

# Addressing Transportation Barriers in Gynecologic Oncology

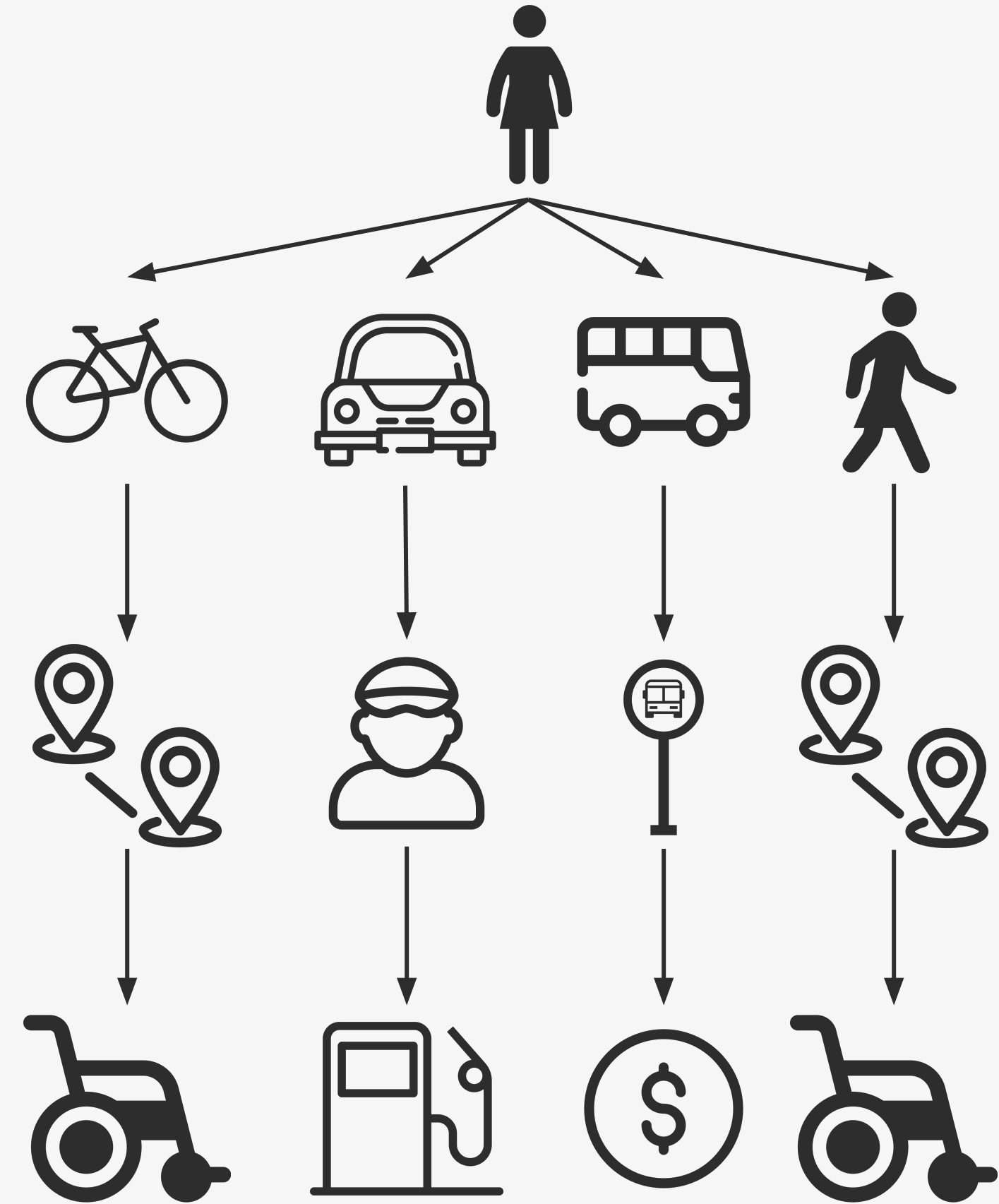
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# Background

- Transportation can be a barrier for those wishing to access healthcare causing delayed or missed appointments, resulting in poorer health outcomes.
  - Transportation barriers can include distance to treatment, patient level of mobility, access to a vehicle or public transportation, having a friend or family member to drive, and ability to afford the cost of transportation (e.g., gas, bus fare).



