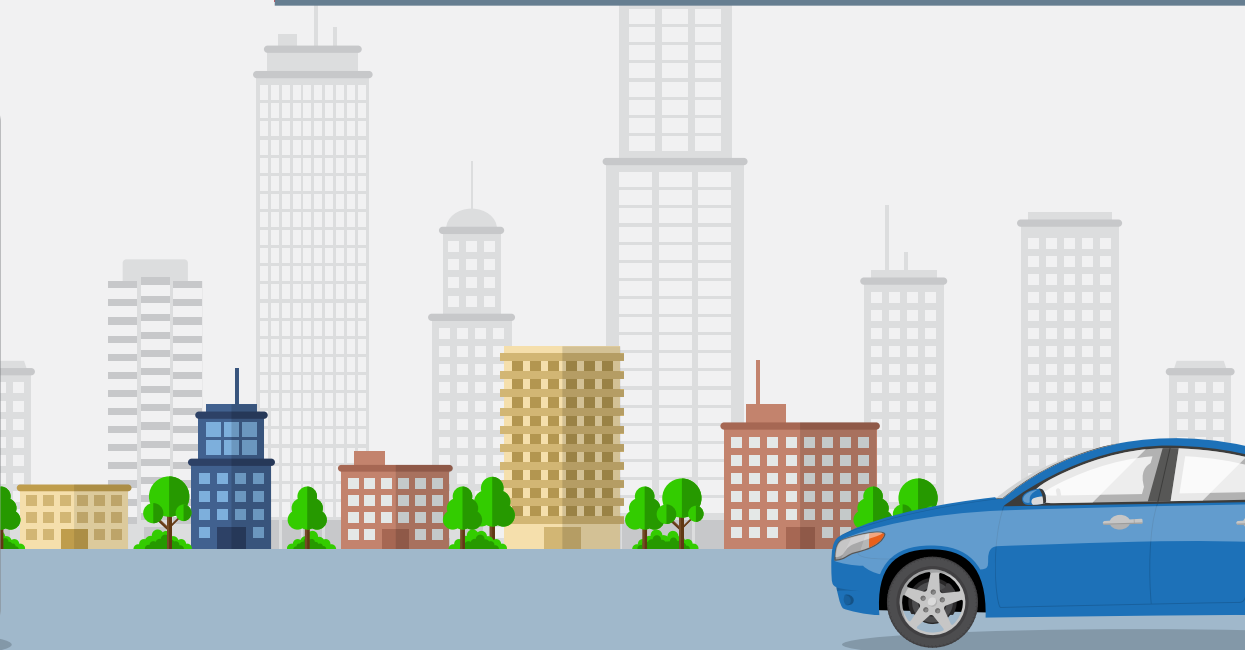
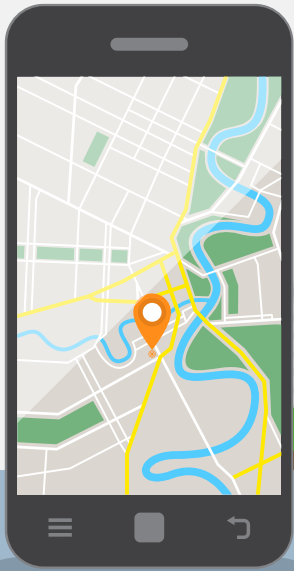


# Ride-Hailing for Medical Transportation Clients Improves Experience and Efficiency



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People who receive healthcare through Medicaid are entitled to free, government-funded transportation assistance to their non-emergency medical appointments. Transportation assistance most often takes the form of passes for public transportation, but when geography or a person's disability makes door-to-door transportation a necessity, paratransit services such as cars or lift-equipped vans are used. This transportation method is essential for people who cannot utilize public transportation, but it is a relatively expensive way to serve ambulatory individuals who require, for example, daily travel to and from dialysis.

The advent of ride-hailing services such as Lyft and Uber has presented a new option. The Allegheny County Department of Human Services (DHS) wanted to find out if ride-hailing services could be another choice for clients who use medical assistance transportation, so it implemented a pilot program. This report describes the pilot project, how it was structured, and how clients perceived the new form of transport.

### THE STARTING POINT

Allegheny County's Medical Assistance Transportation Program (MATP) serves approximately 16,000 Medicaid and Medicare recipients. As of 2016, it was providing nearly 900,000 rides per year, which includes mass transit passes, paratransit rides, taxi vouchers, and — for clients who have access to a vehicle — mileage reimbursement and parking fees.

For about 60 percent of rides, DHS provides transit vouchers permitting MATP recipients to use the Port Authority of Allegheny County's public transit system (which all citizens age 65 or older can ride free). However, for the approximately 4,500 people (about 30 percent of MATP clients) who do not have access to a vehicle and whose physical condition or geographic location precludes the use of public transit,<sup>1</sup> the MATP relies on the paratransit system. Several organizations work together to provide the paratransit service: DHS schedules rides,

<sup>1</sup> All MATP riders age 65 or older are eligible for paratransit, irrespective of geography or disability.

