients?
- Are organizations' decision-makers committing to intentional learning practices that facilitate information gathering and keep them prepared to adapt to changes in the sector?

Conclusion

The goal of this project was to examine the ecosystem of health and social care organizations working to address non-emergency patient transportation needs and identify innovative

strategies to improve the current response. Participant discussions revealed a range of actionable insights related to data management, technology-based innovations, workflow improvements, and strengthened partnerships. Discussions also pointed to important considerations for ensuring that promising strategies are implemented efficiently and sustainably. Together, these findings support health sector organizations with the insights needed to guide implementation efforts that improve coordination and strengthen cross-sector partnerships

Acknowledgments

Many thanks to the organizations and staff who took part in the discussions for this practicum project. Their time, insights, and experiences were critical to shaping this report's findings.

References

1. Accountable Communities of Health (ACHs) | Washington State Health Care Authority. Accessed April 15, 2026. <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/accountable-communities-health-achs>

Appendix A

Table A. Organizations Involved in Participant Discussions

Participant Category	Organization
Health System	UW Medicine
	Common Spirit, Virginia Mason Franciscan Health
Federally Qualified Health Center	CHAS Health
Independent Group Practice	Family Care Network
Quality Improvement Organization	Comagine Health
Health Plan	Molina Healthcare
	Community Health Plan of Washington
	Cambia Health Solutions, Regence
Accountable Community of Health	HealthierHere