

# Healthcare transportation services: Policy shifts and the influence of shared mobility

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## Introduction

Transportation barriers prevent millions of people from accessing healthcare each year. Health policy innovations such as shared savings payment models (commonly used in Accountable Care Organizations) provide financial incentives for providers to offer transportation to medical care (McWilliams et al. 2016). Meanwhile, ridehailing companies like Uber and Lyft have entered the market to capture a significant share of spending on nonemergency healthcare transportation.

## Research Problem





We ask: How is ridehailing technology and Transportation Network Company (TNC) proliferation changing healthcare transportation in the US? Our scan examines the current landscape of innovative healthcare mobility services.

## Methods

We conducted a nationwide scan of periodicals, press releases, and academic sources to catalog any instance since 2005 in which ridehailing technology is used to facilitate nonemergency healthcare transportation. We abstracted information for each case (key stakeholders, launch date, transport provider, service area, payment & booking method, target pop., LOS, documented outcomes) and used this information to create a typology of innovative healthcare mobility services.

## Findings

We discovered 53 cases of innovation. After analyzing key characteristics across cases, we identified three core types of innovation or collaboration:

	#1	#2	#3
	Healthcare provider leverages TNC tech.	Insurer partners with TNC	Paratransit provider partners with TNC
Booking method	Clinician (often on patient's behalf); patient (sometimes)	Patient or clinician	Usually the riders/patients
Who pays?	Healthcare providers; brokers; patient	Insurance companies; health plans	Transit agency; patient pays 'fare' with substantial subsidy from transit agency
Benefits	<ul style="list-style-type: none"> <li>› Shorter wait times &amp; less uncertainty</li> <li>› Reminders and real-time tracking via phone</li> <li>› Ability to track spending</li> <li>› Dynamic booking (instant or in advance)</li> </ul>	<ul style="list-style-type: none"> <li>› Financial support for patients</li> <li>› Addresses social determinant of health</li> <li>› Greater patient engagement</li> </ul>	<ul style="list-style-type: none"> <li>› Dynamic booking circumvents need for advance booking</li> <li>› Increased trip reliability</li> <li>› Reduced appt. no-shows</li> </ul>
Examples	 		

## Conclusions

Ridehailing options are becoming a part of the choice set for patients through formal partnerships between ridehailing companies, healthcare providers, insurers, and transit agencies. The on-demand nature of rides, flexible booking, and integration of ride requests and payment options via electronic health records appear to be the strongest drivers of these innovations.

## Work Cited

McWilliams, J.M., Hatfield, L.A., Chernew, M.E., Landon, B.E., & Schwartz, A.L. (2016). Early Performance of Accountable Care Organizations in Medicare. *New England Journal of Medicine*, 374(24), 2357-2366.

## Acknowledgements