<sup>2</sup> For more information about ACCESS, see <https://www.myaccessride.com/>.

an organization called ACCESS provides administration and acts as a clearinghouse for ride coordination,<sup>2</sup> and seven private carrier companies provide transport.

In 2016, 4,500 customers received about 197,000 paratransit rides at an average cost of \$28.75 per trip, or more than \$5.6 million overall. Medicaid funds cover the majority of the cost, with state lottery funds also contributing toward some travel costs for senior riders.

The arrival of Lyft and Uber offered an innovative new option for clients who use paratransit, but with some obvious challenges. Ride-hailing drivers do not receive special training to work with medical assistance clients and cannot accommodate all people with disabilities. Moreover, to use Lyft or Uber, customers must be able to operate a smartphone and have a credit or debit card.

Through its participation in the Harvard Ash Center [Civic Analytics Network](#), DHS asked for support as a sponsored graduate research project for a student at the Harvard Kennedy School of Government to conduct an initial analysis of the feasibility of incorporating ride-hailing into the MATP. The Kennedy School student's report documented three systematic drawbacks inherent in shared-ride paratransit: (1) long travel times due to picking up multiple passengers on a single trip; (2) long wait times (especially after appointments, since the length of an appointment is unpredictable); and (3) inability to accommodate patients' young children, as only the patient is eligible for travel.

The Kennedy School student's study estimated that ride-hailing services could reduce costs by \$6 to \$11 per trip while also addressing all three of these limitations with paratransit.

Based on this analysis and on the early results of a similar ride-hailing pilot initiated by the Massachusetts Bay Transit Authority in fall 2016, DHS decided to pursue inclusion of ride-hailing in the MATP, with the goals of improving customers' transportation experiences and saving public money.

## WORKING OUT A PLAN

One of the challenges that DHS faced in piloting ride-hailing was how it could be implemented efficiently while also ensuring high performance standards. DHS selected Travelers Aid, a provider with experience in human services-related transportation services, to be the liaison between clients and ride-hailing services and to work with DHS to research and begin to address questions and concerns related to ride-hailing. Travelers Aid had been managing the distribution of public transit tickets to medical assistance recipients for 20 years, and it had already investigated ride-hailing for seniors on another project, so the agency's executive director, Robert Lindner, was receptive when DHS asked him to participate in an MATP ride-hailing pilot.

Travelers Aid set up business accounts and billing systems with ride-hailing companies; set up a three-person call center to arrange and monitor trips; obtained a new internet-based phone system with the capacity to track response times and other data; prepared a release form for participating customers; and investigated liability and insurance issues.

DHS retained responsibility for client recruitment, applying several selection criteria to identify the most suitable candidates for the pilot:

- Ambulatory clients assigned to paratransit not due to a disability but because they lived at least a quarter mile from a bus stop
- Lengthy and indirect trips (i.e., not to or from downtown), which are often the most inconvenient
- Customers making frequent trips, such as methadone maintenance clients receiving daily treatments
- Clients ages 18 to 64, for whom DHS receives no state subsidy and must pay the full cost

In this way, DHS identified several hundred prospective participants. From September 2017 to January 2018, DHS contacted 224 clients, of whom 93 returned the required forms and 58 used a ride-hailing vehicle for at least one trip.

The pilot consisted of two phases in which different scheduling methods and ride-hailing providers were tested (Table 1).

**TABLE 1: Phases 1 and 2 of the Ride-Hailing Pilot Program**

	PHASE 1	PHASE 2
HOW CUSTOMERS SCHEDULE A RIDE	Customers call Travelers Aid call center	Customers download app and use it to self-schedule
MINIMUM TECH REQUIREMENT FOR CUSTOMER	Telephone	Smartphone with data plan and debit or credit card
RIDE-HAILING PROVIDER USED	Lyft primarily	Uber primarily
HOURS OF TRIP AVAILABILITY	Monday-Friday, 8:30 a.m. - 4:30 p.m.	7 days a week, 5 a.m. - 10 p.m.

**Phase 1**

In the first phase of the program, participating clients seeking a ride to an appointment were asked to contact Travelers Aid’s call center, which in turn arranged a pickup by one of the ride-hailing services. This arrangement enabled Travelers Aid to provide sensitive support to customers, work with clients even if they did not have a smartphone or a credit/debit card, and ensure that drivers located their customers successfully. Phase 1 rides were primarily provided by Lyft vehicles because Lyft’s technical platform was more user-friendly for the call center staff, who could see the location of vehicles on their screens.

