



Final Report

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

April 2014
BDK85-977-46

PREPARED FOR
Florida Department of Transportation



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

Final Report

Prepared for



Florida Department of Transportation

605 Suwannee Street, MS 30
Tallahassee, Florida 32399-0450

Project Manager:

Jayne Pietrowski

Prepared by:

Michael J. Audino and Jay A. Goodwill



National Center for Transit Research

Center for Urban Transportation Research (CUTR)
University of South Florida
4202 East Fowler Avenue, CUT100
Tampa, Florida 33620-5375

April 2014

BDK85-977-46

Disclaimer

The contents of this report reflect the views of the authors, who are responsible for the facts and the accuracy of the information presented herein. This document is disseminated under the sponsorship of the Department of Transportation University Transportation Centers Program and the Florida Department of Transportation, in the interest of information exchange. The U.S. Government and the Florida Department of Transportation assume no liability for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the State of Florida Department of Transportation.

Metric Conversion

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liters	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	$\frac{5}{9}(F-32)$ or $\frac{5}{9}(F-32)+1.8$	Celsius	°C

Technical Documentation Page

1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle Impacts of Dialysis Transportation on Florida's Coordinated Public Transportation Programs		5. Report Date April 2014	
		6. Performing Organization Code	
7. Author(s) Michael J. Audino and Jay A. Goodwill		8. Performing Organization Report No.	
9. Performing Organization Name and Address National Center for Transit Research, Center for Urban Transportation Research University of South Florida 4202 East Fowler Avenue, CUT100, Tampa, FL 33620-5375		10. Work Unit No. (TRAIS)	
		11. Contract or Grant No. FDOT BDK85-977-46	
12. Sponsoring Agency Name and Address Research Center Florida Department of Transportation 605 Suwannee Street, MS 30 Tallahassee, Florida 32399-0450 Research and Innovative Technology Administration U.S. Department of Transportation Mail Code RDT-30 1200 New Jersey Ave, SE, Room E33 Washington, D.C. 20590-0001		13. Type of Report and Period Covered Final Report - October 2012 – April 2014	
		14. Sponsoring Agency Code	
15. Supplementary Notes			
16. Abstract The National Center for Transit Research (NCTR) at the University of South Florida (USF) collected quantitative and qualitative data from Community Transportation Coordinators (CTCs) throughout Florida. An online survey and a series of personal interviews provided insight into the following issues: <ul style="list-style-type: none"> • How the supply of and demand for dialysis transportation has changed over the past 5 years. • How the increase in dialysis trips is impacting the operations and financial condition of CTCs. • How the impacts of dialysis trips differ among rural-oriented CTCs, urban-oriented CTCs, and urban-oriented CTCs which are part of a public transit agency. • What unique transportation services are being implemented by CTCs to meet the increasing demand for non-Medicaid- funded dialysis trips. • How CTCs are preparing for increased transportation demand associated with increased need for dialysis treatment. 			
17. Key Word dialysis, transportation, mobility, transportation disadvantaged		18. Distribution Statement	
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages 91	22. Price

Form DOT F 1700.7

Executive Summary

In 2012, Community Transportation Coordinators (CTCs) in Central and Southeast Florida suggested that the increased demand for travel to dialysis treatment had begun to negatively impact their ability to meet the transportation needs of other mobility-challenged residents of their communities.

In response to this observation, the Center for Urban Transportation Research (CUTR) at the University of South Florida (USF) undertook a multi-phased research project.

This research captured qualitative and quantitative data which produced the following answers to the research questions.

- **Research Question: How have the supply of and demand for dialysis transportation in Florida changed over the past 5 years?**

Finding: Based on data from the CTCs that responded to the survey, total one-way dialysis trips increased during the five-year period from 282,000 in fiscal year 2008 to 426,000 in fiscal year 2012. As a percentage of total trips provided by the reporting CTCs, dialysis transportation trips increased from 11.9% in FY08 to 15.6% in FY12.

