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## **Strategies to Increase Service Utilization and Profitability in the Non-Emergency Medical Transportation Business**

Ugochukwu Obidiugwu Onyemaobi  
*Walden University*

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# Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Ugochukwu Onyemaobi

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

Review Committee

Dr. William Stokes, Committee Chairperson, Doctor of Business Administration Faculty

Dr. David Moody, Committee Member, Doctor of Business Administration Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2026

Abstract

Strategies to Increase Service Utilization and Profitability in the Non-Emergency Medical

Transportation Business

by

Ugochukwu Onyemaobi

MBA, Governors State University, 1993

BBA, Our Lady of the Lake University, 1989

Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

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## Abstract

Underutilization of services is a concern for business managers because it reduces organizational profitability and efficiency. Business leaders in non-emergency medical transportation organizations are particularly affected by this issue due to its impact on operational sustainability. Grounded in change management and innovation theories, this qualitative pragmatic inquiry explores strategies managers use to mitigate service underutilization and increase profitability. The participants were six managers of non-emergency medical transportation businesses who implemented successful strategies to mitigate service underutilization and increase profitability. Data were collected using semi-structured interviews and publicly available documents. Through thematic analysis, six themes were identified: (a) optimizing scheduling efficiency, (b) enhancing client engagement, (c) leveraging technology for profitability, (d) strategic partnership outreach, (e) cost control and resource allocation, and (f) reporting regulations. A key recommendation is that managers of non-emergency medical transportation businesses should focus on improving cost control. The implications for positive social change include the potential to enhance the sustainability of non-emergency medical transportation businesses, thereby supporting job creation and improved community health outcomes.

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## Dedication

This doctoral capstone project and my attainment of a doctoral degree in business administration are dedicated to my family and friends who encouraged me to reach my terminal goal, and especially to my parents, the Late Chief Stephen Obi Onyemaobi and Late Lady Comfort Chinwe Onyemaobi, who instilled the love of education, sincere passion for discipline, and excellence in all I aspire to do.

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## Section 1: Foundation of the Project

### **Background of the Problem**

Nonemergency medical transportation services are a significant component of good healthcare delivery. Some non-emergency medical transportation companies do not have digital platforms or systems to manage their businesses, hence the underutilization of services by people who need them most. Some patients request transportation from family members or ride-share transportation because some non-emergency transportation companies do not have communication channels to order transportation services.

Travel costs for medical appointments and a lack of driver or car availability have emerged as significant transportation barriers. Transportation barriers are important for mitigating adverse health care outcomes among patients and avoiding additional costs to the health care system. Barriers were often complex, involving problems related to one's ability to access and pay for transportation and personal health (Cochran et al., 2022). Removing these barriers will increase the profitability of non-emergency transportation companies if adequately utilized.

Many factors can affect the ease of access, for example, ease in making an appointment with a given provider and the difficulty of arranging transportation to and from healthcare facilities. (Agency for Healthcare Research and Quality, 2016). When transportation barriers are reduced, patients tend to use the services of non-emergency transportation companies more, increasing their revenues and eventually improving their profitability.

### **Business Problem Focus and Project Purpose**

The specific business problem is that some managers of non-emergency medical transportation companies do not have effective strategies to mitigate the underutilization of services and increase profitability. Therefore, the purpose of this qualitative pragmatic inquiry project is to identify and explore practical strategies that managers of non-emergency medical transportation companies use to mitigate the underutilization of services and increase their profitability.

The targeted population consists of non-emergency medical transportation service managers in Georgia, United States, who have implemented successful strategies to mitigate service underutilization and increase profitability. I used purposive sampling to select managers in non-emergency medical transportation services and gain access to them through professional associations and social networks. The sample size was six non-emergency medical transportation services managers in Georgia. To collect the data, I used 1) semi-structured interviews, 2) publicly available documentation, and 3) testimonials. The change management and innovation theories were the conceptual framework used in this project. Kurt Lewin developed the change management theory (Burnes, 2020). Innovation theory includes the diffusion of innovations (DOI) and economic theories. DOI theory explains how innovative ideas, products, or behaviors spread throughout a population. DOI theory was developed by Everett M. Rogers in 1962 (Kaminski, 2011).

## **Research Question**

What practical strategies do managers of non-emergency medical transportation companies use to mitigate underutilization of services and increase profitability?

## **Assumptions and Limitations**

### **Assumptions**

Assumptions are unverified facts assumed to be true (Applebaum, 2012). Assumptions are beliefs or inferences taken as fact without proof and not part of what is being assessed in a research project (Alkadash & Aljileedi, 2020). The first assumption is that the participant answered the interview questions honestly. The second assumption involves the applicability of reviewing publicly available records for the current utilization of services. The third assumption was that the semi-structured interviews and direct observation provided comprehensive data to answer the overarching research question. Finally, this project might affect professional and social change by minimizing the underutilization of services in non-emergency transportation companies.

### **Limitations**

Limitations are potential project weaknesses the researcher identifies (O'Reilly & Parker, 2012). Limitations are potential weaknesses or imposed restrictions beyond the researcher's control that can affect a project's design, results, and conclusions (Theofanidis & Fountouki, 2018). A potential barrier when collecting primary data includes difficulty recruiting participants for interviews. Other challenges included agreeing on an interview time and an interview location. Lastly, some participants may have withheld pertinent information about their business strategies and practices.

## **Transition**

I explored strategies to mitigate the underutilization of non-emergency medical transportation services in Georgia. In Section 1, I provided the background for the problem and addressed the business problem focus and project purpose. In Section 2, I will review professional and academic literature and discuss assumptions and limitations. Section 3 will include discussions on project ethics, the nature of the project, data collection and analysis activities, and reliability and validity. In Section 4, I will discuss the findings and the implications for business practice, social change, and further research.

## Section 2: Literature Review

### **A Review of Professional and Academic Literature**

The purpose of this qualitative pragmatic inquiry project is to identify and explore practical strategies that managers of non-emergency medical transportation companies use to mitigate the underutilization of services and increase their profitability. The academic literature review provides in-depth information on the conceptual framework, exploring strategies to reduce the underutilization of services for non-emergency medical transportation companies and adding knowledge to the current literature. Literature reviews may assist in identifying unresolved phenomena needing further research (Rowley, 2012). The literature review for this project can assist in (a) understanding the conceptual framework, (b) adding knowledge to current literature, and (c) identifying current literature to support the research (Ravitch & Riggan, 2012). Literature review can unearth strengths, weaknesses, contradictions, controversies, or inconsistencies in theories (Dodgson, 2021).

The approach to my literature review involved developing a search using keywords and phrases, including non-emergency, medical transportation, health delivery, service utilization, mitigation, business strategy, and profitability. I plan to utilize the Thoreau Multi-Database Search tool to identify and access journal articles in Walden University Library databases, including EBSCOhost, Emerald Publishing, Pearson Education, ProQuest Central, Sage Journals, and Sage Premier. To supplement these search efforts, I will use Google Scholar to identify additional relevant information and gain access through the Walden University Library. I will ensure that most sources are

peer-reviewed and published within 5 years of my expected graduation. I will use Ulrich's Periodical Directory to verify that articles are peer-reviewed. My search strategy will include an initial unfiltered scan for a general feel of the literature landscape and filtering articles within five years of my anticipated doctoral completion date. However, I anticipate that the literature relating to the conceptual framework for my project will not meet the time filter criteria. Therefore, other relevant sources with older dates will be included. I will not include non-peer-reviewed articles to avoid data reliability risks. I will provide a table showing the breakdown of the resources I used for my research project.

**Table 1**

*Literature Review Sources*

Sources	Total	N<5 years old	% < 5 Years
Peer-reviewed Journal articles	115	94	80%
Official government publications	6	6	100%
Books	4	4	100%
Total references	125	104	82%

**Purpose**

The purpose of this qualitative pragmatic inquiry project is to identify and explore practical strategies that managers of non-emergency medical transportation companies use to mitigate service underutilization and increase profitability.

## **Conceptual Frameworks**

Change management and innovation theories served as the conceptual framework for this project. These theories relate to my research problem of non-emergency medical transportation sustainability and service utilization by providing an appropriate lens through which the phenomenon can be studied. As my chosen conceptual framework, change management and innovation offer constructs that managers of non-emergency medical transportation companies may view as considerations vital to their performance and profitability.

### **Change Management and Innovation Theories**

I will explore perspectives on change management and innovation theories, which comprise the conceptual framework for my project. A conceptual framework helps understand a research topic or problem through a particular lens and is critical to situating the research within the existing scholarship and shaping new knowledge construction (Lynch, 2020). First, I will address the conceptual framework, including a critical analysis of supporting theories. Second, I will critically analyze and synthesize scholarship about potential transportation barriers relating to the project's purpose: to explore practical strategies that managers of non-emergency medical transportation companies located in Georgia, United States, use to sustain their operations. I aim to provide a robust, substantiated review of the professional and academic literature related to my research project. Change management theory and innovation theory are complementary and offer constructs that managers of non-emergency medical transportation services may view as vital to their performance. Kurt Lewin developed the

change management theory in 1945 (Burnes, 2020). He was a social psychologist and the father of group dynamics and organizational development theory (Shirey, 2013).

Subsequently, Shirey (2013) found change management to be a valuable theory as a framework to identify and study the issues or forces affecting individuals, groups, or organizations to behave or act in a particular manner. The change management theory's key concepts are Lewin's three-step change model (McGarry et al., 2012), which was initially cognitive structure, values, and motoric action. The current re-education processes of the three stages of change management theory are unfreezing, change, and refreezing (Shirey, 2013).

Shirey (2013) noted that the first stage of the three-stage model of change is unfreezing. This step involves a leader acknowledging a need for change and empowering others to realize the need for change (Shirey, 2013). Lewin understood that change is difficult, that no intervention suits all circumstances (McGarry et al., 2012). The unfreezing stage begins when the process of implementing the change is complete (Shirey, 2013). The second stage is the change or transition (McGarry et al., 2012). The leader is in the re-educative process of implementing the change in culture by learning the new behavior. McGarry et al. (2012) referred to the refreezing stage as reestablishing. Learners in this stage must continue the newly learned process (Shirey, 2013). As applied to this project, the change management theory will frame the literature review, the design of my project, and the data results regarding the research topic of how managers use strategies to mitigate the underutilization of non-emergency medical transportation services and increase profitability.

Innovation theory includes the DOI theory and economics. DOI theory explains how innovative ideas, products, or behaviors spread throughout a population. Everett M. Rogers developed the DOI theory in 1962 (Kaminski, 2011). The adoption rate is affected by several factors, including the perceived characteristics of innovation, such as its relative advantage, compatibility, complexity, trialability, and observability. DOI refers to adopting a new idea, product, practice, or philosophy. Everett M. Rogers (2003) mapped out this process, stressing that in most cases, a few are open to the new idea and adopt its use. As these early innovators spread the word, more people became open to it. Over time, the innovative idea or product becomes diffused amongst the population until a saturation point is achieved. Rogers (2003) distinguished five categories of innovation adopters: innovators, early adopters, early majority, late majority, and laggards. Sometimes, a sixth group is added: non-adopters. Rogers (2003) explained that DOI was the process by which an innovation is communicated through specific channels over time among members of a social system.

