

Dialysis Transportation: The Intersection of Transportation and Healthcare

TCRP Research Report 203

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What the Research Found — Improving 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.

Public Transit Agencies Can Try to Improve Transportation

Public transit agencies can consider strategies implemented by other transit agencies and identified in the research that attempt to serve dialysis trips more effectively. But these efforts do not solve the challenges of dialysis transportation. One finding of this research is that public transportation is not appropriate for the many dialysis trips that require care more specialized than public transportation is designed to provide.

Efforts by Public Transit Agencies

Fifteen strategies are highlighted in the report, with differences depending on whether the community has ADA paratransit.

- Transit agencies with ADA paratransit face regulatory constraints. Regulations prohibit any priorities for trip purpose, even for dialysis. ADA also prohibits any trip denials. Transit agencies need to add service to meet all the demand, and this increases their operating costs.
- Agencies without ADA paratransit service, often rural agencies, do not face the same regulatory constraints but often have limited service days and hours while dialysis facilities operate beyond those days and hours. These agencies may also deny trips when schedules are full.

Efforts by Dialysis Facilities

- The research found no examples of dialysis facilities routinely funding or providing patient transportation.

continued



Healthcare Industry Could Have More Impact

Dialysis Facilities Can Fund and Provide Transportation

Revisions to the federal *Safe Harbors Under the Anti-Kickback Statute* now allow healthcare providers and specifically dialysis facilities to fund and provide patient transportation. According to the federal language, the revised ruling will save federal healthcare dollars as *“dialysis patients are a population...identified as contributing to the increasing cost of non-emergency ambulance transportation and would benefit from local transportation furnished by [dialysis] providers.”*⁽¹⁾

Cost-Sharing with Medicaid

Successful coordination and cost-sharing arrangements where Medicaid supports dialysis trips shifted to ADA paratransit should be pursued and shared among Medicaid programs. Centers for Medicare and Medicaid Services (CMS) guidance allows Medicaid agencies to contribute to the cost of transit agency trips with a “negotiated rate”—not the full operating cost but more than the fare.

Home Dialysis

Increasing home dialysis use will reduce the need for dialysis transportation and may benefit patients, as home treatment has been associated with greater patient independence and improved quality of life. Less than 10% of ESRD patients dialyze at home; physicians and other stakeholders estimate that 15% to 25% of patients could realistically be on home dialysis.⁽²⁾

Reduce Kidney Disease

Healthcare programs that tackle the growing incidence of chronic kidney disease that too often results in ESRD could reduce the need for dialysis transportation. The Special Diabetes Program for Indians, for example, reduced the incidence of ESRD among Native Americans by 43% from 2000-2011, a rate greater than any other racial group in the country.⁽³⁾

Transportation—A Key “Social Determinant of Health”

Transportation is a significant social determinant of health—one of “the structural determinants and conditions in which people are born, grow, live, work and age.”⁽⁴⁾ Transportation is necessary for ongoing healthcare, particularly for those with chronic diseases such as ESRD. Without reliable and timely transportation, patients miss or delay appointments, leading to poorer disease management and poorer health outcomes.⁽⁵⁾ As the healthcare industry increasingly embraces its responsibility for the social determinants of health, the healthcare sector may recognize its role and responsibility for dialysis transportation.

Quotes from the Research Project’s Surveys

“The structure and policies required for ADA paratransit are the greatest challenge for dialysis patients. Policies such as the 30-minute pick-up window and shared-ride nature of the service make it tough, as post-treatment patients are generally physically drained.”

“Dialysis transportation has become a huge issue. The demand is growing but our resources are not...”

– Managers of Transit Agencies

“Dialysis patients suffer tremendously from lack of appropriate transportation...”

“...it would be better if dialysis centers were able to have their own transportation company to transport patients...”

“Having transportation added to Medicare would be a wonderful addition for our dialysis patients. Or finding a solution that works for this high risk population.”

– Social Workers at Dialysis Facilities



References

1. Office of the Inspector General of the Federal Department of Health and Human Services. “Medicare and State Health Care Programs: Fraud and Abuse;” Revisions to the Safe Harbors Under the Anti-Kickback Statute and Civil Monetary Penalty Rules Regarding Beneficiary Inducements, December 2016.
2. General Accountability Office. “End-Stage Renal Disease Medicare Payment Refinements Could Promote Increased Use of Home Dialysis.” Report to Subcommittee on Health, Committee on Ways and Means, House of Representatives, 2015.
3. Indian Health Service: Special Diabetes Program for Indians. “Changing the Course of Diabetes: Turning Hope into Reality,” Report to Congress, 2014. https://www.nihb.org/sdpi/docs/05022016/SDPI_2014_Report_to_Congress.pdf
4. H. Heiman and S. Artiga. *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. The Henry J. Kaiser Family Foundation, 2015.
5. S. Syed, et al. “Traveling Toward Disease: Transportation Barriers to Health Care Access,” in *Journal of Community Health*, Vol. 38, No. 5, pp. 976-993, 2013.