- **Research Question: How are the supply of and demand for dialysis transportation expected to change during the next five years?**

Finding: Based upon the available data and the input of the CTCs surveyed and interviewed, it was not possible to answer this question.

- **Research Question: Which CTCs in Florida are expected to have the largest gap between demand for and supply of dialysis transportation service?**

Finding: Based upon the available data and the input of the CTCs surveyed and interviewed, it was not possible to answer this question.

- **Research Question: How are dialysis trips impacting the operations and financial condition of CTCs?**

Finding: 77 percent of CTCs that responded to the survey indicated they were able to accommodate all dialysis trip requests. Among the primary barriers for not being able to fulfill all of the dialysis trip requests, the primary factors provided were that the requested trips were outside the service span (i.e., hours of the day and days of the week). Insufficient funding and vehicle availability were the secondary contributing factors.

-
- **Research Question: How do the impacts of dialysis trips differ among rural-oriented CTCs, small urban-oriented CTCs, and large urban-oriented CTCs?**

Finding: One-way dialysis trips represent a larger percentage of total one-way trips for urban CTCs. In fiscal year 2012, dialysis trips represented 9.4 percent of total trips for rural CTCs, 13.2 percent for small urban CTCs and 18.1 percent for large urban CTCs. The higher percentages in the urban areas are attributed to the ability of other trip demand to be met by the fixed route and complementary ADA paratransit services available in the urban areas.

- **Research Question: What unique transportation services are being implemented by CTCs to meet the increasing demand for funded dialysis trips?**

Finding: There was one CTC serving a small urban area that has implemented a volunteer transportation service and a mileage reimbursement program to help satisfy demand for dialysis transportation.

- **Research Question: How are CTCs preparing for increased transportation demand associated with increased need for dialysis treatment?**

Finding: The research did not uncover any specific future plans, but did document several “best practices” for the management of dialysis trips. These findings are summarized in Chapters 4 and 5.

The research began with a comprehensive literature review which identified reports, studies, and research papers which address the issues of dialysis transportation, Medicaid funding for dialysis patients, and the unique funding of dialysis transportation. The results of the literature review served as the starting point for the research.

Based upon the findings of the literature review, CUTR designed and distributed an electronic survey instrument to all CTCs in Florida. The survey instrument captured both qualitative and quantitative data that identified those CTCs experiencing challenges in accommodating demand for dialysis transportation, and quantified the unfulfilled demand for dialysis transportation at both the individual CTC and state level.

CUTR followed up with transit agencies telephonically and through email to encourage the completion of the survey, clarify responses, and ensure quality control and consistency of the responses.

Based upon the findings of the literature review, the survey, and the historical data trends, CUTR selected CTCs with which to conduct in-depth, face-to-face interviews. These

interviews assessed how CTCs are attempting to satisfy the demand for dialysis transportation, identified unique challenges CTCs are facing regarding dialysis transportation, and uncovered unique solutions to the dialysis transportation problem.

Analysis of the quantitative data revealed the following findings and observations:

- Dialysis trips as a percentage of total one-way trips provided by reporting CTCs were 11.9 percent in fiscal year 2008, 13.9 percent in fiscal year 2009, 14.8 percent in fiscal year 2010, 14.4 percent in fiscal year 2011, and 15.6 percent in fiscal year 2012.
- The percentage of dialysis trips to total trips provided by CTCs responding to the survey ranged from 3 percent to 34 percent, with an average among the respondents of 13 percent.
- The percentage of dialysis trips to total trips for each of the CTCs responding generally appeared constant over the past five-year period.
- Seventy-seven percent of the CTCs reported they have been able to accommodate all requests for dialysis-related travel requests.

