# Dialysis Transportation: The Intersection of Transportation and Healthcare

## TCRP Research Report 203



## What the Research Found — Problems with Dialysis Transportation

### Fundamental Finding

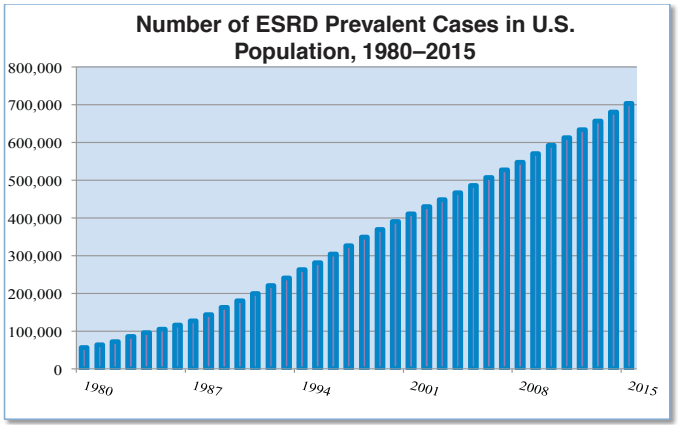
Public transportation and healthcare intersect in ways that often lead to negative health outcomes for thousands of people in the United States with failed kidneys who rely on transit agencies and other public sector modes for trips to dialysis—a treatment that is literally saving their lives. These negative outcomes result from **transportation problems** that impact not just patients who must travel to a facility for treatment but also public transportation agencies that serve dialysis trips.

### Dialysis: Most Common Treatment for End Stage Renal Disease

- Chronic kidney disease (CKD) is a crisis in the United States for medical care and public policy. Approximately 30 million adults have CKD which too often progresses to end stage renal disease (ESRD).[1, 2]
- More than 700,000 people in the United States have ESRD, increasing by about 20,000 each year.[3]
- Dialysis is the most common treatment: almost one-half million ESRD patients receive dialysis.[4]
- 90% of dialysis patients travel to dialysis facilities for required 3-times-per-week treatments.[5]

### Dialysis Trips and Cost

- An estimated 139 million one-way trips are needed for dialysis at facilities annually.
- Almost 70 million of these trips are provided by the public sector, particularly by public transit agencies' specialized services including ADA paratransit and Medicaid non-emergency medical transportation.
- Almost $2 billion annually is required for public sector trips.




### What Are the Transportation Problems?

**Reported by Dialysis Patients**

- Vehicles are late getting to the dialysis facility.
- Long waits for the ride home after dialysis.
- Trips are long.
- Sometimes the ride never shows up or is cancelled, so treatment is missed.
- Unreliability is very stressful.

**Reported by Dialysis Facilities**

- Patients have long waits for the trip home after treatment.
- Medicaid transportation is unreliable.
- Public transit agencies' services are inadequate: days and hours are limited; service area is limited; dialysis trips on ADA paratransit cannot be prioritized.
- Transportation problems result in shortened treatment, with negative impacts on patients' health.
- Patients have difficulty paying for transportation if it is not subsidized by their insurance, which usually is Medicare.

**Reported by Public Transportation Agencies**

- Rising demand and costs for dialysis trips are a problem, and they impact the ability to serve other trips.
- Scheduling is a problem: patients are often not ready for the trip home, requiring extra resources for rescheduling. Dialysis facilities change patients' schedules, often with little notice.
- Dialysis facilities do not coordinate on patients' trips, so service is less efficient and more costly. Staff turnover at dialysis facilities frustrates attempts to coordinate.
- Extra care needed by dialysis patients is beyond that required of public transit.

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## Medical Literature Confirms Negative Impacts of Transportation Problems

- Patients reliant on public transportation miss more dialysis treatments compared to patients with private transportation (self-driven or rides from family/friends), resulting in poorer health outcomes.[6]
- Transportation is a factor in missed and shortened dialysis treatments, which are associated with increasing hospitalization, contributing to rising healthcare cost.[7]
- Patients who miss treatment place themselves at increased risk for hospitalization or death.[8]
- Long travel times for dialysis are associated with greater risk of death.[9]

## Funding Programs Impact Dialysis Transportation—for Patients and Public Transit Agencies

- Medicare, the main source of payment for ESRD and dialysis, does not pay for routine dialysis transport. Medicare patients without private transportation or living in communities without ADA paratransit or other public specialized service must fund their own trips, which can be costly.
- Medicaid provides free trips but increasingly uses private brokers with a payment structure incentivizing the use of least cost transportation providers—in some cases public transit agencies—which may not be the best option for patients.
- Public transportation agencies receive no special funding for dialysis trips. Transit agencies must increasingly look to their communities for local funds to support day-to-day operations.

## Quotes from the Research Project's Surveys

"Special care is needed with patients on the return trip due to frail status and bleeding. The...needs of these passengers go beyond what a public transit driver can provide."

"We had a coordinated system [but] Medicaid trips have been removed…more people are using ADA paratransit for dialysis because HMO providers [are] unreliable so people would rather [use] ADA. This trip dumping puts the burden on the community..."

*– Managers of Transit Agencies*

"Transportation providers often do not show up or are quite late, both of which decrease the amount of dialysis received by the patient, thereby negatively affecting their health."

"Transportation problems have a huge impact on our patients. They often report this to be the number one stressor in coping with ESRD. [It would be better] if transportation services catered to our patients as they have unique considerations."

*– Social Workers at Dialysis Facilities*


References

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