



Florida Department of Transportation Research

Impacts of Dialysis Transportation on Florida's Coordinated Public Transportation Programs

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The impact of increasing demand for dialysis treatment on publically funded, non-Medicaid-sponsored medical transportation services has not been widely studied.

The National Kidney Foundation reports that 26 million American adults have chronic kidney disease (CKD), and millions more are at increased risk for the disease. CKD stage five, end-stage renal disease (ESRD), requires dialysis treatment or kidney transplant. At the end of 2011, 615,899 dialysis and transplant patients were receiving treatment for ESRD, a 3.2 percent increase from 2010 (U.S. Renal Data System).

In-home dialysis is available, but in-center treatment is more common, typically at least three visits a week, translating to twenty-four unlinked or one-way trips per patient per month.

Florida's coordinated network of public transit operators and human service transportation agencies provide demand-response trips for dialysis for those unable to transport themselves, utilize fixed-route public transit, or purchase private transportation. Florida Statute 427.011 defines this population as "transportation disadvantaged" (TD), and the coordinated transportation network was created to help this group access health care, employment, education, shopping, social activities, and other life-sustaining activities.

As a part of local/state-funded transportation services, TD transportation is managed by a community transportation coordinator (CTC), typically a local public transit or non-profit agency. The Florida Commission for the Transportation Disadvantaged annually collects local transportation operating data and trip

purpose information from the CTCs by county or region; however, specific type of medical trip is not currently a reporting requirement.

University of South Florida researchers collected quantitative and qualitative data from CTCs in Florida with four goals: (1) document supply of and demand for dialysis treatment transportation; (2) quantify the impact of trips to dialysis treatment on local transportation agency finance and operations; (3) determine if population size or urban characteristics affect these impacts; and (4) illustrate how public transit and human service transportation agencies are addressing increasing dialysis transportation needs in their communities.

The researchers completed a literature review that identified reports, studies, and papers addressing the current status of dialysis treatment transportation and related funding issues. Based upon the review, an online survey was designed and distributed to all CTCs in Florida. In addition, the researchers conducted in-person interviews with key staff at selected CTCs providing transportation services in rural, small urban, and large urban areas.

Results of this effort showed that tracking and reporting the number of all publically funded dialysis related trips would be beneficial at both the state and local level, and additional in-depth research and analysis was recommended.

Better understanding the relationship between trends in ESRD incidence and future demand for dialysis-related transportation will enable transportation providers and funding agencies to better predict and anticipate budget and operational needs for long-range service planning.



Medical transport services are being increasingly strained by the growing number of dialysis patients.