## Phase 2

In January 2018, DHS introduced a second phase of the pilot, inviting customers who owned a smartphone and a credit/debit card to begin making ride reservations directly. This option was especially important for customers needing trips early or late in the day because Travelers Aid's call center functions only from 8:45 a.m. to 4:00 p.m. on weekdays. Uber's vehicles were more frequently used in Phase 2 because its platform allowed DHS the ability to limit the destinations of self-service customers to medical appointments only.

As of October 2018, 95 MATP customers were using Travelers Aid to arrange ride-hailing pickups and 10 were making their own reservations by smartphone.

## RESULTS

Evaluation of the pilot took place in three forms: cost analysis, extensive participant surveys, and qualitative observations by program staff.

### Cost analysis

DHS collected data on 1,245 trips taken from September 2017 to January 2018 — 844 using Lyft and 401 via Uber. An exact cost comparison is difficult given differing administrative fees and overhead, but the average cost of a trip via ride-hailing was about \$5 to \$10 less expensive than a trip on paratransit, a savings of about \$10,000 for the trips during that time period. Lyft's average ride cost was a few dollars less than Uber's, but this difference is likely the result of the nature of the trips, with Uber providing the Phase 2 rides, which tended to be longer and more frequently outside of business hours.

### Participant survey responses

DHS staff administered pre- and post-pilot surveys to participants (to capture their views of paratransit and ride-hailing services, respectively) and also contacted customers by phone once or twice each to obtain interim feedback. Data analysis, completed in July 2018, relied on a sample of 93 pre-pilot surveys, 106 interim interviews and 44 post-pilot responses.

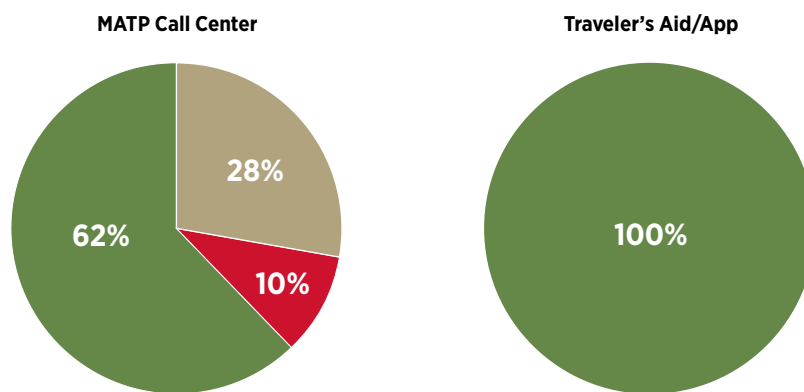
The surveys indicated a positive experience with Uber and Lyft in several areas:

- **Ease of scheduling.** One hundred percent of ride-hailing users said it was “very easy” or “easy” to schedule their ride, whereas only 63 percent found paratransit rides very easy or easy to schedule. Customers commented that when booking Uber or Lyft instead of paratransit, they did not have to call as far in advance, had shorter hold times, and needed to give less information to book the ride.

FIGURE 1: Ease of Scheduling, MATP Call Center versus Ride-Hailing Call Center and App

**Survey Question:** How easy or difficult was it to schedule a ride to your medical appointment?

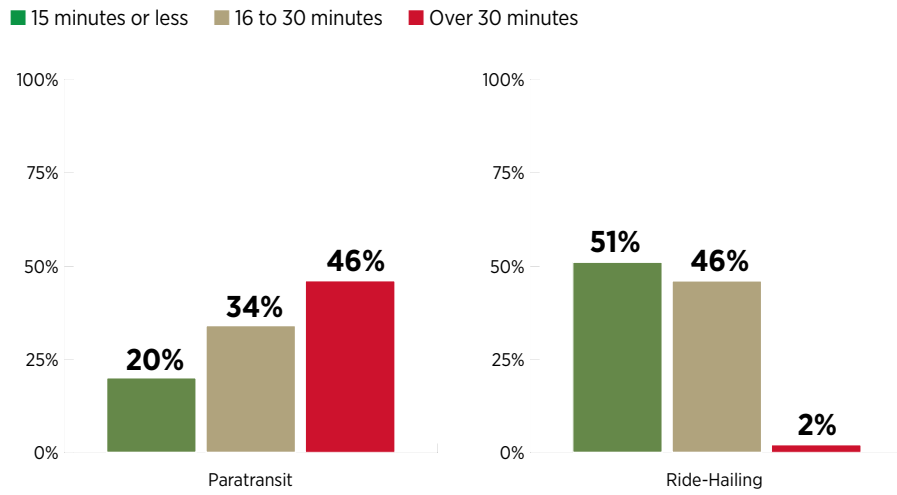
■ Very easy or easy   ■ Neutral   ■ Very difficult or difficult



- **Wait times.** Client wait times for pickup both before and after their appointments dropped substantially. On the way to their appointment, 88 percent of ride-hailing customers reported being picked up within 15 minutes of their scheduled time, compared to 64 percent of paratransit users. After the appointment, the difference was even greater, with wait times of 15 minutes or less reported by 88 percent of Uber and Lyft customers but only 27 percent of paratransit riders.
- **Travel times.** Since Lyft and Uber do not seek to combine rides as paratransit does, typical travel times to medical appointments decreased markedly. Ride-hailing customers indicated that they reached their appointment destination within 30 minutes 97 percent of the time compared to 54 percent for paratransit.

