

# **Advancing Health Equity in the End Stage Renal Disease Community: Identifying Transportation Issues and Exploring Solutions**

October 22, 2024



# Learning Objectives



Discuss the challenges of dialysis transportation



Explore solutions to address transportation challenges in the ESRD community

# TCRP Research Report 203

## *Dialysis Transportation: The Intersection of Transportation and Healthcare*

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# Social Determinants of Health

The social determinants of health (SDOH):

- Economic stability
- Neighborhood and physical environment – including **transportation**
- Education
- Food
- Community and social context
- Healthcare system






SDOH impact health outcomes.

- Addressing SDOH is critical for improving health and addressing health inequities.

Source: Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF Henry J. Kaiser Family Foundation,



# What Impacts Transportation Access to Health Care?

- **Transportation Costs** 
  - Fares are not affordable, for ex.
- **Vehicle Access** 
  - Individual does not have a personal vehicle, for ex.
- **Distance and Time Burdens** 
  - Long travel distances, inconvenient schedules, for ex.
- **Policy** 
  - Transit's service area is limited, for ex.
- **Transportation Infrastructure** 
  - Streets and transit stations in disrepair and inaccessible, for ex.

Source: Health Research & Education Trust, 2017.



# Transportation's Role

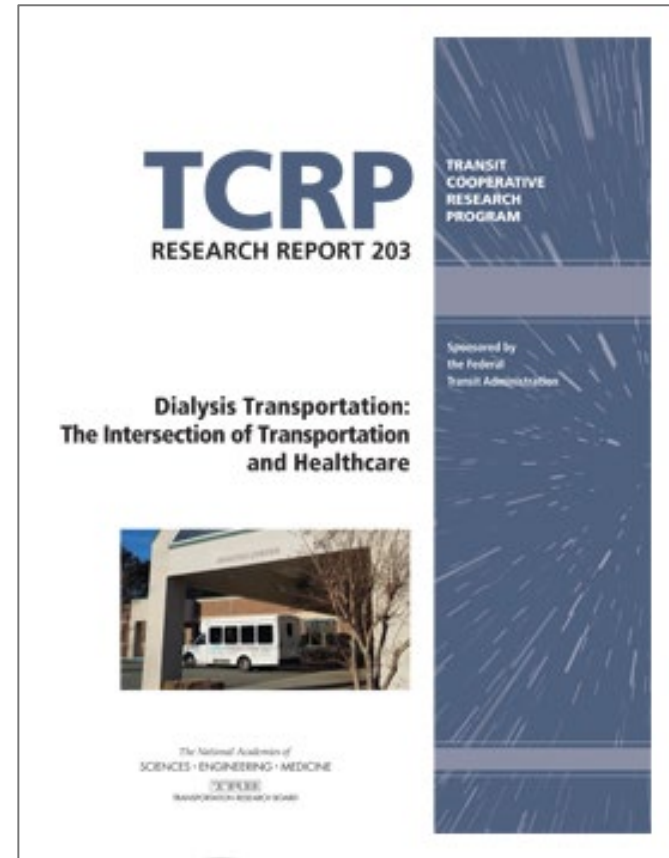
- Access to health care is critical to:
  - Promote and maintain health,
  - Prevent and manage disease,
  - Work towards health equity.
- Transportation is fundamental to societal health:
  - Available and timely transportation provides access to medical services.
- Without access, health care is delayed or missed:
  - This increases potential for poor health outcomes,
  - Particular problem for those with chronic diseases,
  - Contributes to rising cost of health care.

# Impetus for Research Project - Why?



Responds to major concerns of public transportation agencies:

- Rising demand and cost to provide dialysis trips and
- Experience showing dialysis trips require service more specialized than public transportation is designed to provide.



<https://nap.nationalacademies.org/catalog/25385/dialysis-transportation-the-intersection-of-transportation-and-healthcare>



