



*This image is not intended to imply the model pictured has HIV

OPENING NEW FRONTIERS IN THE FIGHT AGAINST HIV

TRANSPORTATION: AN ESTABLISHED BARRIER TO HIV CARE

In many areas of the US, owning a personal vehicle isn't affordable and public transportation can be limited. Lack of access to reliable transportation can create major challenges in people's everyday lives, including impacting their ability to get to medical appointments. In fact, it is estimated that **3.6 million people in the US** do not obtain medical care due to transportation barriers.¹



In South Carolina (SC), transportation is an established and widespread barrier to healthcare for many people, including people living with HIV (PLHIV)²

- In a state-wide SC transportation survey, **80.1% of participants** said that there was a need for improved public transportation³
- Of the 19,749 PLHIV in the state of SC, it is estimated that **up to 51%** may experience transportation barriers to healthcare^{4,5}
- Lack of access to transportation leads to missed appointments⁵ and is directly associated with lower adherence to antiretroviral therapy,⁶ which may contribute to the fact that in SC:
 - **Only 57%** of PLHIV have suppressed their HIV⁴
 - **Only 53%** of PLHIV regularly visit their doctor⁴

AN INNOVATIVE PROPOSAL FOR AN ENTRENCHED PROBLEM

The rapidly-growing popularity of ride-sharing transportation platforms (including Lyft and Uber) offers innovative options to reconnect PLHIV with life-saving health services that could improve outcomes for the HIV community.



PROGRAM DETAILS

A new pilot program developed in partnership between ViiV Healthcare and the University of South Carolina's (USC) Ryan White Program will measure the health impact of providing ride-sharing services to PLHIV who have not had medical care for more than a year.

Quick Facts:

- The University of South Carolina Ryan White Program is the largest HIV care provider in the state of South Carolina
- This multi-phase pilot program will run from October 2019 - October 2021 and be led by Dr. Sharon Weissman and Dr. Divya Ahuja, of the University of South Carolina Immunology Center
- In phase I, the study will enroll 80 HIV positive adults from the counties of Richland and Lexington who are returning to a health clinic for the first time in more than one year

40 patients will receive access to a **ride-sharing service** while **40 patients** will utilize the **traditional modes of transportation** they previously used (e.g. bus, taxi, or car)

Ride-sharing services (including Lyft and Uber) will provide transportation to PLHIV to and from their scheduled health clinic appointment

At the **9-month mark**, patients utilizing traditional transportation will be switched to ride-sharing service access

- Nine months after the start, phase II will be initiated and enroll 80 additional patients following the same structure as phase I

At months 9, 18, and 27, the program will examine the effectiveness of the ride-sharing service compared to traditional transportation methods across multiple criteria, including:



Visits

Were patients more likely to attend future medical appointments?



Wait Times

Do patients spend less time commuting?



Satisfaction

Did patients prefer a style of transportation over the other?



Cost

Was one type of transportation more cost effective?



Health Outcomes

Was the management of HIV improved?



The study aims to show that patients using ride-sharing services will keep lab and medical appointments at a **20% higher rate**, with **30% of these patients achieving viral suppression**. If the pilot is successful, the State of South Carolina will look to provide patient access to ride-sharing services as a component of its statewide Ryan White Part B Program.

SUPPORTING ViiV HEALTHCARE'S IMPLEMENTATION SCIENCE EFFORTS

This study and other public health research initiatives currently underway in South Carolina and North Carolina are part of ViiV Healthcare's new and growing Implementation Science program, which focuses on improving how HIV treatment and care are delivered in the "real-world" outside of the structured and scheduled environment of clinical studies. Additional studies currently underway will explore:



Mobile Health (Charleston, SC)

Will the use of secure text messages help a patient return to the clinic, remain on treatment and improve their HIV management?



At-Home Visits (Fayetteville, NC)

Will home visits from an outreach nurse help patients return to care and see improvements in their HIV management?



Clinic Message Prompts (Charlotte, NC)

Will a system that produces standardized message alerts across clinics help increase the likelihood a patient will return to the clinic for care?

¹Wallace R, Hughes-Cromwick P, Mull H, Khasnabis S. Access to health care and nonemergency medical transportation: Two missing links. Transportation Research Record: Journal of the Transportation Research Board. 2005;1924:76-84

²South Carolina Department of Environmental Control (DHEC). South Carolina HIV/AIDS Strategy 2017-2021. September 2016. S3.22

³South Carolina Department of Transportation. Charting A Course to 2040: South Carolina Statewide Public Transportation And Coordination Plan. November 2014.

⁴South Carolina Department of Environmental Control (DHEC) STD/HIV/AIDS Data Surveillance Report, December 31, 2015

⁵Syed S, Gerber B, and Sharp L. Traveling Towards Disease: Transportation Barriers to Health Care Access. J Community Health. 2013 October; 38(5): 976-993

⁶Cornelius T, Jones M, Merty C, et al. Impact of Food, Housing, and Transportation Insecurity on ART Adherence: A Hierarchical Resources Approach. AIDS Care. 2017; 29(4):449-457