HEALTH BEGINS

Understanding the Social Value of Non-Emergency Medical Transportation

Social Needs Investment Lab Convening (Virtual) | July 22, 2026 | Session summary

Introduction

On July 22, 2026, HealthBegins convened leaders from health systems and plans for a hands-on session on outcomes measurement for non-emergency medical transportation (NEMT).

This convening worked through an important question:: when a health system considers expanding NEMT services, what outcomes would prove the investment is worth it? The session used the first two steps of the Blended Value method, to identify outcomes that measure financial, economic, and social returns rather than financial return alone. Participants were split into three groups, each taking a different stakeholder perspective on the same decision. This brief outlines the methodology used, the case study explored, what participants produced through structured breakout groups, and the patterns that emerged. Whether you attended or were unable to make the session, this summary is designed to ground you in the framework, and the findings that your organization can refer to while making social needs investment decisions.

What the evidence shows

We used the SNIL Evidence Assessment Library, NEMT assessment to gather the following data:

- Evidence strength varies by outcome type. There is sufficient evidence that NEMT interventions improve social outcomes such as reduced transportation-related stress and better perceived access to care. Evidence on healthcare cost and utilization is mixed, and evidence on clinical health outcomes is still developing.
- More than 1 in 5 adults without access to a vehicle or public transit report unmet medical needs because of transportation barriers.
- Fewer than 5 percent of eligible Medicaid beneficiaries used NEMT in 2018, even though it is a required Medicaid benefit.

Outcome mapping through the “case study”

A regional health system runs three primary care clinics with a 22 percent no-show rate among Medicaid patients. Transportation is a known barrier, and NEMT is a covered benefit the system is not actively using. The Chief Medical Officer wants to expand referrals to improve attendance and quality scores. The Director of Patient Access has to implement it in the clinics. Patients are who the decision is made for. In 10-minute breakout groups, participants identified specific outcomes aligned with their stakeholder perspective, assigned a value type (financial, economic, or social), and named indicators they would use to measure each outcome.

What the groups produced

Outcomes are recorded below as the groups stated them. Financial returns are direct monetary benefits to the organization. Economic returns are an indirect benefit that needs a monetary value assigned to it. Social returns are benefits to patients, families, or communities outside the organization.

Outcome	Value type	Indicator named
Group 1: Dr. James, Chief Medical Officer		
Adherence to treatment plans, including patients completing testing and scans	All three	Heart failure and treatment metrics; A1C and blood pressure measures
Appointment attendance and no-show rates	Financial, Economic	Clinic volume
More primary care and outpatient visits, fewer ED visits	Financial	Not specified
Reduced 30-day readmissions, where a readmission means no payment	Financial, Economic, and Social	Not specified
Group 2: Ana, Patient Access Operations		
Impact on caregivers	Social	Perceived health status
Impact on the workforce	Social	Perceived health status

Outcome	Value type	Indicator named
Fewer ED visits	Economic	Improved show-up rate
Better patient outcomes	Financial	Diabetes management measures such as A1C monitoring
Reduction in specialist care	Financial, Economic	Not specified
Group 3: Patients and community		
Able to get to appointments	Financial	Cost of transportation; member experience results; percent of appointments attended or missed
Better health and wellbeing	Social	Patient-reported health survey; controlled A1C and blood pressure
Less stress about getting to an appointment	Social	Patient-reported confidence in access to care
Minimizing lost time at work	Economic	Maintained or improved employment status; workdays recovered

Three things the exercise surfaced

1. **The same outcome carries a different value type depending on the stakeholder. For example,** fewer ED visits were a financial outcome to the CMO group and an economic outcome to the operations group. Value type is a function of perspective, not of the outcome itself.
2. **Clinical control measures appeared in all three groups.** A1C and blood pressure were clinical values that measured treatment plan adherence, overall patient outcomes, and general health and wellbeing. Outcomes that recur across perspectives are the strongest candidates for a shared measurement set.
3. **Every group reached past its own boundary.** The operations group named caregiver and workforce impacts rather than confining itself to workflow, and the CMO group saw the value in categorizing several outcomes in multiple categories. The categories are a tool for building the model, not a limit on what counts.

Prioritizing from here

Aim for five priority outcomes. Test each candidate against three filters:

1. **Multiple stakeholders care.** Does more than one group value it, and is it central to the decision?
2. **Evidence supports it.** Does research show NEMT can realistically achieve this outcome?
3. **It can be measured.** Is the data accessible without excessive collection burden?

Resources

- We would love your feedback. Please complete the participant survey to help us design more targeted sessions.
- Visit the Social Needs Investment Lab to review Evidence Assessments on a variety of social needs interventions.
- Register for the Blended Value for Health Equity course: Self-paced, 10 modules course, with an Excel-based model and templates to help you calculate the whole value of social need interventions. Use the code **friendsandfamily15** for 15% off.
- Become a Blended Value Coach Beta Tester: Test and provide feedback on an innovative AI assistant trained on the Blended Value method. Beta opens later this summer, free for course participants.
- Explore HealthBegin's Consulting services:We offer customized 6 to 12 month engagements with a tailored financial model and coaching. Email Glasha Marcon, VP Learning and Innovation, glasha@healthbegins.org for inquiries or questions.