Analysis of both the qualitative and quantitative data revealed the following general observations:

- Eight CTCs - 1 rural, 2 small urban, 5 urban - indicated that the increase and demand for dialysis transportation had a negative impact on their operations.
- Eight CTCs reported that the increase in the number of trips provided to dialysis treatment patients had prevented them from satisfying trip requests from other customers.
- Approximately one-third of the CTCs reported positive working relationships with local dialysis treatment facilities.
- One CTC utilizes both volunteer drivers and a mileage reimbursement program (alternative transportation delivery tactics) to help satisfy demand for dialysis transportation.
- The CTCs serving larger metropolitan areas have access to financial resources that allow them to meet an increase in demand for dialysis transportation.
- No CTCs forecast future demand for dialysis transportation.
- Not all CTCs separate dialysis transportation trips from general medical trips.

-
- Requests for transportation service during hours or on days that CTCs do not operate are the primary reasons for not accommodating all dialysis trip requests.
 - 100 percent of CTCs make dialysis transportation and other medical-related trips their number one priority.
 - Every CTC interviewed was aware of and sensitive to the challenges of dialysis treatment return trips.
 - Three CTCs indicated the need for dedicated funding for dialysis transportation.
 - CTCs may want to explore opportunities for dialysis treatment facilities to pay for dialysis transportation.
 - One CTC reported that “no-shows” create operational and financial challenges.

Input gathered from the personal interviews conducted during the data collection phase of the research identified several “best practices” among Florida’s CTCs, as described below.

- Designating a staff person to represent the CTC in interactions with dialysis treatment facilities. This staff person is responsible for conducting regular and frequent (often monthly) meetings with treatment center personnel, identifying issues and challenges that may be inhibiting the effective delivery of dialysis patients, working collaboratively to solve problems, and ensuring that effective communication exists between the CTC and the dialysis treatment facilities.
- Recognizing that improved communications and relations between CTCs and dialysis treatment centers are a function of:
 - the willingness of some treatment centers to adjust chair times to accommodate the needs of the CTC;
 - a collaborative approach to chair time and transportation scheduling; and
 - the willingness of dialysis treatment facilities to provide treatment time priority to CTC customers.
- Identifying dialysis patients who reside within a common geographic trip origination zone and transporting them using a single vehicle. Whenever possible, maximize multi-loading.
- Assigning the same driver to the same patient as frequently as possible. The dialysis process can be an extremely tiring occurrence for patients. To help ease both the physical and emotional discomfort of dialysis treatment, several CTCs attempt to provide the same driver for the same patient.

-
- Implementing a “counseling” program to help better inform and educate patients and family members about the operational and financial impacts to the system when patients fail to cancel if they are unable to make the scheduled trip, resulting in a “no-show.”

Table of Contents

Disclaimer	iii
Metric Conversion.....	iv
Technical Documentation Page.....	v
Executive Summary.....	vi
List of Figures.....	xii
List of Tables	xii
Chapter 1: Overview.....	1
State of the Problem.....	1
Chronic Kidney Disease	1
Treatment Options	1
Relationship of Treatment and Transportation	3
The Florida Context	5
Chapter 2: Survey of Florida Community Transportation Coordinators.....	8
Survey Background	8
Survey Results.....	11
Survey Highlights.....	19
Chapter 3: Interview with Florida Community Transportation Coordinators.....	21
Interview Background.....	21
Interview Process.....	24
Findings from Personal Interviews	24
Chapter 4: Observations and Findings.....	27
Research Objectives and Findings.....	27
Observations Regarding Demand	29
Observations Regarding Scheduling.....	29
Chapter 5: Best Practices and Recommendations	31
Appendix A: Survey Questionnaire	32
Appendix B: Project Advisory Committee Members	36
Appendix C: Total Trips and Dialysis Trips Summaries	38
Appendix D: Response to Open-Ended Questions	62
Appendix E: Personal Interviews Summaries	72