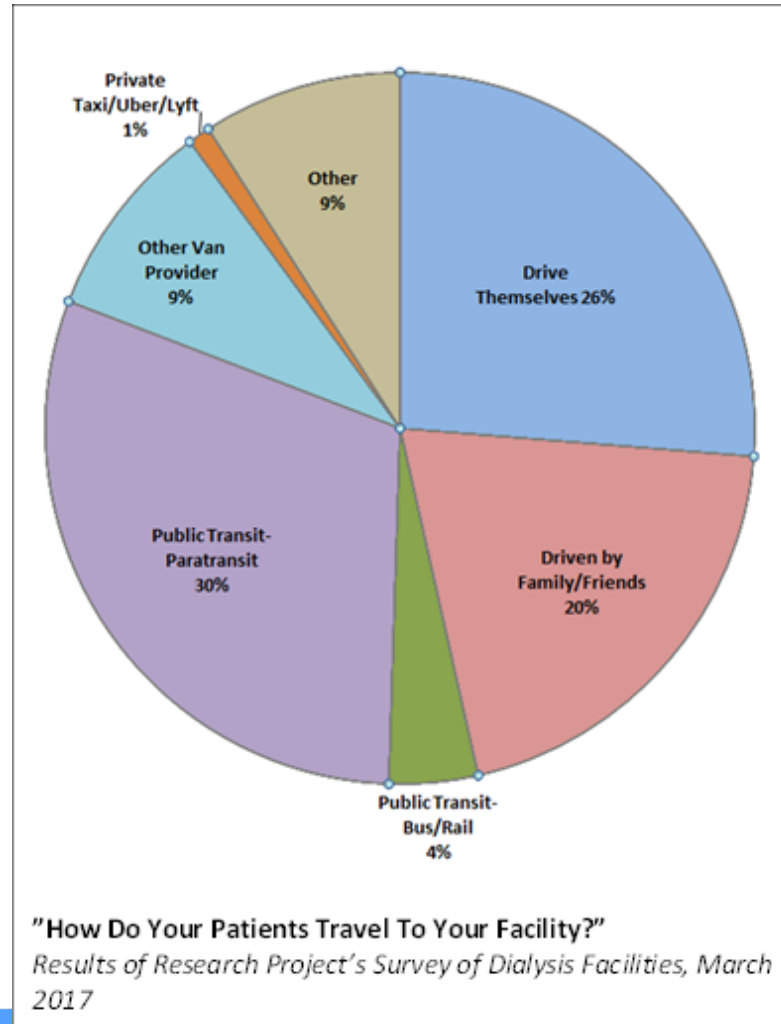
# Objectives of Research Project

Two primary objectives:

1. Quantify the current and projected demand and costs associated with transportation for kidney dialysis in the United States.
2. Identify current and effective practices and new strategies for funding and providing transportation to dialysis treatments.



# How Do Patients Travel to Dialysis Facilities?



# What Are the Transportation Implications?



- One patient receiving in-facility dialysis:  
3 times per week treatment = 6 one-way trips/week = 312 trips/year
- Estimated 445,000 patients receiving in-facility dialysis:  
Approximately 139 million one-way trips/annually (upper bound estimate)
- Half of patients rely on public sector transportation = Almost 70 million one-way trips/annually



# What Are the Issues?



## To research the Issues and Challenges:

- Survey of transit agencies
- Survey of dialysis center social workers
- Survey of patients
- Review of medical literature



# From Transit Agencies



## Transit agencies report problems:

- Rising demand and cost for dialysis trips; impacts ability to serve other trips.
- Scheduling is a problem, especially for return trips.
- Dialysis facilities do not coordinate with transit agencies for patient scheduling.
- Dialysis patients often need care more specialized than what a public transit driver can or is required to provide.

*“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 have 4 dialysis centers in our area, it would help if we could transport [patients] to the closest center to where they live.”*



# From the Social Workers

## Social workers report problems:

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

ADA = Americans with Disabilities Act



# Quotes from the Social Workers

More than 100 of 262 surveyed social workers provided comments and concerns:

"Some transportation services have patients waiting a very long time after treatment to be picked up. Patients who wait long periods of time after treatment seem to have frequent physical declines."

"Transportation providers often do not show up or are quite late, both of which tend to 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."

"In a rural area like ours, transportation resources are so limited. The transportation that is available cannot transport patients at typical dialysis times causing patients to have to get off treatment early or start treatment late."

"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."

"Most of our patients are on Medicare which does not cover transportation and they cannot afford the private wheelchair van service that can cost up to \$40 per pick-up plus \$3 per mile."



# From the Patients

## Patients report problems:

- “Vehicles are late picking us up.”
- “We have long waits for the ride home.”
- “Trips home are long.”
- “Sometimes my ride never shows up or is cancelled, so I miss treatment.”
- “Unreliability is very stressful.”