Innovation economics is a growing economic theory focusing on innovation and entrepreneurship (A. Cohen & Shaheen, 2019). It includes the application of innovations, especially technological innovations, to economic use. The realization that transportation barriers to healthcare access are often preventable has dovetailed with the proliferation and familiarization of shared mobility technology in the United States. Shared mobility can provide a viable option for populations with specific needs or barriers and will likely continue its transformative impact on transportation access broadly (A. Cohen & Shaheen, 2019).

An innovation is converting a novel concept into a product, process, or business model that generates revenues and profits (Hernandez et al., 2013). The primary determinants of initiating patient-centered innovation are (a) effective leadership, with the necessary technical and professional expertise and creative skills; (b) strong internal and external motivation to change; (c) clear and internally consistent organizational mission; (d) aligned organizational strategy; (e) robust organizational capability; and (f) continuous feedback and organizational learning (Hernandez et al., 2013). The internal hierarchy of actors is essential in shaping patient-centered innovation. External financial incentives and government regulations also significantly shape innovation (Hernandez et al., 2013).

One type of innovation is when a healthcare provider leverages ride-sourcing technology to book patient trips. The critical feature of this innovation is the added Health Insurance Portability and Accountability Act. (HIPAA). Compliance with the booking process. Healthcare associates can order patient rides from new and existing ride-sourcing services through a HIPAA-compliant web platform. Access to this platform occurs through the digital integration of a web tool built into a provider's existing system or as a third-party platform (Wolfe & McDonald, 2020). This web tool allows the transportation booking process to be digitally integrated with electronic medical records while safeguarding protected health information and maintaining HIPAA compliance. These centralized transportation booking platforms, or dashboards, allow providers to track patients' trips, record billing and spending information, and send patient reminders to a mobile or landline (Wolfe & McDonald, 2020). Importantly, providers can schedule

rides on behalf of patients, which is essential for patients without a smartphone. In some cases, hospitals posted a Lyft discount code in the discharge area, while in other cases, a full-scale business line was launched, as was the case with Uber Health. (Wolfe & McDonald, 2020). These strategies will increase service utilization and profitability in the non-emergency medical transportation business through change management and innovation theories.

Non-emergency medical transportation services are disproportionately challenged, but implementing effective strategies can enhance their performance and profitability. Unreliable transportation is often cited as a significant barrier to patient adherence to the hemodialysis regimen and schedule (Obialo et al., 2012). The risks of missing dialysis or shortening treatments place patients at an increased risk for hospitalization or mortality, resulting in the increased use of resources and, thus, increased costs (Chan et al., 2014). Distance and accessibility to a hemodialysis center and transportation limitations have been noted to harm quality of life, adherence to the treatment regimen, and treatment type selection. Chan et al. (2014) investigated barriers to adherence to chronic dialysis in the United States. Patients who traveled to hemodialysis via a transportation van or drove more than 17 minutes to the treatment clinic were at an increased risk of missing a treatment session (Chan et al., 2014). When appointments are missed due to transportation barriers, most non-emergency medical transportation companies have their fees disputed for payments, as investigations are set up to find the actual cause of the missed appointment. If, after investigation, the fault is due to the non-availability of drivers, these companies are not paid, which affects the

revenue and profitability of the company. Missed appointments indirectly affect the income stream of non-emergency medical transportation companies.

Effective January 2017, the Department of Health and Human Services and the Office of Inspector General (DHHS-OIG) issued a federal Safe Harbor ruling, changing the system of the provision of medical transportation. (DHHS-OIG 2016). This criminal statute was intended to protect patients and federal healthcare programs from fraud and abuse. The 2017 ruling amended this statute by adding new safe harbors that protect certain payment practices and business arrangements from sanctions, making it permissible for eligible medical providers, including hospitals, clinics, physicians' offices, dialysis clinics, medical laboratories, and physical therapists, to offer or facilitate transportation for established patients. (DHHS-OIG 2016). This increases the revenue of non-emergency medical transportation companies if adequately utilized.

By protecting healthcare entities from penalties related to a conflict of interest, should they want to include medical transportation as part of their benefits package, the Safe Harbor ruling opened the door for various entities to get involved in medical transportation without fear of legal repercussions. (DHHS-OIG 2016). With this change, the overall volume of medical trips may increase since healthcare providers can now offer transportation to members not covered by Medicaid who previously did not receive a transportation benefit. Healthcare providers can contract with taxi companies, non-emergency medical transportation companies, and mobility companies that provide in-house transportation. By understanding the failure factors and obstacles of non-emergency medical transportation, Businesses can help develop successful strategies that

managers can implement to support operations, enhance performance, and boost profitability.

### **Innovation**

Enhancing and innovating customer service experience represents a key priority for companies to survive and compete more effectively (Lemon & Verhoef, 2016; Verleye, 2015; Voorhees et al., 2017). Specifically, the challenge is successfully implementing the service experience in value co-creation processes, starting by understanding customer needs (Homburg et al., 2017; Nadeem et al., 2020; Shah et al., 2006). The service experience is designed to assemble a set of elements (physical artifacts, technology-enabled systems, and the actors involved in each activity) along the customer journey to co-create value for customers and all the actors involved (Verma et al., 2012). Therefore, firms cannot expect to design experiences that follow standardized outcomes. They can only design situations that better support customers in co-creating their desired customer experiences (Forlizzi & Ford, 2000).

To this end, one of the latest research streams explored by scholars in service management studies is using digital technologies as enablers of value co-creation in complex service industries (Breidbach & Maglio, 2016; Ramaswamy & Ozcan, 2018). Recently, scholars argued that organizations increasingly rely on developing digitalization capabilities to find new forms of experience and co-create value with their customers (Lenka et al., 2017). Within this domain, advanced digital technologies and innovative business models are becoming the key to designing new ways to experience services. Among them, the sharing economy (SE) is rising globally in terms of user

numbers, service providers, and innovative practices by defining new business models and collaborative networks in different service contexts (e.g., transportation, accommodations, and healthcare; Gummesson & Mele, 2010; Habibi et al., 2017). The healthcare industry is experiencing a technological transition characterized by accelerating innovation processes in all fields (Skaria et al., 2020). The key element of this emerging paradigm is SE platforms supported by advanced technologies (e.g., the internet, virtual reality, information, and communications technology (ICT), and geo-localization).

The research question is: What effective strategies do managers of non-emergency medical transportation companies use to mitigate underutilization of services and increase profitability? To answer this question, an analysis of service innovation and customer experience in healthcare was conducted using a case study of Saluber, an SE based platform offering integrated services for non-emergency medical transportation (Schiavone et al., 2020). The results show that SE based platforms can improve customer experience and help redesign and expand the business processes of non-emergency medical transportation companies through a value co-creation process. From a managerial point of view, these service innovations tend to affect final consumers and a range of other stakeholders that appear in several ways along the journey (e.g., technology providers, commercial partners, and consumers). To implement a successful experience-based process, an integrated value co-creation approach is required, particularly a process oriented towards the value created at the micro level (e.g.,

consumer), the meso level (e.g., network), and the macro level (e.g., community) (Schiavone et al., 2020).

Gummesson and Mele (2010) affirmed that network interaction and co-creation strive to improve service systems through better matching resources, processes, and outcomes. Thus, the exchange of value among providers and customers would be helpful for the best application of recent technologies and should be welcomed and encouraged (Ramaswamy & Ozcan, 2018). Moreover, information derived from an SE based platform helps actors to develop more suitable business approaches and analyze industry competitive trends, opportunities, and threats. For instance, the exchange of value has become essential in the development process in the healthcare industry; indeed, the use of ICT guarantees the fluidity of communication that involves public and private actors (e.g., customers, physicians, and policymakers).

The World Health Organization (WHO) contended that to sustainably promote and guarantee better health and well-being, the public health approach must involve working with other sectors to strengthen and integrate public health services and reduce inequalities. Thus, SE-based platforms represent a fitting example of how a virtuous network of private and public players may overcome the service gap derived from a public healthcare management system.

### **Resource Utilization**

Throughout the health system, both within the United States and elsewhere, excessive waiting times and barriers to efficient transportation severely hamper providing adequate health care and efficient non-emergency transportation services to customers

(Patrick & Puterman, 2007), impacting the transportation companies' profitability. While there can be little argument that the primary reasons for excessive waiting times are limited resources and increasing demand, secondary factors impede the efficient use of existing resources. Among these secondary factors, none is more important than the variability in demand. Excessive waiting times can be addressed by developing an approach to improve resource utilization and demonstrating the effect on outpatient (OP) waiting time growth via simulation (Patrick & Puterman, 2007).

In a quantitative study of the unmet need for trauma care among Black people living in low-income urban communities, Davis et al. (2008) identified that transportation and finances pose significant barriers to service use. For older, poor, and minority populations in the United States, limited car access, as well as reliance on walking and public transportation, are negatively associated with healthcare utilization and predict a lack of routine healthcare (Syed et al., 2013). Syed et al. (2013) noted that limited research has explored the details and circumstances that make transportation a barrier to health service utilization, especially for socially marginalized populations.

Several studies have begun to explore how transportation barriers constitute an obstacle to postinjury care for Black men who survive violence. (Richardson et al., 2021) Noted that many low-income Black people experience competing obligations for time and money that may reduce their ability to seek care. Limited vehicle access, such as the lack of availability of a private car or poor public transportation infrastructure, may compound the time and financial burden of care for these populations. Survivors of physical violence often experience trauma-related disruptions to their well-being, which

serve as unique barriers to receiving care (Vella et al., 2020). Physical disability resulting from violence-related injury augments transportation-related challenges and may alter existing barriers for underserved minority populations (Drainoni et al., 2006; Peterson-Besse et al., 2014; Scheer et al., 2003).

Digital rideshare services such as Uber and Lyft may offer new opportunities to overcome transportation barriers for survivors of violent injury. In 2016, Uber and Lyft announced Uber Health and Lyft Concierge, which are transportation services that allow health organizations to schedule and pay for rides on behalf of their patients (Powers et al., 2016). Organizations subscribing to the transportation service, such as managed care organizations, request drivers to be dispatched to patients through a HIPAA-secure application (Powers et al., 2016). Compared with taxis and delivery services, digital transportation companies offer improvement across transportation dimensions, including cost and user experience (Powers et al., 2016). The inclusion of rideshare companies like Uber and Lyft in non-emergency transportation companies will eventually improve the revenues and profits of these companies.

