

4 | UBER HEALTH TRANSPORTATION SERVICES

Category: Basic Needs of Clients

Agency: Children's National Medical Center

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Subpopulation: Youth

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Regional Group: Washington, D.C./Virginia

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Provided Uber Health transportation services to clients experiencing transportation barriers.

Change Ideas:

- Created an Uber Health account using a virtual dashboard online
- Included a tracking sheet to document client identifiers, date of service, provider name, reason for ride, cost, etc.
- Devised a short survey for both users and non-users to assess satisfaction levels and feasibility among focus population

Intervention Description:

Rideshare transportation services, such as Uber Health, are a newer form of non-emergency medical transportation (NEMT),¹ but there is some evidence to suggest that Rideshare transportation services can increase primary care appointment show rates among patients on Medicaid.² Research is underway on Uber Health and HIV care outcomes. Uber Health transportation services were provided by Children's National Medical Center to youth ages 13-24 years starting in 2018. Children's National Medical Center created an Uber Health account using an online dashboard to provide Rideshare transportation services to youth experiencing transportation barriers. This intervention included a tracking sheet to document patient identifiers, date of service, provider name, reason for ride, and cost of rides. For this intervention, a short survey was devised for both users and non-users to assess satisfaction levels and feasibility among focus population. From October 2018 to December 2019, 50 youth used the Rideshare (Uber) program to attend HIV services appointments at Children's National Medical Center. The majority (91.3%) strongly agreed with intent to use Rideshare for future appointments and were satisfied (91.3%) with their overall experience. More than half (65%) strongly agreed that Rideshare use was easy. The majority (78%) strongly agreed that they are able to attend their appointments with Rideshare and agreed (82.6%) that Rideshare allowed them to feel less stressed about attending appointments. Viral suppression among youth increased from 68.3% (125/183) to 71.5% (118/165) during this intervention.

¹ Powers BW, Rinefort S, Jain SH. Non-emergency Medical Transportation: Delivering Care in the Era of Lyft and Uber. JAMA. 2016. 316(9).

² Chaiyachati KH, Hubbard RA, Yeager A, Mugo B, Shea JA, Rosin R et al. Rideshare-Based Medical Transportation for Medicaid Patients and Primary Care Show Rates: A Difference-in-Difference Analysis of a Pilot Program. Journal of General Internal Medicine. 2018. 33(6):863-868.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>Don't Know</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>2-Somewhat Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$\$\$</p>	