List of Figures

Figure 1-1: Florida Counties by Population Size..... 7

Figure 2-1: Florida Counties Responding to Survey..... 10

Figure 2-2: Annual One-Way Dialysis Trips 11

Figure 2-3: Total Annual Trips..... 12

Figure 2-4: Dialysis Trips as a Percent of Total Trips 13

Figure 2-5: Dialysis Trips as a Percent of Total Trips – Rural Systems 14

Figure 2-6: Dialysis Trips as a Percent of Total Trips – Small Urban Systems 14

Figure 2-7: Dialysis Trips as a Percent of Total Trips – Large Urban Systems 15

Figure 2-8: Ability to Satisfy Demand for Dialysis Trips 17

Figure 2-9: Primary Barriers to Fulfilling Dialysis Trip Requests 18

Figure 2-10: Ability to Cross County Lines for Dialysis Trips..... 19

Figure 3-1: Florida Counties/CTCs Interviewed..... 23

List of Tables

Table 2-1: Florida Counties Represented by Survey Process 9

Table 2-2: Total CTC Trips Versus Dialysis Trips – FY08-FY12 16

Table 3-1: Counties Represented by Interview Process 22

Chapter 1 Overview

State of the Problem

According to the National Kidney Foundation, 26 million Americans suffer from Chronic Kidney Disease (CKD)¹ — a more than 20 percent increase since 1994. Additionally, more than half a million Americans suffer from End Stage Renal Disease (ESRD), the vast majority of whom require dialysis treatments to stay alive.

In the past 30 years, demand for ESRD treatment has increased by more than 900 percent. Dale J. Marsico, Executive Director of the Community Transportation Association of America, states, “The dialysis transportation issue, because of the life-or-death nature of the service and the overwhelming demand, is the logical place to first focus when considering the role of community and public transit in health care provision and transportation.”²

Chronic Kidney Disease

CKD is a silent condition, and there are no symptoms until the latter stages of the disease. Approximately 31 million American adults have the disease and another 20 million are thought to be at risk. The complications of chronic kidney disease, are cardiovascular disease, kidney failure, and death. Treatment can slow progression of the disease, address complications of the disease, and replace lost kidney functions. Dialysis or kidney transplantation are the only treatments.

The American Kidney Foundation estimates 100,000 people in the United States begin dialysis each year, and approximately 70,000 dialysis patients die annually.³ Currently, there is no cure for chronic kidney disease.³

Treatment Options

Hemodialysis treatment is the most common form of dialysis. While other forms of dialysis treatment are available and hemodialysis can be performed in a patient’s home, 93 percent of dialysis patients in the United States are treated in dialysis centers.⁴

¹ The term “chronic kidney disease” can refer to many kinds of diseases. CKD is lasting damage to the kidneys that can get worse over time. If damage is significant, kidneys may stop functioning. If the kidneys fail to perform, patients need dialysis or a kidney transplant in order to live. CKD can be caused by many different diseases; the most common causes are diabetes and high blood pressure.

² Bogren, Scott (2011) *The Dialysis Report: Transportation Demand Outstrips Supply*, Community Transportation: Fall/Winter, Community Transportation Association of America, Washington, D.C.

³ Quinn, Maureen Hensley, (2004), *Trends in Healthcare Impact Trends in Medical Transportation*, Community Transportation, Community Transportation Association, Washington, D.C.

⁴ Burkhardt, John, and Rocco, Michael, (1993) *Prevalence of Missed Treatments and Early Sign-Offs in Hemodialysis Patients*, Journal of the American Society of Nephrology, Volume 4, Number 5, Washington, D.C.

Another form of dialysis is peritoneal dialysis, which may also be performed at a patient's home. This procedure cleans the blood inside the patient's body, using the peritoneum (membrane lining the wall of the abdomen) as a filter. Approximately 7 percent of the dialysis population in the United States uses this modality.

From the patient's perspective, the dialysis process can be an extremely tiring occurrence and can produce side effects including nausea, infection, and bleeding. A dialysis patient's condition lessens the blood's ability to clot and presents unique challenges for public transportation providers. And, while a dialysis patient may be able to utilize public transportation for the trip to the dialysis center, the physical toll on that patient caused by the dialysis treatment process typically requires more personalized transportation options.