The utilization of Uber Health made getting non-emergency transportation much less complicated and provided a more streamlined process. The violence intervention specialist arranged the round-trip transportation with Uber Health by providing the client's name, address, and pickup/drop-off times. Uber Health coordinated the transportation services directly with the client via text or call, thus allowing the ability to schedule transportation services in advance. (Powers et al., 2016). Uber Health also provided online quarterly statements to the Hybrid and Zero-Emission and Bus Voucher

Incentive Project (HVIP) for services via an Excel spreadsheet documenting the transportation services provided during that period. Uber Health is HIPAA compliant, and all communications between drivers, riders, and organizations meet the HIPAA standards of confidentiality. The culmination of these factors motivated the county violence intervention program (CG-VIP) to offer Digital Non-Emergency Medical Transportation (DNEMT) services at no cost to program participants. (Richardson et al., 2021). Digital non-emergency medical transportation services (DNEMT) address issues concerning financials and will improve profitability for these companies.

The implementation of DNEMT into the HVIP reflects a strategy of comprehensive and integrated service provision that is attentive to the needs of program participants (Richardson et al., 2021). The credibility of DNEMT suggests that service provision must emphasize safety, convenience, affordability, and utility for the patient population, barriers, personal safety, program credibility, and program participation. Through a patient-centered approach, researchers and practitioners worked collaboratively to understand the needs of patients. They used their voices in the decision-making process to implement program services. This perspective shifted the normative paradigm regarding how HVIPs address transportation barriers, which require participants to utilize public transportation as their primary resource to access program services. HVIPs should consider DNEMT an alternative to traditional non-emergency medical services and public transportation. (Powers et al., 2016). The policy and practice implications for using DNEMT, if realized, may revolutionize how violence prevention

and intervention programs provide a holistic range of services for marginalized populations of young Black men. (Richardson et al., 2021).

In recent years, the value creation for consumers, companies, and networks has been facilitated by various technologies (e.g., mobile applications, cloud computing, and artificial intelligence used with open business models such as SE (Habibi et al., 2017). SE refers to a socio-economic system enabling an intermediate set of exchanges of goods and services between individuals and organizations that aim to increase efficiency and optimize underutilized resources in society (B. Cohen & Muñoz, 2017). Thus, this open-business model could refer to a service experience co-created through the interactions of providers and consumers. Dreyer et al. (2017) analyzed collaborative consumption business models as examples of an SE, which are particularly important because of their novelty and potential to disrupt established industries and markets. In these directions, this phenomenon has become popular, and many SE-based platforms have been created by following Uber and Airbnb models (Miller et al., 2016)

The attention to customers' experience during their entire journey is increasingly important in a network created by a digital platform based on the principles of SE. These types of platforms provide several benefits across the full spectrum of care. Three stages of customer experience are identified by focusing on the healthcare network (Schivone et al., 2020). First, the SE acts at the pre-purchase stage with the customer request, which may refer to a search for the nearest available vehicle for immediate intervention or to book a vehicle for a specific date and time. The first relevance of value co-creation is demonstrated by the SE-based platform that can provide three primary services,

specifically, (1) non-emergency medical transport (in case of resignation, hospitalization, and transfers), (2) disabled transport (to request a vehicle approved for people with disabilities), or (3) a home-care service (to book an intervention at home by a health specialist (Schiavone et al., 2020)). Usually, a platform-owned touchpoint (e.g., tablets and touchscreen devices) is provided in the intermediary center structure. Once the customer chooses the desired service, the reliable services to extract valuable data for the intervention is as follows: personal information; the customer's telephone number, to which the SE platform sends a text message with information to track the carrier's GPS position in real-time; a service evaluation questionnaire; and the customer's email address so that he/she can receive a summary of the reservation and the final invoice.

The use of the SE in healthcare services was met with great enthusiasm by all the actors involved in the network. In Italy, the national health service is regionally based, with local authorities offering the possibility to book non-emergency medical transport some days before the established date through the intermediary center (WHO, 2001). The weakness is that family doctors can prescribe only for a single non-emergency medical transport, not for repetitive medical transport (Schiavone et al., 2020). Thus, SE-based platforms could solve the co-creation effects derived from platform-owned touchpoints. Intermediary centers make them available to customers to book and design transport services. In this case, value creation occurs for the network, including intermediary centers, customers, and SE companies. For these reasons, business processes can be redefined because the SE also offers mobility services that meet the needs of disabled customers, the elderly, or infirm people who do not have friends or relatives to

accompany them (Schiavone et al., 2020). These needs, if met, will increase revenues and profits of non-emergency transportation companies because of the ability to provide services for people with disabilities and the elderly (National Aging and Disability Transportation Center, 2018).

Most of the value created for customers is derived from redesigning the service experience process by taking advantage of the SE-based platform in terms of organizational efficiency, lean processes, data management, and the waste of resources. First, the SE has facilitated communication among the actors in the network (providers, intermediary centers, and customers) by reducing the time and costs of service management, which positively impacts the organization, and by efficiently using resources with little or no waste (Schiavone et al., 2020). Moreover, a digital application allows the platform to keep the data on all the registered customers so that the intermediary center can recognize a repeat customer through his/her history to offer a more efficient and personalized experience, improve customer satisfaction, and encourage repurchase and word-of-mouth recommendations. These practical strategies will increase service utilization and profitability in the non-emergency medical transportation business (NEMT Platform, 2025).

### **Rural vs Urban Transportation**

Older adults in rural areas have unique transportation barriers to accessing medical care, which include a lack of mass transit options and considerable distances to health-related services. There are contrasts in NEMT service utilization patterns and associated costs for Medicaid middle-aged and older adults in rural versus urban areas.

While rural populations often encounter health-related challenges like those living in urban or suburban areas, these problems are often intensified. They may be attributed to limited access to healthcare and community resources (Brand et al., 2009). Health-related resources are more difficult to obtain in rural areas because they are often located sparsely throughout the service region, which typically requires these individuals to travel for extended periods and greater distances across counties spanning larger geospatial areas (Gamm et al., 2003).

Transportation for healthcare-related services is critical for maintaining elevated levels of health and well-being among middle-aged and older adults. Approximately 3.6 million Americans fail to receive healthcare due to inadequate transportation (Wallace et al., 2005). This is especially true among older individuals, females, and those who report multiple chronic conditions and mobility limitations. This is also a barrier for those living in rural communities. While individuals overwhelmingly prefer to transport themselves to and from medical services using their automobiles, their ability to do so gradually reduces alongside progressing age-related disease symptomology and other forms of physical and mental impairment (Coughlin, 2001). The availability of NEMT offsets adverse health conditions and improves profitability for these companies if adequately utilized. The increased use of NEMT improves profitability for these companies and may help offset adverse health conditions. Transportation of NEMT is critical for millions of Americans, especially those in rural areas where distance to providers may serve as an additional barrier to healthcare access. Transportation to primary care is a well-documented barrier for patients with Medicaid, despite access to non-emergency medical

transportation (NEMT) benefits. Rideshare services, which offer greater convenience and lower cost, have been proposed as an NEMT alternative (Chaiyachati et al., 2018).

Understanding the contextual factors associated with the utilization of NEMT allows for a more complete picture of the utilization of NEMT for specific groups, such as rural residents. (Matthew et al., 2017). Understanding areas where non-medical transportation businesses will provide transportation, whether in rural or Urban areas, will improve the profitability of these non-emergency transportation businesses. Further research and studies are critical in closing the gap between rural and urban Medicaid beneficiaries utilizing NEMT.

### **Collaboration With Transportation Network Companies (TNCs)**

Increasingly, states and healthcare providers are looking to partner with Transportation Network Companies (TNCs) to improve patient access to care. TNCs like Uber or Lyft are typically characterized by their on-demand ride-hailing capabilities and easy-to-use mobile apps. These capabilities can alleviate the flexibility and scheduling concerns associated with NEMT services (Ganuza & Davis, 2017). Collaboration with TNCs may also help address state program integrity concerns because these systems result in automatic electronic ride records (Ganuza & Davis, 2017). A variety of TNCs, or TNC-like models, are currently developing or engaged in partnerships with NEMT programs or individual healthcare providers across the United States, including Circulation; Circulation, a Boston-based startup, has partnered with Uber and Lyft, as well as more traditional medical transportation providers, to develop a NEMT system that closely resembles the TNC model (Wyatt Cmar, 2017). Circulation launched its non-

emergency medical transportation (NEMT) business in September 2016 as the Preferred Healthcare Platform Partner of the Uber Developer Platform (Proffitt, 2017).

Now the platform is an EHR-connected, HIPAA-compliant solution that brings a suite of options to healthcare providers who want or need to provide transportation services to their patients (Proffitt, 2017). These partnerships have resulted in multiple pilot programs, starting at Boston, Delaware, and Pennsylvania healthcare facilities and spreading to serve over 1,000 facilities nationwide (Business Wire, 2017). Circulation now serves not only Medicaid patients but also patients insured by Medicare, dual-eligible, and commercial insurance programs (Business Wire, 2017). Veyo, a TNC-like NEMT broker, has also established partnerships with multiple state governments, including Connecticut, Colorado, and others. Veyo now has a presence in eight states—Arizona, California, Colorado, Connecticut, Florida, Michigan, Texas, and Virginia—where it provides services to various Medicaid providers and payers. LogistiCare, the largest private NEMT broker in the country, has recently announced a 3-year partnership with Lyft that will provide rides to patients in 276 cities in 31 states and Washington, D.C. PR Newswire (2017, Feb 7).

While TNCs have significant potential to increase NEMT access and data quality, they also present specific new challenges. For example, states may have specific credentialing or training requirements for NEMT drivers that may not match traditional TNC requirements (Williams, 2017). Additionally, TNCs such as Uber and Lyft may have limited accessibility options in specific service areas, meaning states must ensure other accessible options within their NEMT network. Finally, states must carefully

monitor the implementation of new TNC collaborations, as major transitions in NEMT delivery can be difficult for patients and transportation providers. For example, when Veyo initially assumed control over Connecticut's NEMT program, patients complained about long hours when calling to arrange rides, missing critical appointments, and being stranded when rides never arrived (Rigg, 2018). Given the importance of NEMT services, states must develop TNC collaborations to proactively acknowledge and address these challenges to maximize the benefits of TNCs, improving profitability and service utilization for non-emergency medical transportation companies while protecting patient care.