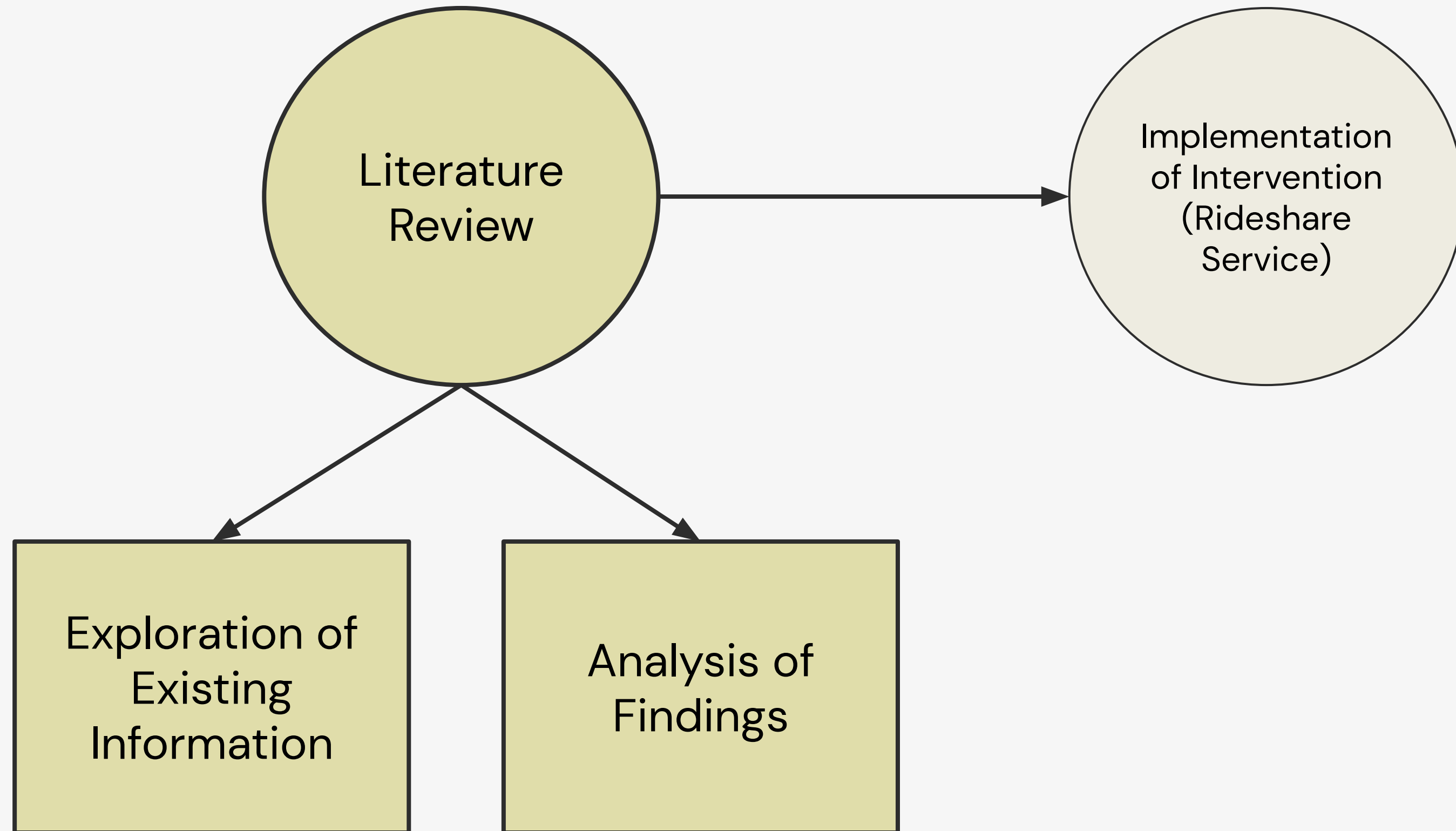
# Significance

- For cancer patients, transportation can influence the decision to continue or terminate treatment, and their likelihood of receiving optimal treatment.
- Further, transportation can affect patients wanting to enroll in clinical trials.
- Only 3–5% of cancer patients participate in clinical trials, with a majority of enrollees being ethnically white and of higher income.

# Aims of Research

- Knowing that transportation barriers effects such a large number of those wanting to receive treatment or enroll in clinical trials, I conducted a literature review to investigate the proposed and tested interventions for this issue.

# Methods



# Findings



## Non-Emergency Medical Transports

- Medicaid provides Non-Emergency Medical Transports (NEMTs) for those who do not have transportation available to them.
- Services are dependent on patients needs and state guidelines.

# Findings



## **Transportation Network Companies (Ridesharing Companies)**

- Services, like UberHealth or Lyft, are used to assist with travel needs.
- One study that used TNCs for gynecologic visits reported high patient and clinician satisfaction with 94% attendance of visits.
- Patient navigators can help with scheduling and connecting patients through referrals to effective services.

# Findings



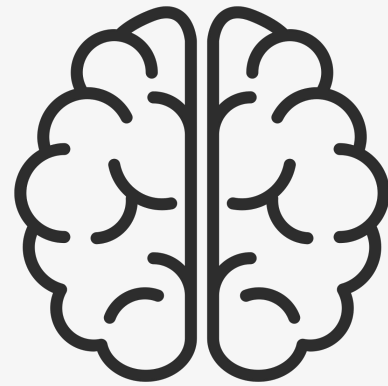
## Financial Reimbursements

- Compensation (for plane tickets, hotels, gas, cabs, parking, etc.) are prepaid or paid retrospectively.
- Studies using financial reimbursement for cancer clinical trials had higher trial enrollment and expanded engagement of low socioeconomic status and racially and ethnically diverse patients.



# Limitations of Findings

## Knowledge Gap



- Patients with transportation barriers are unaware that they qualify for transportation services through Medicaid.

## Service Gap



- Many services are inaccessible to those who use wheelchairs, require ramps or are bed-bound.

## System Gap



- Many transportation interventions are not covered by insurance (beyond Medicaid), services are limited geographically & are dependent on donor or grant funding.

# Future Direction

- Private and public insurance companies should adopt a model similar to that of Medicaid to provide and cover transportation services.
- Healthcare providers can work interpersonally, asking patients if they are in need of transportation, educating them & helping to connect them with resources.
- Working on publishing findings!

# Lessons Learned

- I learned how important transportation is in healthcare, and how this affects health outcomes, in treatment and clinical trials.
- I learned the importance of literature reviews in the research process.

**Thank you!**

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# Questions?

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