

Social Care Services Evidence Summary: Transportation Services

This evidence summary includes a broad range of research/resources on transportation services and is primarily focused on health care impact. It is not intended to be an exhaustive compilation of research/resources on this topic. The information presented in this summary can inform the value proposition of partnering with a community-based organization (CBO) or a network of CBOs to offer these services and supports as part of a strategy to address social determinants of health (SDOH).

Transportation services are services that support individuals to travel to meetings, appointments, and errands. Transportation services may include direct transport services, rideshare services, or supporting individuals in accessing public transportation. While states vary in their approach to providing transportation through Medicaid waivers, all states are required to make nonemergency medical transportation (NEMT) available to Medicaid beneficiaries (Bentler et al., 2016). Expanding access to NEMT in non-governmental health plans would likely decrease unmet need among the older adults and individuals with disabilities population. Individuals with access to a health plan that includes NEMT are less likely to report an unmet need for transportation (Bentler et al., 2016). This is an important consideration, for while NEMT needs may not constitute emergency situations, NEMT is far from nonessential. Both rural and urban Medicaid participants report using NEMT services for life-saving dialysis more frequently than for any other medical concern (Smith et al., 2017).

Rideshare services have become more widely available for individuals looking for transportation without having to rely on their own vehicles or public transportation. Ridesharing is an option utilized by many individuals participating in Medicaid waivers for both NEMT and other kinds of transportation. Thrifty-five percent of Medicaid participants reported using a rideshare service at least once. However, there are barriers associated with using rideshares, such as late and failed pickups for individuals requesting rides (Eisenberg et al., 2020).

For specific, further detailed information on this evidence, please review the resources listed below.

Transportation Services Research and Evidence

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
Bentler et al. (2016)	Members whose health plan included an NEMT benefit [Medicaid State Plan (MSP)-Family Medical Assistance Program (FMAP)] and those in health plans that were not obligated (through a governmental waiver) to provide an NEMT benefit (10,180 from each program) from October 28, 2015 – January 15, 2016	To understand and evaluate issues related to NEMT for Iowa Health and Wellness Plan (IHAWP) members.	Observational survey, statistical analysis (multivariable logistic regression models)	For those in IHAWPWP with an unmet need for routine care, 23% were not able to get transportation. 16% of MSP-FMAP members and 13% of IHAWP-WP members reported an unmet need for transportation to health care visits and this difference was statistically significant.
Eisenberg et al. (2020)	1101 Medicaid enrollees in a northwestern US state	To assess whether more rideshare transportation to health care was associated with improved self-reported ride experiences and fewer late/failed passenger pickups for Medicaid enrollees.	Observational survey, statistical analysis (bivariate tests and multivariable logistic regressions)	More than 35% of respondents received NEMT from rideshare services at least once. Perceptions of the ride experience, driver, and vehicle did not differ based on the proportion of rideshare trips received. Having more rideshare trips was associated with reporting late and failed pickups. The statistical significance held for failed pickups.
Jang et al. (2018)	14 Transportation-disadvantaged older adults in	To determine whether a community-based “buddy” program that	Qualitative interviews	It was determined that there is a need to improve the mobility and independence of older adults in Hillsborough County

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	Hillsborough County, Florida	pairs college-age students with transportation-disadvantaged older adults could improve quality of life for seniors in Hillsborough County, Florida.		through the provision of information on existing transportation and health resources. Participants were receptive to the Healthy Buddy concept and felt it could improve their transportation access and quality of life.
Miller et al. (2018)	21 participants all aged 85 and older	To explore the promise, use, and perceptions of sharing economy services among older adults in the United States and to understand the opportunities and challenges that exist in this space for gerontology educators, students, consumers, businesses, and senior care providers.	Observational, mixed-methods study involving a questionnaire and three focus groups; researchers used descriptive statistics to determine the likelihood of a participant knowing about the availability of a service in their community and focus groups that discussed barriers to utilization.	Although sharing economy services have potential to support aging in place, to do so successfully will require reconstructing how older adults, family caregivers, aging service professionals, gerontology educators, and gerontology students conceptualize and deliver care to an aging population.
Smith et al. (2017)	39,194 NEMT users of LogistiCare-brokered services in Delaware residing in rural and urban areas from 2011 – 2016	To differentiate the characteristics of Medicaid NEMT use, noting the differences between rural and urban trips.	Observational review of administrative data, statistical analysis (multivariable logistic analyses)	Transportation and health insurance, as enabling factors, may reduce individual and healthcare characteristics differences previously observed between rural and urban individuals. However, older age and the need for accompaniment from personal care assistants were more