States often struggle to coordinate Medicaid NEMT with their broader transportation services. This struggle is partly due to cumbersome federal rules (i.e., the prohibition on self-referrals associated with governmental brokers) and the varied standards and regulations that apply across different publicly funded transportation services (Myers, 2015). Coordinating councils can create an important space for state agencies and other stakeholders to examine these barriers and potential options for increased coordination. Policymakers should, therefore, consider creating or leveraging coordinating councils to improve the administration of NEMT services in their state. NEMT is a vital service for millions of low-income Americans. However, NEMT programs have historically faced challenges related to customer service fraud and abuse. States can proactively address these challenges by adopting various strategies, ranging from creative contracting to innovative partnerships or interagency collaboration, which

will increase revenues for nonemergency transportation businesses if properly administered.

### **Summary**

Non-emergency medical transportation services are disproportionately challenged, and many factors affect their performance and profitability (Wolfe & McDonald, 2020). Transportation barriers prevent millions of people from accessing health care each year. Health policy innovations such as shared savings payment models, commonly used in accountable care organizations, present financial incentives for providers to offer patient transportation to medical care. The emergence of ride-sourcing companies like Uber and Lyft has captured a significant share of spending on non-emergency healthcare transportation. (Wolfe & McDonald, 2020). Innovation and other transportation inadequacies are primary obstacles that cause challenges. One challenge faced by non-emergency medical transportation is the inability to find strategies to effectively mitigate the underutilization of its services. Innovation can be significant in resource-deficient contexts, and the lack of innovation is a significant challenge for non-emergency medical transportation companies. Non-emergency medical transportation services must overcome many market challenges for competitiveness and survivability, and being innovative, flexible, and adaptable helps identify and take advantage of sustainability opportunities. Innovation, including digital transformation, can open new horizons for non-emergency medical transportation businesses.

### **Transition**

In this section, I reviewed professional and academic literature and discussed applications to the business problem. Section 3 discusses the research method and design, project ethics, the nature of the project, data collection and analysis, and reliability and validity. In Section 4, I will discuss findings and implications for business practice, social change, and further research.

### Section 3: Research Project Methodology

#### **Project Ethics**

Researchers can use different data collection techniques to conduct a semi-structured interview with open-ended questions. Research involves ethical principles, beliefs, norms, values, cultures, and methodologies. M. N. K. Saunders et al. (2015) advised that researchers follow ethical principles such as integrity and objectivity, respect for others, avoiding harm, privacy, voluntary participation, and the right to withdraw. Other ethical principles include the participants' informed consent, ensuring the confidentiality of data and maintenance of anonymity, responsibility in data management and analysis, reporting of findings, and ensuring the researcher's and participants' safety (M. N. K. Saunders et al., 2015).

In this project, I will observe all ethical principles applicable to informed consent, participant free will to withdraw from the project, incentives for participants, protection, security, and confidentiality of participants, and ensure Walden Institutional Review Board (IRB) approval. My Walden IRB approval number for this project is 01-23-25-1179020.

The informed consent process involves three key features: disclosing to potential research subjects the information needed to make an informed decision and facilitating the understanding of what has been done. The consent form must be written in a language that can be understood by a person reading at the eighth-grade level or below. The informed consent form will state the purpose of the research, a description of what the subject will be expected to do, and any foreseeable risk of harm. Participation in the

research is voluntary, and subjects are free to withdraw at any time. (U.S. Department of Health and Human Services [DHHS], 2018)

An independent risk assessment is critical in any research, and one function of the IRB is to provide this independent assessment. In addition, regulations stipulate that the risk of harm must be minimized to the greatest possible extent, consistent with sound research design (DHHS, 2018). Potential research subjects must be given sufficient information about whether they are willing to accept risks and participate in the research to minimize risk. Historical events and contemporary abuses inform the development of ethics for protecting human research subjects. The Belmont Report, along with federal regulations and professional code of ethics, offers guidance for IRB review based on three key ethical principles: respect for persons, beneficence, and justice. (DHHS, 2018).

Research guidelines and ethical protocols guide researchers. Cragoe (2017) examined some research guidelines, including the Belmont Report, the IRB, and the American Sociological Association's code of ethics and ethical review. I will follow the protocols of the Belmont Report and the IRB in this research project, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (NCPHSBBR). Cragoe posited that the Belmont Report, contained in the National Research Act of 1974, described three ethical principles: (a) respect for persons, (b) beneficence, and (c) justice (Friesen et al., 2017). Cragoe stated that the principles further provided for individual autonomy, the researchers' responsibility to respect and protect that autonomy, and fairness in both the bearing of risk and the benefits of research. Researchers must seek participants' consent individually, through a surrogate,

or community leadership as part of research ethics. Al Tajir (2018) stated that respect, beneficence, and justice are the three principles of research ethics posited by the Belmont Report in 1979. Researchers should implement the policies through the informed consent process, privacy and confidentiality, risk-benefit analysis, and fair recruitment. Informed consent should be used to establish the relationships between researchers and research participants in a research project. Fleming and Zegwaard (2018) and Sidin (2016) stated that the five elements of informed consent are disclosure of information, understanding, voluntariness, competence, and consent.

The disclosure of information includes the research's aim, objective, benefit, and consequences to the participants. At the same time, understanding involves a participant's knowledge, education level, psychological condition, and age (Sidin, 2016). Competence refers to the ability of research participants to respond to research questions psychologically and physically. Simultaneously, voluntariness means research participants' involvement based on their own decisions without force or influence from other circumstances (Sidin, 2016). Consent refers to commitment in writing or verbally by the research participants, which permits a researcher to obtain research data from the participant (Sidin, 2016). Yin (2018) asserted the importance of gaining informed consent from all people who may participate in a project and formally soliciting their participation.

Any participant who has given informed consent can freely withdraw at any stage of the research study. Lynch (2020) posited that participants' rights are fundamental within and outside a research setting. Melham et al. (2014) stated that the right to

withdraw consent is a central tenet of research ethics and frames the relationship between researcher and participant. Researchers should prepare for participant withdrawal, respect participant withdrawal without penalty, and incorporate measures to avoid participant requests for removal (Lynch, 2020). Researchers could mitigate the impact of potential participant withdrawal by improving regular communication with participants and incorporating contingency in the research plan.

Researchers are responsible for the protection, security, and confidentiality of participants in the research project. Surmiak (2018) referred to privacy as when the researcher protects the participant's identity and conceals the participant's contributed information to the research. Yin (2018) stated that anonymity protects real participants, which is critical in research ethics. In the Doctoral Project final reports, I will change the names of all interviewees and their employers and generalize the location(s) so that the organizations are not identifiable. I must redact any information that could lead a reader to identify an interviewee's identity or employer. In the era of digital technology, researchers preserve data and data analysis generated from the research study, both in passive and inactive time intervals (Navale & McAuliffe, 2018). Consequently, the IRB recommends securing and preserving individual research data for 5 years in a password-protected external hard drive. To ensure the confidentiality and protection of the data, I will store the interview questions, answers, notes, and some significant data analysis on a flash drive and lock the flash drive in a safe; I will store the data for 5 years following approval of this project, after which time all data will be destroyed.

### **Nature of Project**

There are various research methods and designs that researchers use to conduct research. Creswell (2014) developed a research design framework and identified three key components: (a) philosophical worldview, (b) research methods, and (c) strategies/designs of inquiry. Abutabenjeh and Jaradat (2018) stated that researchers choose a specific research design based on their worldview or paradigm. Postpositivists, for instance, seek a traditional and scientific form of research and prefer a quantitative approach. Social constructivists, who rely on participants' views of situations, prefer a qualitative research approach. Pragmatists, who conduct investigations based on actions, circumstances, and consequences rather than prior conditions, prefer an approach that integrates qualitative and quantitative methods (i.e., mixed methods). Almalki (2016) asserted that researchers must be aware of their skill sets regarding the research topic, purpose, aim, and objective; must be knowledgeable regarding the research participants, location, and cost; and must understand the time required to conduct the research. This research body's research methods and findings should have answers to what, why, who, where, and when related to the research question.

### **Research Method**

Researchers interchangeably use research type, methodology, and approach (Almalki, 2016). Researchers use research methods as instruments and tools deployed to administer any investigation (Almalki, 2016). Qualitative (mono-method and multimethod), quantitative (mono-method and multimethod), and mixed methods (simple and complex) are the main types of research approaches (M. N. K. Saunders et al., 2015).

Researchers may focus on single or multiple targets for a simple or complex investigation. Each method is unique, with peculiar characteristics that researchers use for decision-making, planning, and selection based on time, cost, skill, and motivation (Almalki, 2016). Researchers use a qualitative approach to comprehensively explore and understand individuals or groups within a social environment to describe and interpret the associated phenomenon. Mohajan (2018) explained that qualitative researchers are interested in people's beliefs, experiences, feelings, perspectives, and behaviors. Mohajan identified common characteristics of a qualitative research approach:

- The researcher can collect data directly from the participants through one-on-one interviews.
- The researcher seeks an understanding of people's thoughts, attitudes, beliefs, values, opinions, experiences, feelings, and behaviors.
- There is a focus on discovery, description, and understanding, which requires flexibility in research design.
- The researcher is responsible for obtaining valid information and ensuring the participants' ethical treatment.
- The research findings are themes, categories, concepts, or tentative hypotheses, propositions, or theories.

I will use a qualitative research approach to collect interview data from the participants directly. I will explore strategies that non-emergency medical transportation managers use to increase service utilization and profit. I will use a pragmatic inquiry design to conduct this project and perform thematic data analysis.

Researchers use quantitative research to conduct surveys, gather numerical data, generalize data across a population group, consider objective realities independent of the observer, emphasize the relationships between variables, and develop, evaluate, and reproduce hypotheses. Quantitative research involves unique characteristics that differ from other research approaches. In this research, I will not be utilizing statistical techniques, formulating hypotheses, using structured measurement instruments, or making a highly generalizable prediction; therefore, the quantitative method will not be appropriate to answer the research question.

The mixed method is another research approach. Mixed methods research is empirical research that combines elements, collection, and analysis of qualitative and quantitative data and is described as an abductive process of theory development (Almalki, 2016). I will not use quantitative analysis; therefore, a mixed methods approach will not be appropriate for this project.

### **Research Design**

Yin (2018) indicated that every type of empirical research has an implicit or explicit research design. This logical sequence connects the observed data to the study's initial research question and its conclusions. Creswell (2014) stated that in determining an appropriate research design, a researcher must address three key considerations: (a) the unbiased and ethical knowledge claim and theory required in the project; (b) reflect on the research designs that the researcher intends to use; and (c) how the researcher will collect and analyze data. In this project, I selected the qualitative method and pragmatic inquiry design.

Mohajan (2018) and M. N. K. Saunders et al. (2015) identified several qualitative research designs, namely case studies, ethnography, narrative inquiry, and phenomenology, each characterized by distinct methodologies that facilitate a deeper understanding of participant experiences. Yin (2018) identified five components of case project research design and posited that researchers should (a) endeavor to understand “how” and “why” questions; (b) provide essential evidence and literature regarding the case project; (c) identify the project proposition with direct attention to something to monitor within the scope; (d) relate to the case as the unit of analysis, such as managers, drivers, and leaders; and (e) collect research data that link to the proposition or purpose and the criteria for interpreting the strength of a case study’s findings. I will use pragmatic inquiry in this project because this design is reliable, and I can ensure the data and enhance the findings' validity.