*“Drivers are reckless and rude to seniors. They arrive late and leave [us] behind if [we] aren't ready. Treatments are cut short because of drivers.”*

*“Very concerned that I will not be able to drive myself in the future and will need transportation. I'm aware of all the problems with transportation companies and drivers. It is an added stress to the patient in dialysis.”*

*“Social workers are... unaware of programs that help with transportation or don't care or force [use] of ambulance service to get to and from treatments. This seems fraudulent...to me.”*



# From the Medical Literature

- Patients who rely on public transportation miss more dialysis treatments compared to patients with their own private transportation (drive themselves or rides from family/friends).
- Transportation is a factor in missed and shortened dialysis treatment.
  - Associated with increasing hospitalization that contributes to rising cost for healthcare
- Patients who miss treatment are at increased risk for hospitalization or even death.
- Long travel times for dialysis are associated with greater risk of death.





# Are There Solutions? (1 of 8)

## Practices and strategies of transit agencies:

- Policies



- Education



- Operational Strategies



- Coordination with Dialysis Facilities



- Funding



# Are There Solutions? (2 of 8)



## Policies



- Use fare policy to encourage trips to closest dialysis center
  - Senior Citizens United Community Services



# Are There Solutions? (3 of 8)



## Education



- ADA Paratransit 101
  - Omnitrans



*Photo courtesy of Omnitrans*



# Are There Solutions? (4 of 8)

## Operational Strategies



- Taxi-Based Dialysis Transportation Program
  - City of Phoenix



## Are There Solutions? (5 of 8)

### Coordination with dialysis facilities



- Coordinate and improve scheduling
  - Ride Connection, Portland OR



# Are There Solutions? (6 of 8)

## Funding



- Partnerships with Hospitals
  - CountyRide,  
Baltimore County MD

### Partnership Hospitals

- Baltimore County medical facilities:
  - Franklin Square Hospital Center
  - Greater Baltimore Medical Center
  - The James Lawrence Kernan Hospital
  - Northwest Hospital
  - University of Maryland Saint Joseph Medical Center
- Baltimore City medical facilities:
  - Good Samaritan Hospital
  - Johns Hopkins Bayview Medical Center
  - Johns Hopkins Hospital
  - Kennedy Krieger Spine Center
  - Mercy Medical Center
  - St. Agnes Health Care
  - Sinai Hospital of Baltimore
  - The Union Memorial Hospital
  - University of Maryland Medical System
  - League for People with Disabilities



# Are There Solutions? (7 of 8)

## Healthcare initiatives:

- CMS pilots initiated through the ACA
  - Accountable Care Organizations, e.g., Comprehensive ESRD Care Model
- Increasing adoption of home dialysis
- Prevent and treat diabetes—a leading cause of ESRD
- Look to healthcare programs that do provide transportation
  - Federally Qualified Health Centers
  - Program of All-Inclusive Care for the Elderly (PACE)

CMS = The Centers for Medicare & Medicaid Services



# Are There Solutions? (8 of 8)

## Healthcare initiatives (con't):

- Share the costs of NEMT with transit agencies.
  - In some communities, Medicaid NEMT providers shift Medicaid-eligible trips to transit agencies' paratransit services.
  - Medicaid allowed to pay a negotiated rate for NEMT trips on public transit.
- Dialysis providers can now fund and provide patient transportation—Revisions to the Safe Harbors Under the Anti-Kickback Statute
  - This will save federal healthcare dollars for ESRD patients, as *“dialysis patients are a population that has been identified as contributing to the increasing costs of nonemergency ambulance transportation and would benefit from local transportation furnished by providers.”*

NEMT = Non-Emergency Medical Transportation





# Questions?

## TCRP Research Report 203

### *Dialysis Transportation:*

### *The Intersection of Transportation and Healthcare*

<https://nap.nationalacademies.org/catalog/25385/dialysis-transportation-the-intersection-of-transportation-and-healthcare>

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# NCC Resources

## Key Strategies for Collaboration between Dialysis Facilities and Transportation Providers

### Importance of Transportation

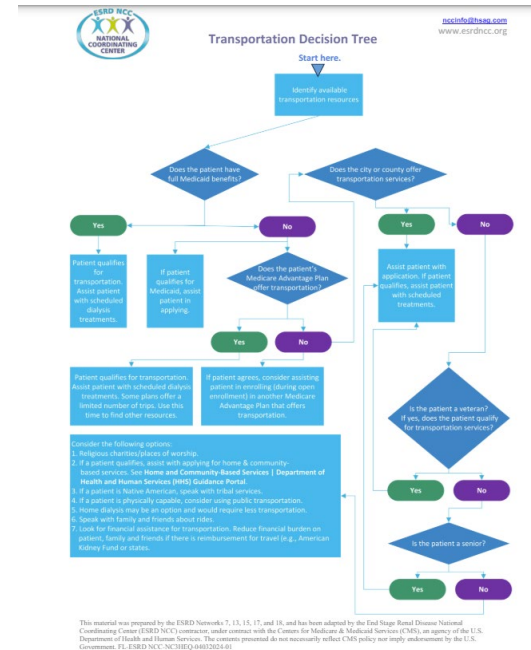
**Reliable transportation** is crucial for dialysis patients to access treatments regularly and maintain their health. It is essential to establish **effective communication** and **collaboration** between dialysis facilities and transportation providers to address transportation challenges and ensure patients receive appropriate care.

