

Dimension: Age	Uber Health (or similar) Transportation Services
This Intervention is Linked to the Following Secondary Drivers: <ul style="list-style-type: none">• Strategies to address additional barriers, such as food security, legal support, housing, etc.• Processes in place for making customized referrals (after vetting potential referrals), following-up on referrals, and ensuring successful linkages• Customized care plans for clients experiencing Age-related concerns and/or co-morbidities	
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 a 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 services)
- 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, the reason for the 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

Age – Core Interventions: Eliminating Viral Suppression Disparities

- 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 strongly 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>