Ethnography is another qualitative research design. Mohajan (2018) stated that the focus of researchers in ethnographic research is conducting prolonged observations of a group’s everyday life, including behavior, values, and interactions among group members. Thus, the researcher in an ethnographic study engages in a systematic process of observing, detailing, describing, documenting, and analyzing the lifeways or patterns of a culture within the environment. (Sharp et al., 2016) explained that the ethnographic method’s central tenet is describing another culture from a member’s point of view. In this project, I will not study the cultural environment of the non-emergency medical transportation business, conduct analytical cases, or describe academic reviews. Therefore, an ethnographic research method will be unsuitable for this research.

Narrative inquiry is an additional qualitative research design. Adama et al. (2016) posited that narrative inquiry integrates time with a culture that participants experience through an in-depth understanding of participants' thoughts and values. In this research, I will not focus on non-emergency medical transportation business stories regarding sociality. Instead, I will focus on their strategy to mitigate the underutilization of services that will improve profits. Therefore, the narrative inquiry is unsuitable for this project.

Phenomenological research is another qualitative research design. Mohajan (2018) explained that researchers use phenomenology to explore people's everyday life experiences of concepts experienced by one or more individuals. In this research, I will not investigate the lived experience of non-emergency medical transportation managers. Therefore, the phenomenological research method would not be adequate for this project.

Researchers use data saturation to determine when to discontinue data gathering in a qualitative multiple-case study. B. Saunders et al. (2017) posited that saturation is a criterion for discontinuing data collection and analysis commonly used in qualitative research. For a qualitative research case study, saturation focuses on how many interviews are needed until nothing new is apparent (B. Saunders et al., 2017). I will ensure data saturation by conducting interviews with 6 Managers from non-emergency medical transportation businesses or subcontractors to non-emergency transportation companies, which are the requirements for a pragmatic inquiry design.

### **Population, Sampling, and Participants**

Researchers are concerned about generalizing research findings to the target and general population (Asiamah et al., 2017). Researchers identified the following

determining factors for transferability: (a) the research approach, either qualitative, quantitative, or mixed-method; (b) population category, either general, target, or accessible; (c) population composition, either homogeneous or heterogeneous; (d) researchers' disposition based on time, cost, and space (Asiamah et al., 2017). Asiamah et al. (2017) explained the importance of researchers specifying the general, target, and accessible populations in their qualitative research study, especially when the study population is large. The target population is non-emergency medical transportation managers, owners, and subcontractors in Atlanta, Georgia. I will select 6 participants for the interview for the pragmatic inquiry study.

Researchers should ensure that samples are derived from the general population and that the applicable methodology mitigates sampling bias and systematic errors. Asiamah et al. (2017) and B. Saunders et al. (2017) stated that a researcher should operationalize saturation to be consistent with the research question. Most researchers report justifications for sample sizes in their qualitative research studies (Constantinou et al., 2017; M. N. K. Saunders & Townsend, 2016). The most common approach researchers use to determine sample size is data saturation. Constantinou et al. (2017) established that the saturation threshold is between the fifth and the seventh interview. In this project, I will interview six participants, consistent with the minimal number of participants, for a pragmatic inquiry.

A critical step for researchers is determining the appropriate sample participants (DeJonckheere & Vaughn, 2019). Participants are available and willing and have lived experiences and knowledge about the topic of interest (DeJonckheere & Vaughn, 2019).

Careful planning includes developing the best ways to contact potential participants, obtaining informed consent, arranging interview times, and determining convenient locations for participants and researchers (DeJonckheere & Vaughn, 2019). In this project, I will ask participants about their preference for a virtual interview and provide information about the interview setting. I will, however, do the interviews via Zoom or any other acceptable digital format.

### **Data Collection Activities**

Appropriate identification and use of data collection instruments are critical in all research. Korstjens and Moser (2018) stated that researchers should define a flexible data collection plan. The most frequently used data collection tools for qualitative research are participant observations, interviews, and focus groups (Barrett & Twycross, 2018). Each data collection method is unique and should be selected based on the case, unit of analysis, time, cost, and space (Clark & Veale, 2018). Qualitative researchers gain access to the participants' natural environment and use the research instrument for data collection and analysis (Clark & Veale, 2018). I will be the instrument to collect and analyze the research data. As the researcher in this project, I will use semi-structured interviews for data collection. Qualitative research interviews are one of the data collection tools that involve interaction between the researcher(s) and the participant(s) based on interview questions (Korstjens & Moser, 2018). I will use semi-structured interviews with open-ended questions following an interview protocol. I will contact and obtain consent from NEMT owners to engage in open-ended and semi-structured interviews. I will use the member-checking process to ensure and improve the credibility

of qualitative research data from semi-structured interviews. Member checks refer to interview participants' involvement in reviewing, commenting, and correcting a summary of the interpretation of the interview (Candela, 2019). Caretta and Perez (2019) opined that researchers use member checking to attain transactional validity. In this project, I will conduct member checking of each interview by summarizing the transcribed and recorded interview and asking participants to review the interpreted summary for accuracy, and feedback.

### **Data Collection Technique**

Researchers could use different data collection techniques to conduct a semi-structured interview with open-ended questions. The traditional technique is direct face-to-face interaction between the researcher and the participants, while the advances in telecommunication and ICT have created other data collection options (Trần & Nguyễn, 2020). Other reliable data collection techniques using semi-structured interviews could include telephone, email, and instant messaging. I will use Zoom technology during the interviews. However, I will not record the interview videos.

McGrath et al. (2018) posited that qualitative semi-structured interviews enable researchers to delve deeply into participants lived experiences, providing valuable insight into how individuals interpret and perceive their interests across various phenomena. McGrath et al. noted that researchers ought to be familiar with data recording equipment and that the selected interview venue is comfortable, convenient for the participants, and free from potential disruptions and noise (McGrath et al., 2018).

Researchers should conduct interviews according to the interview protocol and the IRB guidelines. Please see the Interview Protocol in Appendix B. Researchers should build rapport and trust with the interview participants (Castillo-Montoya, 2016; Yeong et al., 2018). Building rapport is a process, and researchers do not typically have an automatic rapport with participants. It is possible and desirable for researchers to achieve rapport by the end of each interview session. McGrath et al. (2018) advised that researchers, as the prime instrument of data collection, should manage the interview process professionally, talk less with active listening, seek opportunities for reflection, and make changes in the interview protocol. Researchers should be prepared to manage unanticipated emotions (Varpio & McCarthy, 2017). Researchers should transcribe the interview in a suitable time, check the data quality in member checking, and initiate data analysis early to determine the depth, quality, and richness of the interview performance (McGrath et al., 2018). I will use the Zoom technology data collection technique and adhere to the protocol needed to execute this.

Zoom technology interviews and telephone interviews are essential techniques for research data collection, but each has unique features. I selected the Zoom technology interview technique. There are unique benefits and drawbacks to using Zoom technology for interviews. Zoom interviews offer several benefits, including increased convenience for researchers and participants and cost-effectiveness by eliminating travel costs to the interview location associated with in-person interviews. Participants can interview from their home or preferred location, eliminating travel time and allowing for more flexibility in scheduling. Zoom technology allows the researcher to record the interview for future

reference and review. I will, however, communicate with the participants to eliminate background noise, as the noise can make it difficult to concentrate fully on the interview.

I will conduct this research in Georgia, United States. The other feature associated with the participants is scheduling, which will be at the participants' convenience; Afolayan and Oniyinde (2019) posited that interaction between the researcher and participant could be conducted over the telephone, especially if there are safety concerns. I will use an audio recorder in Zoom as a backup for the open-ended questions and semi-structured interviews.

Researchers have used manual and automated systems to transcribe audio-recorded interview data (Bokhove & Downey, 2018). In this project, I will use an automated system to generate the first draft of the audio-recorded interview data and review the transcripts for accuracy. I will conduct member checking by emailing a summary of my interpretation of the participant's responses to each participant for review and acceptance. Member checking is one technique researchers use to explore the credibility of qualitative research results and findings (Birt et al., 2016).

### **Interview Questions**

I will use semi-structured interviews to collect data. The interview questions will be included in Appendix B. The interview questions will include the following:

1. What strategies did you use to sustain the operations of your company?
2. What organizational resources did you incorporate into the strategies to sustain the operations of your company?

3. How did you use your human capital in the strategies to address business opportunities and threats?
4. What challenges did you encounter when developing and implementing strategies to sustain your business?
5. How were the challenges that were encountered overcome?
6. How did you measure success regarding the implementation of strategies to sustain the operations of your business?
7. What other information not discussed would you like to share?

### **Data Organization and Analysis Technique**

The qualitative research process, from the beginning through research design, data gathering, data analysis, and research findings and reporting, involves high data generation, organization, and researchers' management. The researchers' concern is how to organize, collect, manage, store, retrieve, analyze, and give meaning to the information obtained during qualitative research (Austin & Sutton, 2015). Researchers classify data into substantive, para-data, metadata, and auxiliary data (Kroehne & Goldhammer, 2018). In this project, I will base the data organization on para-data, further categorized into access-related (contact, setting, and devices), response-related (answers and input), and process-related (micro and macro). I will organize all data generated in files written in Microsoft Word. I will maintain the records on my personal computer with restricted password access and a password-protected flash drive, which is locked in a safe in my home. I will destroy all data 5 years after project approval.

Researchers adopt the data organization process from data transmission, external storage, and retrieval through Web tracking (Ermakova et al., 2018). Web tracking is a widespread Internet technique that collects user data for online advertisement, user authentication, and content personalization (Ermakova et al., 2018). I will organize all interview data: (a) using Microsoft Word and spreadsheet software, (b) saving each interview in a separate file with the date of the interview, (c) loading each interview data into the NVivo-12 software for data analysis, and (d) transferring relevant reports and findings from NVivo-12 software to the spreadsheet software.

### **Data Analysis**

Researchers develop different approaches to qualitative research data analysis centered on theme development. (Farquhar et al., 2020) Triangulation is a good practice in conducting case project research because researchers use triangulation to provide research validity through converging findings, sources, or methods. Data combination or triangulation in most qualitative studies constitutes a large volume of data to manage. Jentoft and Olsen (2017) stated that researchers described triangulation as an approach to strengthening the project's credibility. Jentoft and Olsen added that triangulation includes the researcher's use of multiple methods, several theories, different data sources in terms of time and space, or separate independent researchers.