The Community Transportation Association of America (CTAA) reports that dialysis treatment is most often performed on a thrice-weekly basis and, typically, patients on a Monday-Wednesday-Friday schedule are more likely to be private-paid, particularly those receiving their dialysis in the middle of the day. Conversely, the CTAA report suggests Tuesday-Thursday-Saturday patients and that early morning and later night clients are more likely to be Medicare patients. From a transportation point of view, patients on the "Tuesday-Thursday-Saturday" and patients with early morning and late evening chair times are the most difficult and costly to serve and are more likely to be dependent upon public transportation because their appointment times do not align well with the operating days/hours of many public transit operators.

Bogren suggested that increased frequency of dialysis treatments with shorter — six times a week for two-and-a-half hours — increased overall health and quality of life in patients. While increases in this trend may benefit patients, it may create additional challenges for public transportation organizations.⁵

Burkhart and Rocco find that many dialysis patients fail to complete their prescribed dialysis treatment time and occasionally may miss their dialysis treatments completely. They analyzed data from 31,212 dialysis sessions over a 12-month period and documented a total of 2,108 "early sign-offs" from dialysis treatment and 387 "failures to show."⁶

Early sign-offs from and no-shows to dialysis treatments pose a major health problem. Early sign-off from dialysis treatment occurs with approximately 33 percent of the dialysis population.⁷ Approximately 55 percent of those early sign-offs from dialysis treatment were

⁵ Bogren, Scott, (2011) *The Dialysis Report: Transportation Demand Outstrips Supply*, Community Transportation: Fall/Winter 2011, Community Transportation Association of America, Washington, D.C.

⁶ Burkhart, John, and Rocco, Michael, (1993) *Prevalence of Missed Treatments and Early Sign-Offs in Hemodialysis Patients*, Journal of the American Society of Nephrology, Volume 4, Number 5, Washington, D.C.

⁷ Ibid.

due to medically related problems. For these patients, the most common reason for ending a dialysis treatment session early were cramping (17.9%), followed by “feels bad or sick” (14.2%). Most of the remaining early sign-offs occurred because of either personal obligations or noncompliance with the dialysis. For these individuals, personal business or errands were indicated by 12.1 percent of patients, lack of transportation later in the day by 7.7 percent, and refusal to comply with the prescribed treatment time by 6.4 percent of patients.⁸

McCann and Nichols reported that many dialysis treatment patients have multiple medical issues which complicate transportation. Their research revealed:

- Thirty-seven percent of dialysis patients use a wheelchair or a walker, compared with 13 % for other riders.
- Fifty percent of dialysis patients require some type of mobility device.
- At least 50% of dialysis patients are physically unable to drive themselves, have no family members, volunteer group to provide transportation, or are unable to take fixed-route public transit.⁹

Relationship of Treatment and Transportation

Quinn concluded the on-going and continuous nature of treatment for chronic diseases “is the crux of the transportation challenge.”¹⁰For community and public transit operators, dialysis treatment trips are a mounting challenge. Demand for dialysis transportation is increasing at the same time payment mechanisms are dwindling. Additionally, dialysis trips can be lengthy and time consuming (some often taking up to 4 hours), and the regular and consistent need for dialysis treatment requires similar consistency in transportation access.

Many dialysis treatment facilities have hours of operation that make family-based transportation a challenge and the effects of dialysis treatment make self-transportation a problem.

Even with an increase in the number of dialysis treatment facilities, travel distance to/from dialysis treatment centers is the biggest problem for both patients and public transportation providers in rural areas. The high incidence of unemployment among dialysis patients translates into lower incomes and greater difficulty in paying for transportation services to and from dialysis treatment. Burton noted that 25 percent of dialysis patients live in rural areas and that only 19 percent of dialysis patients age 18—54 are employed.¹¹

⁸ Ibid.

⁹ McCann, Jessica, and Nichols, Jordan (2005), *Medical Transportation Toolkit and Best Practices*, Community Transportation Association of America, Washington, D.C.

