MEETING TO DISCUSS MEDICAL TRANSPORT AND
MICROTRANSIT OPTIONS
7/26/18, Sudbury Police Station

Attendees: Alice Sapienza (Sudbury), Dave Klein (Carlisle), Debra Galloway (Sudbury), Eva Williams (MWRTA), Evangeliah Tsui (Sudbury), Franny Osman (Acton), Jennifer Claro (Westford), Rebecca Hirsch (Emerson Hospital), Sara Scully (MWRTA), Scott Zadakis (Cross-Town Connect)

Purpose

The purpose of this meeting was to discuss the use of microtransit options, to provide medical and health-related transportation services in the region.

As examples of the pressing need, Emerson Hospital, Concord, identified isolation and care co-ordination as target issues and stated that "transportation is a barrier to accessing health care." As a result, one of their goals was to "fund COAs [Councils on Aging] with grants to provide transportation vouchers to low income seniors" (Community Health Needs Assessment [CHNA], Executive Summary and Implementation Plan 2015).

In undertaking the current CHNA, Rebecca Hirsch again noted the importance of transportation. Emerson recently joined the Uber Health program, in which the facility both dispatches and pays for Uber services for patients at its MGH Cancer Center. The institution is expected to roll the initiative out to emergency services as well.

> The rides can be scheduled for patients through doctor's offices, by receptionists or other staffers. And they can be booked for immediate pickup or up to 30 days in ad-vance. That means patients without a smartphone — who wouldn't be able to use Uber otherwise — can become Uber customers. (©March 1, 2018, 9:00 AM ET By Emily Sullivan (NPR BUSINESS)

Current Situation

Medical transport illustrates one of the most urgent of the persistent transportation gaps in our region. Several regional transit authorities (RTAs) provide fixed routes, primarily in their cores. Regional transportation planning and service provision are challenged by population density, varying from a high of about 1,800 people/sq mile to a low of 350. With limited specialized ser-vice during limited weekday hours, provided by Councils on Aging (CoA) and the RTAs, many residents still remain at risk of isolation, loss of work, and reduced access to medical care.

For at least two decades, transportation has been noted as important for residents in the area. The most frequently cited "transportation challenges" are lack of night service, lack of weekend service, and few or no services available. A survey conducted by the Sudbury Senior Center in 2017, of residents in three affordable developments (two age-restricted), revealed the importance

of medical transport. As one individual wrote: "I speak for many of our residents when I say that the current transportation services available to senior citizens, although appreciated, seem to be limited in scope and confusing to access…. [F]or medical appointments, a flexible reserved service would be more practical."

Microtransit Options[i]

Over the last several years, Transportation Network Companies (TNCs) have expanded into such strategic business areas as partnering with municipalities, healthcare organizations, regional transit authorities, and others. Below, I describe the Greater Attleboro/Taunton Regional Transit Authority (GATRA) "Community Accessing Rides" (CAR) pilot and provide high-level data from the CAR pilot on Uber usage and costs, as illustration of what Sudbury could expect under similar conditions.

GATRA and CAR. The Greater Attleboro/Taunton Regional Transit Authority (GATRA) be-came part of a "Community Accessing Rides" (CAR) consortium initiated by the Attleboro YMCA. To meet night and weekend needs, as well as weekday needs of residents unable to ac-cess GATRA transport, Uber was selected because of the availability of cars/drivers in the re-gion. GATRA secured a Community Transit Grant and developed (with the Southeastern Re-gional Planning and Economic District) a Google Earth resource so that consortium members could identify the extent and limits of fixed route transport and the gaps to be filled via Uber.[1]

Member organizations of the CAR consortium qualify clients and dispatch transportation via the Uber app (riders do not need smartphones). Each organization involved receives management reports, to track utilization and cost.

TNC Pricing. Uber pricing is based on time and distance: $0.26/minute, and $1.14/mile, ex-cluding surge pricing (trips at certain hours and under certain traffic and weather conditions are priced at higher rates). Typically, Uber receives 25% of each ride fee and the driver the other 75%. Uber also applies a 10% fee for "service access" (i.e., their application and customer sup-port) in determining total cost billed per ride. Both Uber and Lyft waive the 10% administration fee—that is, the cost to partner with the company—for municipalities. Lyft provides a website Fare Estimator to determine the cost of rides.

