

EVALUATING THE ECONOMIC IMPACT OF AN INNOVATIVE COMMUNITY-BASED VOLUNTEER MODEL



Background

Community Care Corps (C3) is a groundbreaking initiative to provide volunteer-based nonmedical assistance to family caregivers, older adults, and adults with disabilities. The program's overarching goal is to help older adults and adults with disabilities live independently in their own homes. The federal Administration for Community Living funds the program; Oasis, Caregiver Action Network, and US Aging administer it; and Altarum evaluates its impact. C3 has funded 79 grants nationwide, helping them start or enhance volunteer programs.

Research Objectives

Oasis and Altarum partnered to examine the economic costs and benefits of providing nonmedical volunteer assistance for two grantee organizations, Ascension Saint Agnes and Lori's Hands. The research aims to inform and support fundraising, congressional advocacy, and other efforts to sustain C3. Using these grantee organizations as pilot case studies, we intend to create replicable analytic approaches that can be leveraged for other organizations nationwide.

In this brief, we focus on a single grantee organization, Ascension Saint Agnes, and present preliminary findings on the economic impact of their volunteer medical appointment chaperoning program, focusing on the costs and benefits of non-emergency medical transportation (NEMT).

Program Description

With support from C3, Ascension Saint Agnes launched the Trusted Ride program to provide patients with volunteer-chaperoned NEMT to and from medical appointments. This is particularly important for elderly patients or those with disabilities who may find it difficult to travel independently. The program is staffed by a team of trained volunteers who support patients in accessing Lyft ride-share services and accompany patients to and from their visits. Volunteers undergo background checks and training to ensure the safety and comfort of the patients they support. The program is free to patients and is available for a range of medical appointments, including doctor visits, diagnostic tests, and outpatient procedures.



Methods

As in previous studies, we analyzed the economic costs and benefits of NEMT using a model developed by Altarum health economists and the National Academies of Sciences, Engineering, and Medicine (NASEM) in 2005. (NASEM, 2005; Rochlin et al., 2019)

Estimating the Number of Medical Appointments Patients Would Have Missed Without Chaperone Assistance

Using program data, we estimated St. Agnes supported 189 patients in attending 1,501 medical appointments in the 2021 to 2022 grant year. We assumed that patients would have entirely missed 92 percent of those appointments without volunteer chaperones and would have been assisted by unpaid caregivers for the remaining eight percent of appointments. We made informed assumptions about the purpose of these appointments—including whether they were for preventative services or treatments for chronic conditions—based on input from program staff and the model’s original analyses of the 2002 National Health Interview Survey (NHIS) and the 2001 Medical Expenditures Panel Survey (MEPS).

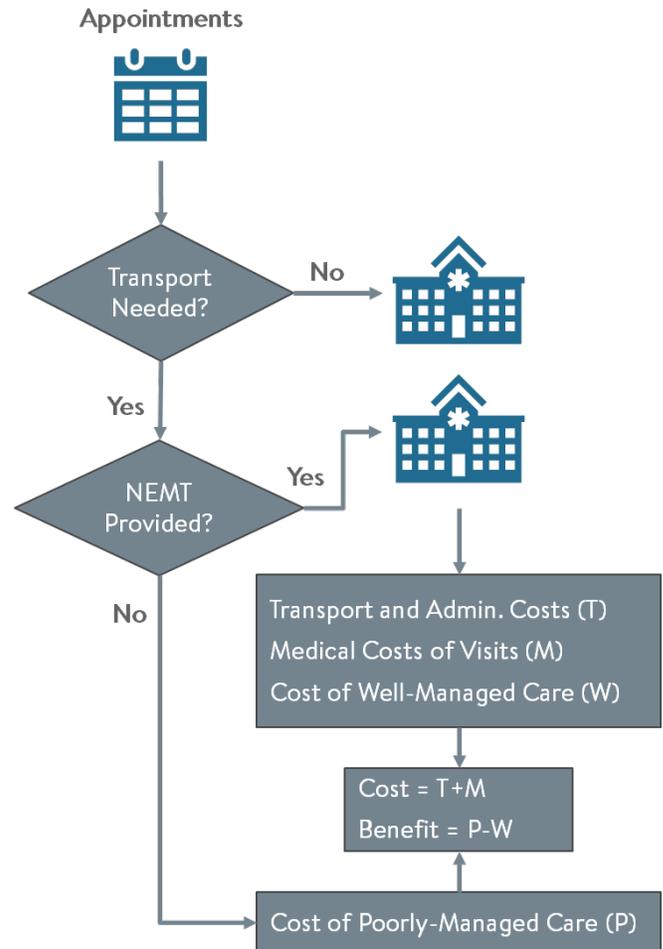
Estimating the Cost of Transportation and Medical Appointments

The average cost of a Lyft ride-share trip was provided by program staff. We estimated the costs of medical services by adjusting the model’s MEPS data for inflation using Altarum’s Health Care Price Index. The model’s cost estimates are based on payment data from various sources, including private insurance, public programs, and out-of-pocket expenditures. We also added fixed administrative expenses using estimates from program staff.