The four triangulation types include methodological, investigator, theory, and data triangulation (Renz et al., 2018; Yin, 2018). Methodological triangulation incorporates multiple research methods to collect data, including quantitative methods (questionnaires) and qualitative approaches (such as interviews; M. D. Moon, 2019;

Weyers et al., 2014). The methodological triangulation is applicable because this project includes data sources from semi-structured interviews and publicly available documents. Investigator triangulation uses more than one researcher from the same or different disciplines to collect and analyze the same data (M. D. Moon, 2019; Weyers et al., 2014).

Theory triangulation includes multiple theories or perspectives for the research design, research project implementation, and interpretation; Therefore, theory triangulation was not applicable. Data source triangulation focuses on the evidence produced when different techniques, if compared, reveal similarities and commonalities to validate the data or incongruences that indicate faulty procedures or data sets (Fusch et al., 2018; Weyers et al., 2014). I am the sole researcher in this project and will not involve other researchers in data collection and analysis.

Five types of theme-based data analysis yield practical results in a qualitative research project: (a) comparative analysis, (b) content analysis, (c) cross-case synthesis, (d) narrative synthesis, and (e) thematic analysis (Kiger & Varpio, 2020; Yin, 2018). Researchers consider thematic data analysis in terms of latent content as a theme and manifest content as categories in data analysis (Kiger & Varpio, 2020). Maguire and Delahunt (2017) posited that the most widely accepted framework for conducting thematic analysis involves a six-step process, like the cross-case synthesis by Yin, R.K. (2018). I will interview six participants. I will combine the initial interview data, notes, and the member-checking review for each participant to develop themes. An example will be asking participants if the challenges described in the analysis accurately reflect their experiences. I will then relate the emergent themes to literature.

In the first of the six steps of thematic data analysis, researchers familiarize themselves with the collected research and generate initial codes (Kiger & Varpio, 2020; Maguire & Delahunt, 2017; Xu & Zammit, 2020). Third, the researcher searches for themes through code categorization, and fourth, reviews identified themes (Kiger & Varpio, 2020; Maguire & Delahunt, 2017; Xu & Zammit, 2020). The fifth step includes defining and naming themes, and the sixth step involves researchers producing their findings and reports (Kiger & Varpio, 2020; Maguire & Delahunt, 2017; Xu & Zammit, 2020). In this project, I will follow the six-step process. I will read the transcripts starting from the primary interview data (before and after member checking) and make notes on each participant's critical impressions. Additionally, I will generate the initial code systematically by identifying chunks of meaning related to the research question, the purpose strategy, and each participant's value drivers. Thereafter, I will search for themes through code categorization by reviewing the initial codes of successive interview data, iteratively seeking patterns that capture significant and standard categories. I will use strategic and major trends on potential themes observed and use these as follow-up questions during subsequent interviews. Next, I will check the identified themes to determine if they were realistic, representative, supported by triangulated data, overlapped, related to subthemes, or new themes deducible within the triangulated data. Afterward, I will refine the themes by identifying relationships between themes, the commonality among participants, and a representation of each theme. Finally, I will report and draft the research results and findings. The report will compare the themes identified from the data analysis with the strategies identified from the literature.

Data combination or triangulation in most qualitative studies may constitute a large volume of data to manage. Triangulation is used either as multiple methods, several theories, and different data sources regarding time and space, or by separate independent researchers to strengthen the project's credibility (Jentoft & Olsen, 2017). There are four triangulation types. (Fusch et al., 2018; Renz et al., 2018).

Researchers use computer-aided software to enhance data analysis (Kiger & Varpio, 2020). I will use thematic data analysis in this project because of the systematic six-step process with computer-aided qualitative data analysis system (CAQDAS) software support. Using NVivo-12 software requires the researcher to know the features and usage of the software. Maher et al. (2018) stated that combining coding using traditional tools such as colored pens, paper, and sticky notes with a digital software package such as NVivo offers accurate qualitative data analysis. Maher et al. (2018) added that researchers import the interview transcripts from Microsoft Word to the NVivo environment, open and explore the interview, code and compare with other codes, categorize the codes, and compare categories within and between interviews. The coding process and the categorization of interviews to create themes are achieved through NVivo software's features, such as query, reflection, visualization, and memos. In this project, I will combine the traditional coding experience with the NVivo process and report the significant output. I will compare the research findings in terms of themes with the strategies non-emergency medical transportation managers and independent contractors used to mitigate the underutilization of services derived from other literature.

Researchers generate a large volume of data from the data triangulation process, which requires CAQDAS software (Maher et al., 2018). The features of NVivo include data management facilities, which allow all data to be stored digitally and easily recalled. Almaiah (2020) posited that qualitative interview data could be analyzed using thematic data analysis with NVivo software. I will use thematic data analysis and NVivo-12 software for data analysis.

### **Reliability and Validity**

Reliability and validity are essential attributes of the rigor and trustworthiness of a research project. The quality dimensions of qualitative research include dependability, credibility, conformability, and transferability (Korstjens & Moser, 2018; H. Moon & Kim, 2016; Tong & Dew, 2016). According to Yin (2018), there are four dimensions of data quality tests associated with a case study: (a) reliability requires a study protocol, case database development, and maintenance of a chain of evidence; (b) internal validity requires conduct pattern matching, conduct explanation building, addressing rival explanations, and using logic models; (c) construct validity involves the use of multiple sources of evidence; (d) external validity consists of applying replication logic in multiple case studies. I will evaluate reliability and validity regarding dependability, credibility, confirmability, and transferability.

### **Reliability**

Researchers derive the qualitative case study quality tests from the general qualitative research quality. H. Moon and Kim (2016) reported that reliability, commonly

used in quantitative research, is equivalent to dependability in qualitative research.

Reliability in this project is based on the research's dependability.

### **Dependability**

H. Moon and Kim (2016) stated that dependability refers to the qualitative researcher's consistency and reliability. Dependability is achieved by increasing the transparency of the research process. Tong and Dew (2016) explained reliability in dependability or coherence across the methodology, design, method, data, findings, and transparency and audibility of the research process. Korstjens and Moser (2018) explained that dependability involves participants' evaluation of results, interpretation, and recommendations supported by the data. In this project, I will use the data obtained from the six participants to conduct member checking and ensure the dependability of the project findings. Hadi and Closs (2016) opined that member checking ensures the dependability and credibility of qualitative studies.

### **Validity**

Validity is a typical research quality indicator in both quantitative and qualitative research methods. In qualitative studies, researchers relate internal validity to credibility. (Korstjens & Moser, 2018; H. Moon & Kim, 2016; Tong & Dew, 2016). External validity is equivalent to transferability, and objectivity is equal to confirmability in qualitative research (Farquhar et al., 2020; Korstjens & Moser, 2018; H. Moon & Kim, 2016; Tong & Dew, 2016). I will adopt credibility, transferability, and confirmability as research quality validity.

**Credibility**

Credibility is the equivalent of internal validity and is strategically demonstrated through data collection, such as prolonged engagement with participants and triangulation of interview data, consisting of convergence, complementarity, and divergence modes (Farquhar et al., 2020). The strategies include peer debriefing, member checking, and returning interview transcripts and research findings to participants to determine if the transcripts and results reflect their experience (M. D. Moon, 2019; Tong & Dew, 2016). In this project, Triangulation of all the data from the six participants is one of the processes used to establish credibility. After transcription of the recorded semi-structured interview, I will conduct member checking by sending a Microsoft Word version of an interpretative summary of the interview to the participant for review and acceptance. After I have completed the data analysis, identified the themes, and reported the research results and findings, I will follow up by conducting a round of second member checking by sharing the findings with all the participants individually through email. All participants will verify the interpretation of their responses.

**Transferability**

H. Moon and Kim (2016) and Tong and Dew (2016) explained that research transferability is a type of external validity, but not in terms of generalizability. Researchers should ensure that study findings are applicable and valuable to theory, practice, and future research. H. Moon and Kim argued that qualitative research studies are not generalizable because qualitative research findings relate to a single or small member of the environment or individual. Tong and Dew asserted that researchers should

compare their research results with studies conducted in different contexts, regions, or populations to ensure research transferability. Researchers should provide details and describe the study used to judge the findings' transferability to their meaning (Tong & Dew, 2016). In this project, I will ensure an accurate description of the data collection process and compare the project findings with similar studies in literature to validate the transferability of my research results.

### **Confirmability**

Tong and Dew (2016) stated that every researcher has skills, experiences, and biases that will affect the research process. (H. Moon & Kim, 2016) posited that research quality objectivity is equivalent to confirmability in qualitative research. Moon et al. stated that through confirmability, researchers ensure that research findings and interpretations are linked to the interview data and reflect the participants' views, devoid of the researcher's bias. Tong and Dew posited that researchers could achieve research confirmability by involving multiple investigators in data analysis, member checking with participants, and linking findings to raw data. In this project, I will ensure research confirmability by conducting member checking with the participants and linking the results to the interview data from the managers and independent contractors.

### **Data Saturation**

Researchers use data saturation to determine when to discontinue data gathering in a qualitative multiple-case study. Tran et al. (2017) stated that in qualitative research with open-ended questions, sample size relies on the principle of data saturation. Determining the point of data saturation is complicated and depends on the researcher's

experience. (B. Saunders et al., 2017) explained that saturation is a criterion for discontinuing data collection and analysis commonly used in qualitative research.

In multiple cases, project saturation relates to the number of interviews necessary until no added information emerges (Constantinou et al., 2017; M. N. K. Saunders & Townsend, 2016). B. Saunders et al. (2017) identified four models of saturation: theoretical saturation, inductive thematic saturation, a priori thematic saturation, and data saturation, which relates to the degree to which researchers express new data in previous data. Saunders stated that researchers could decide on saturation based on what they hear within interviews before coding and category development. Constantinou et al. (2017) adopted the conceptual approach and identified data saturation after the sixth interview. The pragmatic inquiry requires at least 6 interviews. I ensured data saturation by conducting open-ended interviews with six managers. I should achieve data saturation during the interview stages, after the sixth interview, and during thematic data analysis.

I ensured data saturation by collecting data from participants through semi-structured interviews until no new themes were identified. Data saturation occurs when issues and insights regarding the phenomenon under study begin to repeat, rendering further collection superfluous (Hennink & Kaiser, 2021). Reaching data saturation can help ensure my project findings' credibility, transferability, and confirmability.

### **Transition and Summary**

This section contained detailed information on the researcher's role, requirements for ethical research in line with the Belmont Report, and the eligibility of participants. Other details in this section included the research design and method. I selected a

pragmatic inquiry design and will achieve data saturation after the sixth participant interview. I will use semi-structured interviews with open-ended questions for data collection, either via Zoom or online telephone data collection. I included methods I will use to organize and store the data and outlined guidelines for protecting and destroying the data after 5 years of project approval. In this section, I included information on data analysis using thematic analysis techniques with computer-aided software, NVivo, and research quality. The section also included narratives on dependability, credibility, transferability, confirmability, and data saturation. In the closing section, I will discuss the project's findings and provide the application of the results to professional practices in terms of why and how the results are relevant to business practices. Finally, I will present the project's implications on social change, recommend action and further research, and state reflections and conclusions.