Pilot Results. In the first year of the CAR pilot, the primary use of services, in descending or-der, were: (1) medical related appointments, (2) renewal of or application for government bene-fits (SNAP, Heat Assistance, etc.), (3) appointments at social service agency (ESL Class,

---

[1] The grant was for $30,000, and the state requested and received $28,000 to match, thanks to assistance of Rep. Poirier, who helped secure $20,000. Additional monies came from consortium members and others. Social service organizations that were members of the pilot contributed between $250 and $1,000, which entitled them for up to $2,000 worth of rides for their clients.

counseling, etc.), (4) 2nd or 3rd shift job, and (5) food access (food pantries, open table, etc.). As implied by usage, more than 80% of rides occurred during week days.

Costs incurred by participating agencies were:

- Average monthly = $2,500 (range, excluding startup month, $1,535 - $4, 954)
- Range of total cost borne by partner organizations = $139 - $6,916 (organizations included YMCA, hospitals, schools, St Vincent DePaul Conference, ARC)
- Average cost per ride = $21

As the figure, below, indicates, most trips (about 80%) cost between $10 and $30 total, with only 20% higher. In fact, nearly 50% of trips cost less than $15.
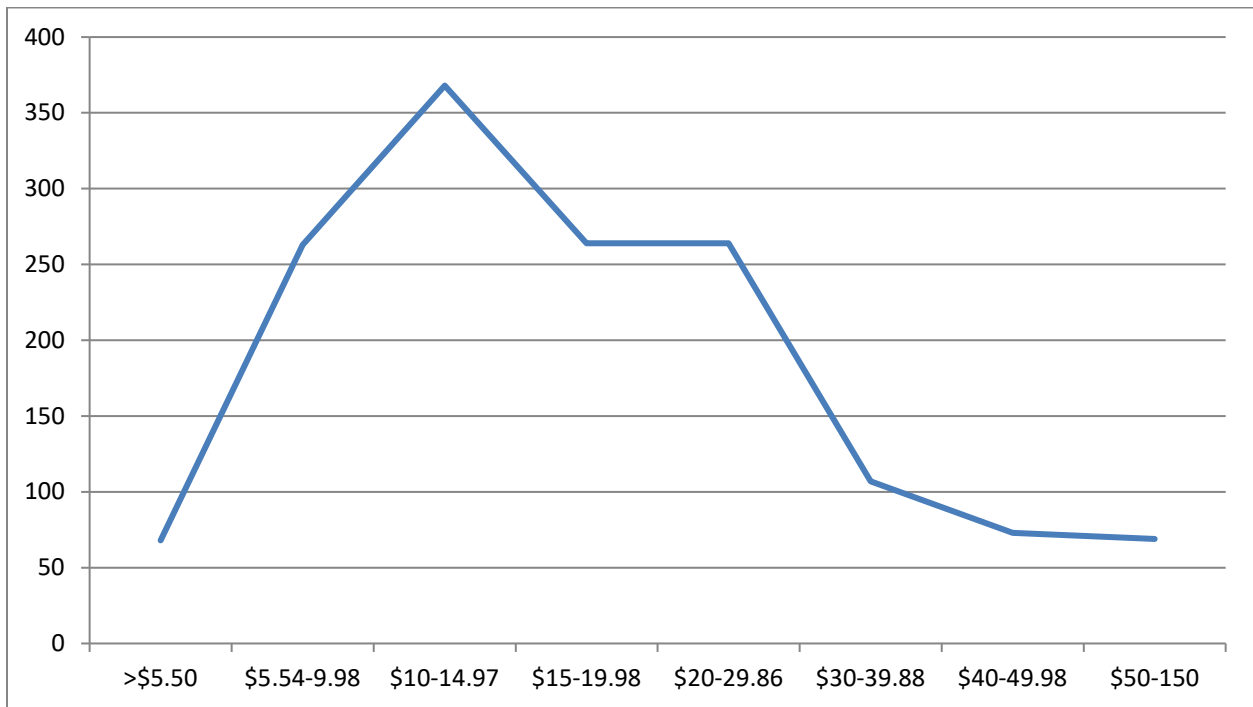
[i] **Sources of information**:

Uber presentation to Carlisle CoA, 10/4/18 (Haven Nichols) and Lyft presentation to Carlisle CoA, 10/10/18 (Ben Sisko).

Uber Revenue and Usage Statistics (2017) by Artyom Dogtievu; updated: July 23, 2018 available at http://www.businessofapps.com/data/uber-statistics/#3

Uber and Lyft partner with Boston transit agency to provide on-demand rides to disabled residents, Amy MacMillan Bankson | March 14, 2017; available at http://mitsloan.mit.edu/newsroom/articles/uber-and-lyft-partner-with-boston-transit-agency-to-provide-on-demand-rides-to-disabled-residents/

On-Demand Paratransit Pilot, available at https://www.mbta.com/accessibility/the-ride/on-demand-pilot