Estimating the Economic Benefits of Care That Is Managed Well

The volunteer chaperone NEMT model includes MEPS payment data on the cost of care that is managed well versus care that is managed poorly over the course of one year. These differences in care quality are based on established guidelines for the specific conditions (e.g., annual testing for hemoglobin a1C levels among people with diabetes) and preventative care (e.g., receiving the flu vaccine annually). As with the cost of medical

Economic Analysis Model Diagram



Ascension Saint Agnes Trusted Ride Program Cost-Benefit Analysis, 2021 to 2022 Grant Year



appointments, figures in this model component are based on payments from various sources, and we adjusted these figures for inflation.

Results

According to our model, the economic benefit of providing patients with well-managed care was \$648,977. We estimated the total cost of providing chaperoned transportation to be \$339,828, including \$234,205 in medical services, \$57,600 in administrative overhead, and \$48,023 in transportation costs. The latter two figures (totaling \$105,623) reflect the costs of administering the volunteer chaperoning program. Medical service costs accrued mainly to Medicare and Medicaid, given that the population served by volunteer chaperones are predominantly low-income older adults and adults with disabilities. However, patients may have also paid copays out of pocket. Altogether, these figures indicate a nearly two-to-one return on investment for volunteer chaperone assistance.

Conclusion

Summary of Findings

Our analysis demonstrated that leveraging volunteer chaperones to ensure access to medical appointments can generate a substantial return on investment. These services do increase medical spending because patients attend medical appointments they would have otherwise missed. However, the benefits of ensuring they receive well-managed care are far more substantial. While we could not determine which payers reap cost savings, Medicare and Medicaid are the most likely beneficiaries, given that patients are largely older adults and adults with disabilities.

Program Data	
Patients Served	189
Medical Appointments	1,501
Cost Estimates	
Transportation Costs	\$48,023
Fixed Administrative Costs	\$57,600
Medical Costs for Providing Care	\$234,205
Total Costs	\$339,828
Benefit Estimates	
Cost of Poorly Managed Care	\$1,284,873
Cost of Well-Managed Care	\$635,896
Total Benefits	\$648,977
Net Benefits	\$309,149
Cost-Benefit Ratio	1.91

Every \$1.00 spent on chaperoned transportation to medical appointments yields \$2.22 in additional medical costs but \$6.14 in cost savings to the medical system.

Limitations

Our estimates were based on dated data and several informed assumptions, although more accurate and timely data are unlikely to reverse or substantially impact our findings. Additionally, the model we used only measures the impact of volunteer-chaperoned NEMT and does not account for other services volunteers provide—including appointment reminders and wellness checks.



Estimated savings in our model accrue after just one year and could grow at longer time scales. For example, the health benefits of well-managed care could help older adults and adults with disabilities live safely in the community, reducing or eliminating the need for costlier stays in hospitals and nursing homes over their lifetimes.

Implications

These findings underline the positive impacts of C3 growing and supporting interventions like the Ascension Saint Agnes Trusted Ride program. These services can help improve the health and well-being of older adults and adults with disabilities and support their ability to live with dignity and independence in their own homes.

References

National Academies of Sciences, Engineering, and Medicine. (2005). *Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/22055>

Rochlin, D.H., Lee, C.M., Scheuter, C., Milstein, A., & Kaplan, R. M. (2019). Economic Benefit of “Modern” Nonemergency Medical Transportation That Utilizes Digital Transportation Networks. *American Journal of Public Health*, 109(3), 472-474. <https://doi.org/10.2105/AJPH.2018.304857>.



For more information on the Community Care Corps program, including how to apply for funding, visit communitycarecorps.org

Authors: Stephen McCall, MPA; George Miller, PhD; Corwin Rhyan, MPP; and Helen Dawson, MPH, Altarum Institute; Sara Paige, OT, PMP, Oasis.

Contact: Stephen McCall, Long Term Care Senior Analyst, Altarum, stephen.mccall@altarum.org