### Key Strategies:

Identify Transportation Needs Early	Engage Patients Effectively	Enhance Training and Foster Collaboration
<ul style="list-style-type: none"> <li>Start screening for transportation needs in the initial assessment.</li> <li>Check for any notes in the patient's file that may reflect transportation needs if the patient has been referred.</li> </ul>	<ul style="list-style-type: none"> <li>Regularly check in with patients about how their transportation experience was and about any challenges and barriers to transportation.</li> <li>Educate patients about why their chair time might depend on their transportation.</li> </ul>	<ul style="list-style-type: none"> <li>Train transportation providers on the importance of timely dialysis treatments and the specific needs of patients.</li> <li>Help transportation schedulers understand the geography of the patient population.</li> <li>Work with transportation schedulers to optimize routes and decrease patient wait times.</li> </ul>

Collaborate with Transportation Companies	Assess Resource Availability
<ul style="list-style-type: none"> <li>Maintain regular and frequent communication with transportation supervisors.</li> <li>Ask transportation companies about any challenges they may have that are impacting service.</li> <li>Work with the state organization that organizes transportation to help work out issues.</li> <li>As soon as an issue arises, contact the transportation company. If needed, set up weekly meetings until the issue is resolved.</li> </ul>	<ul style="list-style-type: none"> <li>Find out what insurance options the patient may have, limited or unlimited. If transportation is available through insurance, create a standing order.</li> <li>Identify what public transportation options are available locally.</li> <li>Reach out to community resources, such as senior centers or tribal centers.</li> <li>See if the patient qualifies for any mileage or gas reimbursement if they can transport themselves.</li> <li>If possible, avoid reliance on family or caregivers.</li> </ul>

Connect With the ESRD NCC  
For more information on transportation and health equity visit the [ESRD NCC webpage](https://www.esrdncc.org) or contact us at [NCCInfo@hsag.com](mailto:NCCInfo@hsag.com).

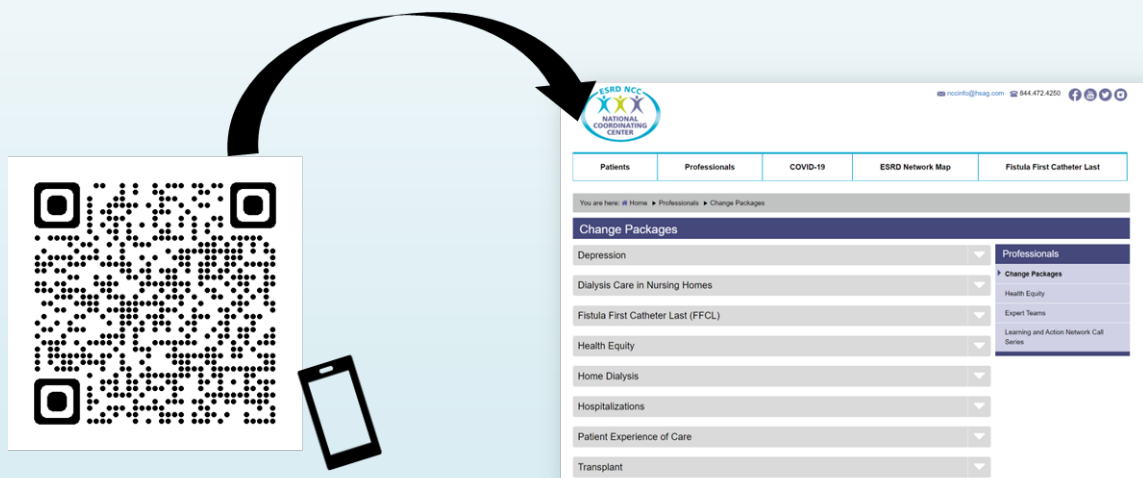


# Moving from Learning to Action

Share best practices from this presentation with your colleagues.

Use the ESRD NCC Changes Packages to improve patient outcomes and overall patient experience of care.

*Please complete the post-event survey.*



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## Thank you!



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