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				<p>common among participants picked-up in rural areas. Alternatively, wheelchair services and NEMT for purposes other than dialysis were less common among individuals picked-up from rural locations. Understanding the differences in NEMT use by middle and older age and by rurality can assist in planning for mobility and healthcare delivery over the life course and by context. For example, reduced support for preventive care in rural areas can end up being costly long-term when accounting for the transportation and treatment of avoidable chronic conditions.</p>
<p>Solomon et al. (2020)</p>	<p>8 studies of health care sector-sponsored programs that provided individuals assistance with nonemergency transportation and directly assessed the impact of transportation assistance on health and health care utilization outcomes</p>	<p>To synthesize existing research on nonemergency medical transportation interventions.</p>	<p>Retrospective, systematic review of studies describing interventions that changed the availability or cost of NEMT; the studies were based in or sponsored by a health care organization (including insurer or provider group); or were designed to differentiate the</p>	<p>Five studies reported that transportation services improved health care utilization, but many were conducted with small samples or had other methodological constraints that limit confidence in results. Among the highest quality studies, one randomized trial found that transportation interventions did not affect appointment show rates and two other randomized controlled trials found that transportation interventions improved appointment show rates.</p>

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			<p>impacts of the transportation-related intervention from other components of the intervention and included transportation access, health, or health care utilization-related outcomes.</p>	

Additional Resources

Resource Author	Description of Content	Target Audience
Birnie et al. (2019)	<p>Mobility management is a relatively new approach to coordinating community transportation services in both urban and rural areas. Rather than focusing on managing the provision of a specific service or mode of service such as rail, bus, or van service, the mobility manager focuses on the customer and solving his or her transportation challenges using a variety of providers, service modes, and strategies. This paper addresses who mobility managers are and what they do—and why they are important now and in the future. It highlights emerging innovations via five case studies. It also presents the results of a national survey and inventory of mobility managers, and it discusses how mobility management can lead a transformation in transportation.</p>	<p>CBOs, states</p>
Friedman & Rizzolo (2016)	<p>To examine Medicaid Home and Community-Based Services (HCBS) 1915(c) waivers, the largest provider of long-term services and supports for people with intellectual or developmental disabilities (I/DD), to see how transportation is provided for people with I/DD, the authors conducted an environmental scan of states' approved 1915(c) waivers. The authors found that the majority of waivers provided transportation for people with I/DD through these two means; however, this transportation was often limited to very specific purposes. It appears transportation services for people with I/DD in waivers need to be expanded to support community access and integration.</p>	<p>States, federal government</p>
Wolfe & McDonald (2020)	<p>This resources identifies examples of ways in which new ridesourcing (also known as ridesharing) services, such as Uber and Lyft, are changing existing modes of access to medical care and providing new ways for individuals to reach health care</p>	<p>CBOs, health care providers, ridesourcing companies, states</p>

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	<p>facilities. The authors conducted an environmental scan of case examples of the utilization of ridesourcing technology pulled from news publications. Three core types of innovation or collaboration were identified. The first, and most common, type of innovation is when a health care provider leverages ridesourcing technology to book individual's trips. The second type of innovation involves an insurer or health plan formally partnering with a ridesourcing company to expand transportation offerings to beneficiaries or offer these services for the first time. The third type of innovation is when a paratransit provider partners with a ridesourcing company.</p>	