¹⁰ Quinn, Maureen Hensley, (2004), *Trends in Healthcare Impact Trends in Medical Transportation*, Community Transportation, Community Transportation Association, Washington, D.C.

¹¹ Burton, LaVarne A., (2009), *Barriers to Care and Employment Facing Rural Dialysis Patients*, American Kidney Fund, Rockville, Maryland

Bogren suggests Medicare policy exacerbates the dialysis transportation challenge because the majority of dialysis patients are covered by Medicare, which — unlike Medicaid — does not offer non-emergency transportation as a benefit. Subsequently, many transit operators struggle to continuously add new dialysis patients to their transit schedule who may not have the ability to pay for their trips.

Bogren also suggests that public transportation is being overwhelmed by the swiftly growing dialysis transportation demand. Medicare will only reimburse for emergency transportation services (ambulances) and not for non-emergency dialysis transportation. The key solution for public transportation is to develop a funding mechanism for dialysis transportation in Medicare.

Bogren identified another key issue that some transit managers have identified—some privately owned and operated dialysis centers seem to believe there is a statutory rule that prohibits them from actually paying a portion of the transportation costs to get their patients to their facilities.

McCann and Nichols clarified that Section 1128(b) of the Social Security Act prohibits a medical facility from paying anything of value to a Medicaid or Medicare beneficiary. However, the US Department of Transportation has determined that dialysis facilities could help pay for transportation of their clients and be in compliance with the Section 1128(b).

McCann and Nichols affirm the notion that dialysis patients, transportation providers, and dialysis treatment facilities all have a vested interest in solving the transportation challenges and offer a list of potential “solutions.”⁵

- Dialysis treatment facilities can acknowledge that transportation to/from treatment is a critical component of treatment plan
- Individualized transportation planning – with social worker involvement – is necessary
- Dialysis facilities can coordinate scheduling
- Dialysis facilities can take patient location into consideration when locating new facilities
- Transportation providers can group riders
- Transportation providers may place geographic/zonal restrictions on where they transport patients and may impose an additional fare for service beyond certain zones

-
- Dialysis centers can help patients locate other forms of transportation
 - Transportation providers should work cooperatively with dialysis treatment centers¹²

The McCann report further affirms that Medicare Part B allows transportation but only in ambulances. The report suggests that Medicare's insistence on the use of ambulances and emergency care may be creating overcrowding in emergency rooms and driving up medical costs. This report acknowledges that ambulance transportation is much more expensive than public transportation and that Medicare should consider the cost of public transit as a reimbursable expense.

The Florida Context

The Florida Commission for the Transportation Disadvantaged (CTD) is an independent state agency serving as the policy development and implementation agency for Florida's Transportation Disadvantaged Program. The Commission is administratively housed within the Florida Department of Transportation. The CTD mission is: "To ensure the availability of efficient, cost-effective and quality transportation services for transportation disadvantaged persons."

The Florida CTD is charged with serving the mobility needs of the TD population, which includes "those persons who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation and are, therefore, dependent on others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities or children who are handicapped or high-risk or at-risk as defined in s. 411.202, Florida Statutes" (Chapter 427, Florida Statutes).

Florida's TD program was created in 1979 and reenacted in 1989. The 1989 act created the Florida Transportation Disadvantaged Commission (currently the Florida Commission for the Transportation Disadvantaged) and enhanced local participation in the planning and delivery of coordinated transportation services through the creation of local coordinating boards (LCBs) and Community Transportation Coordinators (CTCs). Local planning organizations perform long-range planning, and assist the Commission and LCBs in implementing the TD program in designated service areas.

The CTCs are businesses or local public transportation providers that are responsible for providing or arranging the delivery of transportation services to the TD population within their county. The designated CTC may provide all trips as a sole source, or the CTC may provide some trips and subcontract some (partial brokerage). The CTC may also function as a complete brokerage, subcontracting all trips to approved operators.