FIGURE 2: Travel Time to Appointments, Paratransit versus Ride-Hailing

**Survey question:** How long did you spend in the vehicle to get to your appointment?



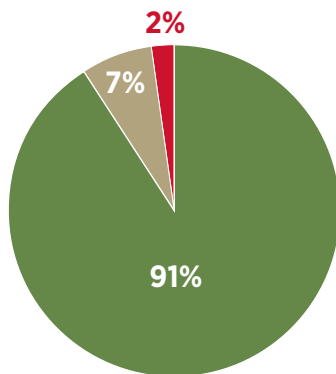
Note: Based on client self-reporting. Actual travel times may vary.

- Comfort level.** Ninety percent of respondents stated that they felt more comfortable riding in Uber or Lyft vehicles. Participants liked not having to share the vehicle with other riders, indicated that riding in a passenger car was less bumpy, and found their interactions with ride-hailing drivers to be friendly and professional.

**FIGURE 3: Comfort Level of Customers, Paratransit versus Ride-Hailing**

**Survey question:** *Are you more or less comfortable riding in ride-hailing vehicles compared to paratransit?*

■ Much more or more comfortable  
 ■ About the same  
 ■ Much less or less comfortable



Overall, 89 percent of respondents rated Travelers Aid’s service as very good or excellent, 82 percent gave positive ratings to the ride-hailing vehicle in which they traveled, and 98 percent were satisfied with their driver. Among the few negative comments, some customers cited limited operating hours or said they had difficulty getting through to the call center.



### Qualitative observations

The pilot yielded important lessons that will guide future operations. Lindner explained that Travelers Aid drew on its prior service experience to make the switch to ride-hailing smooth for customers. “This population was accustomed to a certain routine with ACCESS, and moving to Uber and Lyft could be anxiety-producing for people who haven’t used those systems before,” he said. “We spent time on the phone with clients, many of whom have built personal relationships with our call center staff. We created a verbal authorization for those who didn’t want to sign a written release form.”

The main factor constraining the effectiveness of Phase 1 was the limited availability (7.25 hours a day) of Travelers Aid staff. For example, a patient who needed to be at dialysis by 6:00 a.m. and one who could go to medical appointments only at the end of the workday could not use the service.

Travelers Aid staff also reported some difficulty in moving customers into Phase 2 of the pilot. One reason was that many like the concierge-like experience of letting the call center make the ride arrangements. Moreover, even if customers have a smartphone, the requirement to submit a credit card number, required by Uber and Lyft to use the app, rules out people who either have no credit card or do not wish to provide the number. In some cases, family members have solved that problem by providing their own credit card number, knowing that it will never be billed as long as the customer travels only to medical appointments.

### FUTURE IMPROVEMENTS

DHS expects to continue and expand its MATP ride-hailing project. During intake interviews, DHS now asks new clients questions to determine their suitability for ride-hailing and, if appropriate, offers the option. In addition, it is contemplating several expansions and improvements:

- **Expanding Travelers Aid’s hours.** Currently, Travelers Aid reports handling 15 to 25 trips a day. Increased program use could enable longer call center service hours.
- **Carseats for toddlers.** The ride-hailing program has great value for clients who do not want to leave a young child (or siblings of a child patient) at home, since they can take the child with them on Uber or Lyft. However, drivers generally don’t carry carseats with them. Travelers Aid has been exploring carseat arrangements with other ride-hailing providers.
- **Serving customers who use wheelchairs.** ZTrip, another ride-hailing option in the region, has some vehicles with the capacity to serve non-ambulatory patients, but since it receives reservations online without direct involvement of a live person, a method of requesting a suitable vehicle would have to be developed.

Ride-hailing could spread to other service areas too. Remarked Lindner of Travelers Aid, “We believe that the technology and the acceptance of Uber and Lyft have reached the point where this method could be used in other ways. Uber and Lyft cannot be as cost-effective as public transit, but they fill a niche in public transit dead zones, more economically and with better response time than paratransit can provide.”

DHS does not anticipate moving a large percentage of its paratransit users to ride-hailing, but Uber and Lyft have been found to be viable transportation options in DHS’s range of services.

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CONTENT AND ANALYSIS

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