

Dimension: Housing	Uber Health (or similar) Transportation Services
This Intervention is Linked to the Following Secondary Drivers: <ul style="list-style-type: none">• Effective clinic flow to care and support clients experiencing housing insecurity, including access to case management, referrals and other support systems• Strategies to address additional barriers, such as food security, legal support, etc.	
Level of Evidence: Well-Defined Interventions with an evidence-base	

Summary:

A number of studies⁵ have demonstrated that the lack of access to transportation has been consistently associated with sub-optimal ART adherence. Uber Health and similar medical transportation services can be an effective strategy for patients experiencing transportation barriers.

Core Components

Whether Uber Health or similar service, the core components are:

Setting Up and Managing Medical Transportation Using Uber Health or Similar Service

- Create an online account for your clinic (Uber Health or other service)
- Train clinic staff on how to use the service including the workflow, paperwork, billing codes and any approvals required
- Use a tracking sheet to document client identifiers, date of service, provider name, reason for ride, cost, etc.
- Use a survey for patients (users and non-users) and clinic staff to determine the level of satisfaction and improve how the clinic provides transportation services

Setting Up a Ride for a Patient

- Clinic staff use the Uber Health dashboard (or similar) to book a ride on-demand or for a future appointment for a patient
- The trip details are given to the passenger (patient) by a text message or a call at the time the ride is booked
- Trip details are confirmed once again when a driver is on the way to pick the patient up
- The passenger is picked up and dropped off as scheduled

⁵ Cornelius, T., Jones, M., Merly, C., Welles, B., Kalichman, M. O., & Kalichman, S. C. (2017). Impact of food, housing, and transportation insecurity on ART adherence: a hierarchical resources approach. *AIDS care*, 29(4), 449–457. <https://doi.org/10.1080/09540121.2016.1258451>

Tips and Tricks:

- It is important to consider patient needs and preferences for pick-up and drop-off locations and potential stigma when planning rides for patients (e.g. a client experiencing homelessness may not want to use a shelter as their pick-up location). Consult with each patient before scheduling the ride to make sure you are meeting their needs and preferences.
- Older adults, adults with vision issues and others may require additional assistance or alternatives.
- Implementing an effective Medical Transportation Program takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- ECHO Collaborative Video Presentation: [Transportation Services](#)
- [Uber Health Website](#)
- ECHO Collaborative Video Presentation: [SafeRide: Using Medical Transportation Services to Improve Access to HIV Care](#)
- [LYFT for Healthcare Website](#)
- Texas Department of Health and Human Services' [Medical Transportation Service Standards](#)

Suggested Measures:

Process Measures

- % of patients screened for transportation barriers
- % of patients with transportation barriers who are offered Medical Transportation Services
- % of patients offered Medical Transportation Services who utilize it
- % of patients using Medical Transportation Services that agree or strongly agree with the statement “Medical transportation services have helped me to improve my overall health.”
- % of clinical staff that agree or strong agree with the statement “Medical transportation services are an effective strategy for improving the health of patients with transportation barriers.

Outcome Measures

- % of patients using medical transportation services that have not achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients using medical transportation services that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Citations and Acknowledgements:

Cornelius, T., Jones, M., Merly, C., Welles, B., Kalichman, M. O., & Kalichman, S. C. (2017). Impact of food, housing, and transportation insecurity on ART adherence: a hierarchical resources approach. *AIDS care*, 29(4), 449–457. <https://doi.org/10.1080/09540121.2016.1258451>