¹² McCann, Jessica, and Nichols, Jordan (2005) *Medical Transportation Toolkit and Best Practices*, Community Transportation Association of America, Washington, D.C.

The CTD approves the CTC for each county based upon the recommendation of the local planning agency. The CTCs are responsible for the provision of transportation services to the TD population within their county.

According to the CTD's 2013 Annual Report, 658,000 Floridians consumed 49,601,883 trips on the state's coordinated transportation system. This compared with 47,720,113 trips in fiscal year 2012 and 51,144,400 trips in fiscal year 2011. Trips for medical purposes have decreased from 35.3% of the total in fiscal year 2011 to 18.2% in fiscal year 2013. Almost 35 million trips, 70 percent of all trips taken by older adults, persons with disabilities, people with low incomes and at-risk children within the Coordinated System were on fixed route or deviated-fixed route systems.

For the purpose of this research, Florida's 67 counties were classified based on their populations:

- Rural (population of fewer than 25,000)
17 Counties: Baker, Bradford, Calhoun, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Holmes, Jefferson, Lafayette, Liberty, Madison, Taylor, Union and Washington
- Small Urban (population of 25,000 to 200,000)
27 Counties: Bay, Charlotte, Citrus, Clay, Columbia, DeSoto, Flagler, Gadsden, Hardee, Hendry, Hernando, Highlands, Indian River, Jackson, Levy, Martin, Monroe, Nassau, Okaloosa, Okeechobee, Putnam, St. Johns, Santa Rosa, Sumter, Suwannee, Wakulla, and Walton
- Large Urban (population of greater than 200,000)
23 Counties: Alachua, Brevard, Broward, Collier, Duval, Escambia, Hillsborough, Lake, Lee, Leon, Manatee, Marion, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, Sarasota, Seminole, and Volusia

Figure 1-1 provides a schematic of the 67 Florida counties designated as rural, small urban and large urban.

Finally, it should be noted that the focus of this research was on demand response services provided by the Florida CTCs and does not include those other paratransit trips provided by non-CTC public transit agencies and does not include trips provided under the urban transit systems complementary ADA paratransit services.

Chapter 2

Survey of Florida Community Transportation Coordinators

Based on the findings from the literature review, the Center for Urban Transportation (CUTR) at the University of South Florida designed and distributed an electronic survey to each of the CTCs providing service to Florida's 67 counties. The survey captured both quantitative and qualitative data. The survey results helped determine the significance of the increase in demand for dialysis transportation and how Florida's CTCs are responding to the increased demand for dialysis transportation in their communities.

Survey Background

The survey instrument, which is included in Appendix A, consisted of 14 questions that requested trip data and responses to several open-ended questions.

The survey was finalized in late January 2013 with the assistance of the Project Manager and some members of the Project Advisory Committee. The Project Advisory Committee was organized to provide advice and guidance to the research team, help implement research findings, and possibly review written material produced by the research team.

A list of Project Advisory Committee members is included in Appendix B.

In advance of the release of the survey, at the request of CUTR, the Executive Director of the Florida Commission for the Transportation Disadvantaged (CTD) sent an email to all of the CTCs alerting them of this project and requesting their cooperation in responding to the project survey.

The survey was distributed electronically using Survey Monkey[®] to all Florida CTCs by email on February 22, 2013. Subsequent email reminders were sent to encourage responses. The survey was closed in late April 2013.

A total of 40 CTCs responded to the survey. These 40 CTCs provide coordinated transportation services to 53 of Florida's 67 counties. The 53 counties represented by the responding CTCs are listed in Table 2-1 and depicted graphically in Figure 2-1.