## Section 4: Findings and Conclusions

The purpose of this qualitative pragmatic inquiry was to explore effective strategies to increase service utilization and profitability in the non-emergency medical transportation business in the State of Georgia. I identified six core themes during the data analysis: optimizing scheduling efficiency, enhancing client engagement, leveraging technology for profitability, strategic partnership and outreach, cost control and resource allocation, and reporting regulations. This study's findings can contribute to improvements in strategies that owner-managers of non-emergency medical transportation businesses use to sustain their operations.

### **Presentation of the Findings**

The research question was: What effective strategies do managers of non-emergency medical transportation businesses in the State of Georgia use to increase service utilization and profitability in their operations? I collected data using semi-structured interviews to gain an in-depth understanding of this topic (see Table 2). I reviewed several publicly available documents from the Centers for Medicare & Medicaid Services, industry-specific publications such as NEMT Today, regulatory standards from organizations such as non-emergency medical transportation accreditation commission NEMTAC, and research journals such as *BMC Public Health*. These provide updates on compliance, safety, technology, and patient-centered practices.

**Table 2***Participant Demographics*

Gender	Years of experience, state	Business	Role
P1 Male	9, Georgia	Non-emergency medical transportation	Manager
P2 Male	12, Georgia	Non-emergency medical transportation	Manager
P3 Male	11, Georgia	Non-emergency medical transportation	Manager
P4 Female	15, Georgia	Non-emergency medical transportation	Owner
P5 Male	6, Georgia	Non-emergency medical transportation	Owner
P6 Female	10, Georgia	Non-emergency medical transportation	Manager

The six main themes to address the research question are: optimizing scheduling efficiency, enhancing client engagement, leveraging technology for profitability, strategic partnership and outreach, cost control, and resource allocation and reporting regulations. These themes capture patterns of meaning in the collected data and align with those identified in the literature (see Table 3).

**Table 3***Data Analysis Themes*

Theme	Number of participants in the theme (N=6)
Theme 1: Optimizing scheduling efficiency	6
Theme 2: Enhancing client engagement	6
Theme 3: Leveraging technology for profitability	6
Theme 4: Strategic partnership and outreach	6
Theme 5: Cost control and resource allocation	6
Theme 6: Reporting regulations	6

**Theme 1: Optimizing Scheduling Efficiency**

Optimizing scheduling efficiency for business emerged from data analysis as effective for managers of non-emergency medical transportation to sustain their operations. Optimizing scheduling efficiency for businesses is a strategy that enables managers of non-emergency medical transportation companies to set performance targets and achieve goals by planning, implementing, and monitoring strategic activities. Efficient routing and real-time scheduling are innovations that improve service delivery. Proper and strategic scheduling is a key determinant of organizational success, and when properly formulated and implemented, can be a significant source of performance heterogeneity and sustainability (Dyer et al., 2020; Tawse & Tabesh, 2021). P3 reported that “operational efficiency is greatly enhanced by the automation of the dispatch and routing system.” P3 stated that, “vehicle tracking helps monitor the activity of your fleet and ensures timely patient pickups. P3 further stated that, “downtime is reduced.” You

don't want someone who drives all day without producing. Certain routes are busy at certain hours of the day, so it is best to plot that ahead of time, with regular pick-ups and drop-offs, so you don't run into a problem of being late because of traffic, and make sure there is ample time. This helps manage your fleet, dispatching, and optimize the routes and fuel cost.

Introducing digital scheduling and GPS tracking reduces delays and optimizes routes. The use of fleet management software for vehicle maintenance reminders, fuel tracking, and the implementation of real-time reporting dashboards for trip logs, mileage, and incident tracking are operational efficiencies that improve the profitability of non-emergency medical transportation. These findings tie into the innovation and change management conceptual framework of this study.

## **Theme 2: Enhancing Client Engagement**

SMS reminders and patient education are communication tools that facilitate client engagement. This improves communication to reduce downtime. It serves as a reminder system and encourages patient and client feedback. It improves communication to reduce cancellations. Barriers to non-emergency medical transportation are responsible for 25% of all missed appointments. By bridging the gap, NEMT reduces the \$150 million in costs associated with no-shows to the U.S. health care system. (Gier, 2016) P3 explained that "to make sure their customers will speak positively about their company, they give exceptional customer service." The staff must be well-trained in soft skills and interpersonal skills. To ensure courteous and professional interactions with people who encounter both patients and facility representatives, I must build trust and loyalty among

both. P4 explained that “they engaged their clients by sending them reminders for appointments.” If the clients have a scheduling conflict, the company can reschedule and use the time to transport other clients. Enhancing client engagement involves personalizing interactions, engaging across multiple channels, such as social media, and actively seeking and responding to feedback. P5 explained that “their company used the feedback tool to understand what their clients need from them and identify areas for improvement in their service to clients.” The use of technology is also vital for effective communication and client engagement. The NEMT market is growing rapidly, with a projected value of \$21.92 billion by 2033, driven by increasing adoption across both the commercial and public health care sectors. Modern NEMT providers are also leveraging technology to improve scheduling efficiency and reduce costs. (Emission control MR, 2025)

There are platforms and telephone lines where clients can reach our staff to address their concerns within 24 hours. The technological innovations on these platforms have helped companies communicate with clients, thereby increasing customer satisfaction and revenues. Eliminating transportation barriers has been shown to increase patient satisfaction by 35% as patients feel more supported and empowered in their care journey (Starbird et al., 2019).

### **Theme 3: Leveraging Technology for Profitability**

All the participants indicated that they used the strategy of technology and innovation. P5 explained how they prioritized innovation and depended on technology as an indispensable component of their enterprise’s operating infrastructure:

Before I started my own firm, I researched available technologies unique to my type of business because I saw problems. I kept up with the latest technology and what was available to assist me in my work. As a small business, I did not have access to financial and other resources like larger businesses, so I determined that technology was key to bridging that gap.

In extracting meaning from P5's contribution, it can be perceived that their business's proper functionality depended on innovation, creativity, and the deployment of technology. P5 innovated their business with technology-based techniques and processes that were more time- and cost-efficient than traditional methods and approaches. The business established a strong marketing presence through social media, utilizing Facebook, Instagram, and LinkedIn to promote its service offerings. Regarding the feasibility of operational efficiency in a resource-deficient environment, P5 asserted that "they could not provide complete and effective oversight of their business operations without the use of technology". Technology helped keep tabs on all aspects of the operations. The other contributing participants provided insights regarding the innovation and technology dependency of their business enterprises. P1 shared that in their type of business (healthcare), "innovation and technology are everything" and have undergirded the operations of their enterprise. P2 declared, "I tried to be innovative, and embracing technology was always occurring in our business. P2 declared that "operational efficiency and technology, is one pillar that you should know and constantly work on." According to P3, technology has done well for them even though "we could utilize it more in terms of social media." Non-emergency medical transportation managers leveraged innovation

and technology to achieve higher operational efficiency and sustainability. Participants disclosed practices and approaches that can be identified as strategies to effectively support their operations. Non-emergency medical transportation managers used innovation and technology as an effective strategy to enhance operational efficiency and overall sustainability.

#### **Theme 4: Strategic Partnership and Outreach**

All participants had strategic partnerships with several healthcare facilities to expand their business. They reached out to hospitals and doctors' offices to explore a potential partnership. Through strategic partnerships and outreach, managers could extend the range and scope of their business and delivery capacity and enhance the sustainability of their enterprises. Transportation contracts are entered into to transport non-emergency medical transportation patients through Medicaid coordination. P2 related how "strategic partnership and outreach enlarged the pool of informational resources and augmented the service delivery capacity of the business." P2 opined that building relationships increased their service utilization as it allowed them to identify gaps in the client base and, through prompt outreach, those gaps were corrected. He said in terms of healthcare providers, you must create strong alliances and maintain those relationships on an ongoing basis.

Dialysis centers and senior care facilities are where most of our clients originate, so a strategic partnership is crucial to our operations. P2 also declared that having a "partnership with Medicaid brokers and insurance companies allowed for getting long-term contracts." P5 used "professional platforms, social media, and websites as a

promotional mechanism in place of the traditional forms of advertising to grow their client base. Additionally, they leveraged external advisory resources to enhance their managerial capabilities and sustain the business's operations.

### **Theme 5: Cost Control and Resource Allocation**

Efficient resource use, like fuel tracking, represents operational efficiency and innovation. P2 explained that “you need to control costs by managing fuel and securing gas cards that offer a discount”. P2 also reported that managing costs by engaging in systematic preventive maintenance. P3 explained “how cost control was very important to their business. Ensuring that overhead costs were well-managed, tracking fuel costs per mile for each driver’s trips”. The need to standardize cost-saving practices across the business was a major factor in cost control. Managing expenses while maximizing services. P5 explained that “their business invests a lot of resources in training. The company had a mentorship program for new employees and drivers. The new drivers were guided by old employees during their probationary period”. The efficient use of their software tracking system and app-based real-time booking tracking software improved business operations.

### **Theme 6: Reporting Regulations**

All six participants reported regulations as a core component of running their business. Reporting regulations are rules that require businesses to submit accurate and timely data to regulatory bodies, ensuring compliance with laws and maintaining financial stability. Non-compliance can result in significant penalties and the eventual closure of businesses. Most of their clients are sourced from clients who use Medicare

and Medicaid as their primary insurance (Wickert et al., 2021). There are several government reporting regulations that contractors engaging in the non-emergency medical transportation business are required to follow. It is essential to maintain these standards. P2 explained that the “company organizes quarterly workshops with drivers and dispatchers”. The company encourages proper training regarding the documentation of records. You must ensure that the trip logs are accurate and the incident reports are both timely and accurate. P2 also considered “regulation a threat to their business as companies that do not comply may end up losing their license and losing customers”. All participants agreed that attending both healthcare professionals' and state and county seminars is essential to stay informed about government regulations, which is crucial for the sustainability of the business. Non-emergency medical transportation (NEMT) businesses must comply with strict reporting and regulatory requirements, including licensing, safety standards, driver background checks, HIPAA compliance, and Medicaid billing rules. In the U.S., regulations are largely tied to Medicaid and federal healthcare standards. Centers for Medicare & Medicaid Services. (2014).

### **Business Recommendations for Professional Practice**

The study’s findings are potentially beneficial to owner-managers of non-emergency medical transportation businesses, who need effective strategies to support their operations and mitigate failure. A critical and challenging issue for non-emergency medical transportation businesses, which often start small, is the need for sufficient capital to launch, a challenge that can be difficult to overcome and lead to low viability.

The findings may provide current and future owner-managers of non-emergency medical transportation with practical, effective strategies to remain profitable and viable. Owner-managers of non-emergency medical transportation businesses can apply the strategies enumerated in this paper to mitigate business failure. These strategies encompass six underlying themes:

1. Optimizing scheduling efficiency,
2. Enhancing client engagement
3. Leveraging technology for profitability,
4. Strategic partnership and outreach
5. Cost control and resource allocation, and
6. Reporting regulations.

These themes embody appropriate responses to business practice imperatives, taking into account both the firm's strategic resource base and its external environment. All participants conveyed the high significance of each theme to their current success. Current and future owner-managers of non-emergency medical transportation must understand the consequences of the identified themes and strategies for mediating the success of study participants. If they prioritize these strategies, the chances of sustaining their operations could potentially increase. I propose several actions that current and future owner-managers of non-emergency medical transportation businesses can take to increase their chances of remaining profitable and sustaining their operations. First, current and future managers of non-emergency medical transportation businesses should adopt a strategic approach to conducting business. An owner-manager of a non-

emergency transportation business can approach starting and running a business either strategically or impulsively. I discovered that all interview participants highly regarded a strategic approach. Being strategic helps connect business decisions, actions, and behaviors with mission achievement. Taking a strategic approach established a clear pathway to goals, having regard for the risks and resource requirements. The second action or recommendation concerns cost control. I found that all participants highly regarded the role of cost control and resource management capability in the successful operation of their businesses. Good cost control and resource management create indispensable enabling conditions for business profitability and growth. Non-emergency managers need to be able to prudently appropriate organizational resources, to effectively negotiate the constantly changing environment, and remain viable. Managing inescapable operational complexity for profitability and growth is paramount. The third action that current and/or future owner-managers of non-emergency medical transportation managers should apply is the prudent use of technology and innovation. All interview participants in this study strongly emphasized the importance of technology and innovation in achieving business success. Aggressive proactivity, sacrificial effort, risk-taking, and innovativeness must be channeled toward organizational goal achievement to achieve success (Nuryakin, 2024).

The fourth action I recommend is for current and future owner-managers of non-emergency medical transportation to pay very close attention to reporting regulations. All the interview participants underscored the importance of accurate and timely reporting to the various regulatory agencies in their businesses. It is imperative to maintain these

standards, as non-compliance may lead to business closure or severe penalties. Improving professional business practices in a NEMT company requires building a system that is compliant, efficient, and patient-centered. Newman, S. (2025, July 8)

The fifth action I recommend will be effective NEMT marketing, which focuses on building trust and visibility through strategic partnerships with health care providers (hospitals, clinics, and nursing homes). Key strategies will be building a strong brand identity, leveraging social media, and establishing a referral program. NEMT companies should create a professional, user-friendly website to ensure their businesses appear when potential clients search for services. NEMT businesses should use digital marketing tools such as Google Ads and social media to target caregivers and patients. For Industry networking, staff and managers should continue to participate in local health conferences and community events.

### **Implications for Social Change**

This research study examined sustainability strategies for non-emergency medical transportation businesses in the state of Georgia, with implications for promoting positive social change. The study identified effective strategies that owner-managers of NEMT businesses located in the state of Georgia can use to sustain their operations. The sustainable operations of non-emergency medical transportation, as explored in this study, may generate employment opportunities in the state of Georgia and increase disposable income for residents, ultimately leading to improved living standards and enhanced community wellness. Sustainable business enterprises foster job creation and security and underpin community well-being and national prosperity (Lyu & Fan, 2020).

The results of this study suggest greater prospects for diversity, equity, and inclusion within the state of Georgia, as different ethnic, gender, and age groups in the region may have more readily accessible opportunities for economic betterment and social uplift provided by thriving non-emergency medical transportation businesses.

When applied, the findings and recommendations of this study may support the profitability and survivability of non-emergency medical transportation businesses by extension, job creation, income generation, government revenues through taxation and levies, and community development through their corporate responsibility actions. Other social implications of the study include improvements in healthcare, increased health awareness, and enhanced wellness among residents in the state of Georgia. Conducting problem-driven research to address business issues that can make a difference in the lives of individuals and communities is crucial (Wickert et al. (2021) The findings may enhance appreciation of the phenomenon and empower scholars to appropriate the knowledge gained, including imparting the same to students to help them understand concepts related to effective strategies to sustain the operations of non-emergency medical transportation businesses.

### **Recommendations for Further Research**

This qualitative pragmatic inquiry explored the effective strategies that owner-managers of non-emergency medical transportation businesses located in the state of Georgia use to sustain their operations. The study population consisted of owner-managers of non-emergency medical transportation businesses located in the state of Georgia. The small sample size of six participants is a limitation of this study. Another

limitation of this study is geographical restrictions. Many different variables influence the survivability of a non-emergency medical transportation business. The information provided by participants was based on their lived experience in owning and managing a non-emergency medical transportation business. Future researchers should continue to explore effective strategies that owner-managers of non-emergency transportation businesses use to sustain their operations, given their indispensability to national economies. The sample size limitation of this pragmatic inquiry could be addressed in future research by increasing the study sample and by conducting studies in different geographical locations, including outside the state of Georgia.

Future research can delve deeper into these themes to better understand their significance to the sustainability of the non-emergency medical transportation business and how to properly apply them. Future researchers should consider adjusting the geographical range, sample size, and/or industry focus, as these factors may yield different results. Although no independent assessment was made regarding the relative effectiveness of the strategies used, all participants attributed the profitability and longevity of their enterprises to these strategies. Further research should be conducted to examine the correlation between each identified strategy and the businesses' profitability and longevity. Establishing such a correlation may provide a deeper understanding of how owner-managers of non-emergency medical transportation businesses can sustain their enterprises' operations. Technology and innovation were among the main themes or strategies identified in this study. Although participants described Innovation and technology as one of the best strategies to improve their business. Future researchers

should consider exploring the impact of technology on their client base that is not technologically savvy. Further research that expands the scope of this study to include the technological impact on the client base that is not technologically savvy may yield different results.

### **Conclusion**

The purpose of this qualitative, pragmatic inquiry was to explore the effective strategies that owner-managers of non-emergency medical transportation businesses in the state of Georgia use to sustain their operations. The study was grounded in Change management and innovation theories. Participants were six owner-managers of non-emergency medical transportation businesses located in the state of Georgia who implemented successful strategies that sustained their operations. Data were collected through semi-structured interviews and analyzed.

A key recommendation is that owner-managers of non-emergency medical transportation businesses should adopt a strategic approach and establish a clear pathway to achieving their goals, taking into account the associated risks and resource requirements. The second action or recommendation concerns cost control. I found that all participants highly regarded the role of cost control and resource management capability in the successful operation of their businesses. Good cost control and resource management create indispensable enabling conditions for business profitability and growth. Non-emergency managers need to be able to prudently appropriate organizational resources, to effectively negotiate the constantly changing environment and remain viable.

The findings and recommendations of this study may support the profitability and sustainability of non-emergency medical transportation businesses, which, in turn, can lead to job creation, income generation, increased government revenues through taxation and levies, and community development through their corporate social responsibility actions. Other social implications of the study include improvements in healthcare, increased health awareness, and enhanced wellness among residents in the state of Georgia. Further research that expands the scope of this study to include the technological impact on the client base that is not technologically savvy may yield different results. Future researchers should continue to explore effective strategies that owner-managers of non-emergency medical transportation businesses use to sustain their operations, given their significant role in national economies. If the strategies outlined in this paper are effectively applied, they will serve as a guide for non-emergency medical transportation companies to sustain and grow their businesses.

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## Appendix A

### **Interview of Professionals and Informed Consent Form for DBA Qualitative Pragmatic Inquiry Doctoral Study:**

You are invited to take part in an interview for a study I am conducting as part of my Doctor of Business Administration Research with a specialization in healthcare management. The topic is strategies to increase service utilization and profitability in the non-emergency medical transportation business.

#### **Interview Procedures:**

If you agree to be part of this study, you will be invited to take part in an audio-recorded interview about your professional experiences. Opportunities for clarifying statements will be available (via a process called member checking). Transcriptions of interviews will be analyzed as part of the study, along with public documents and records.

#### **Voluntary Nature of the Study:**

This study is voluntary. If you decide to join the study now, you can change your mind later.

#### **Risks and Benefits of Being in the Study:**

Being in this study would not pose any risks beyond those of typical daily life. This study aims to provide data and insights that could be valuable to people in your profession.

Once the analysis is complete, the researcher will share the overall results by publishing the final study on the [Scholarworks](#) website.

#### **Privacy:**

After the request, interview recordings and full transcripts will be shared with each interviewee. My university requires me to protect the identities of interviewees and their organizations within the limits of the law. I am only allowed to share interviewee identity or contact info as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered (exceedingly rare). Any reports, presentations, or publications related to this study will share general patterns from the data, without sharing the identities of individual participants or their employers. If I were to share this dataset with another researcher in the future, the dataset would contain no identifiers, so this would not involve another round of obtaining informed consent. Data will be kept secure by password protection. The interview transcripts will be kept for at least 5 years, as my university requires. The collected information will not be used outside of this study.

**Contacts and Questions:**

If you want to talk privately about your rights as a participant, call the Walden University Research Participant advocate at 612-312-1210.

Please share any questions or concerns you might have at this time. If you agree to be interviewed as described above, please reply to this email with “I consent.”

## Appendix B: Interview Protocol for Qualitative Pragmatic Inquiry Research Project

Interview Protocol	
Introduction of the Interview and Self:	<p>Hello, my name is Ugochukwu Onyemaobi. I am a Doctoral Candidate at Walden University. This interview aims to identify and explore business leaders' effective strategies to increase service utilization and profitability in the non-emergency medical transportation business.</p> <p>I will ask you seven questions to which I would like your responses. Then, I will conclude the interview. Do you have any questions?</p>
Interview Questions:	<p>Interview Questions:</p> <ol style="list-style-type: none"> <li>1. What strategies did you use to sustain the operations of your company?</li> <li>2. What organizational resources did you incorporate into the strategies to sustain the operations of your company?</li> <li>3. How did you use your human capital in the strategies to address business</li> </ol>

	<p>opportunities and threats?</p> <p>4. What challenges did you encounter when developing and implementing strategies to sustain your business?</p> <p>5. How were the challenges that were encountered overcome?</p> <p>6. How did you measure success regarding the implementation of strategies to sustain the operations of your business?</p> <p>7. What other information not discussed would you like to share?</p>
Interview Wrap Up:	Thank you for participating in the interview; it is an integral part of my research project.
Scheduling a follow-up interview to perform member checking with the participant:	I will contact you in a week to schedule a time for us to review the accuracy of my interpretations of your interview responses.
Follow-up Member Checking Interview	