**Table 2-1
Florida Counties Represented by Survey Responses**

Florida Counties Represented by Responding CTCs		
Alachua	Hardee	Monroe
Baker	Hendry	Nassau
Bradford	Hernando	Okaloosa
Calhoun	Highlands	Okeechobee
Charlotte	Hillsborough	Pasco
Citrus	Indian River	Pinellas
Clay	Jackson	Polk
Collier	Jefferson	Putnam
DeSoto	Lafayette	Santa Rosa
Dixie	Lake	Sarasota
Duval	Lee	Saint Johns
Escambia	Levy	Saint Lucie
Flagler	Liberty	Sumter
Franklin	Madison	Taylor
Gadsden	Manatee	Union
Gilchrist	Marion	Volusia
Glades	Martin	Wakulla
Gulf	Miami-Dade	

Responding CTCs were placed into 1 of 3 categories. CTCs that serve counties with fewer than 25,000 residents were classified as rural; CTCs that serve counties with populations between 25,000 and 200,000 were classified as small urban; CTCs that serve counties with populations greater than 200,000 were classified as large urban.

Of the 40 CTCs that responded to the survey, 22 CTCs (representing 33 counties) provided detailed information on total trips and dialysis trips.

Of the 33 counties represented by responding CTCs, 11 are rural, 15 are small urban, and 7 are large urban. Survey response rates are 64.7% (11 of 17) for rural counties, 55.5% (15 of 27) for small urban counties, and 30.4% (7 of 23) for large urban counties.

Survey Results

The initial questions requested participants to quantify the total number of one-way trips and the total number of one-way trips to dialysis treatment they had provided in each of the previous five fiscal years.

Figure 2-2 shows total annual one-way dialysis trips during fiscal year (FY) 2008 through FY 2012 as detailed from the 22 CTCs that responded to the survey. The data reveal an increase of approximately 150,000 trips during the five-year period. Four systems reported an increase in dialysis trips every year and 13 of the 22 systems responding reported year-to-year increases.

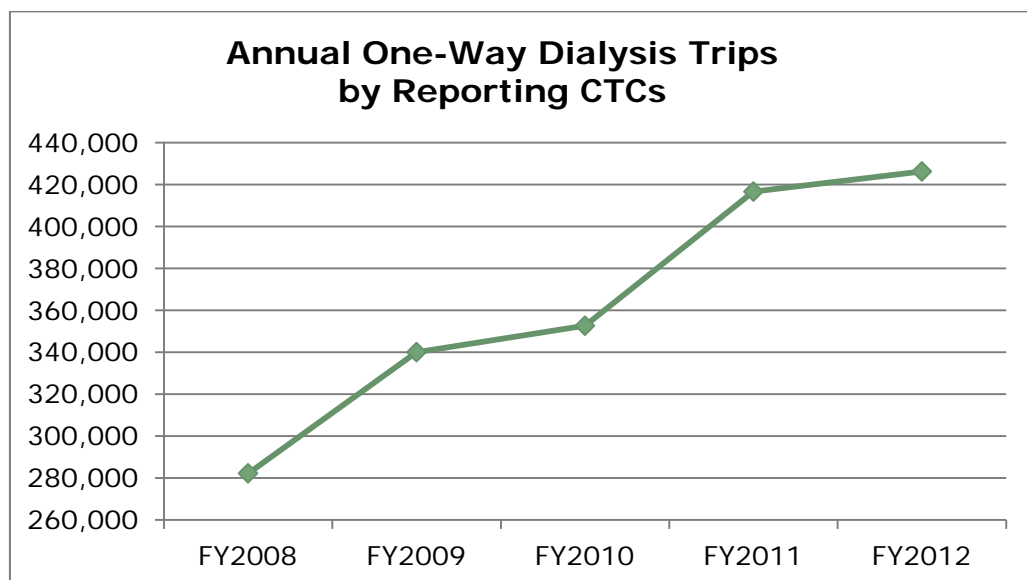


Figure 2-2
Annual One-Way Dialysis Trips

Figure 2-3 shows total annual one-way trips from the 22 CTCs (representing 33 counties) that provided detailed information during FY 2008 through FY 2012 time period. The data reveals a large fluctuation in trips from year to year. Total one way trips increased by approximately 100,000 during the five-year period.

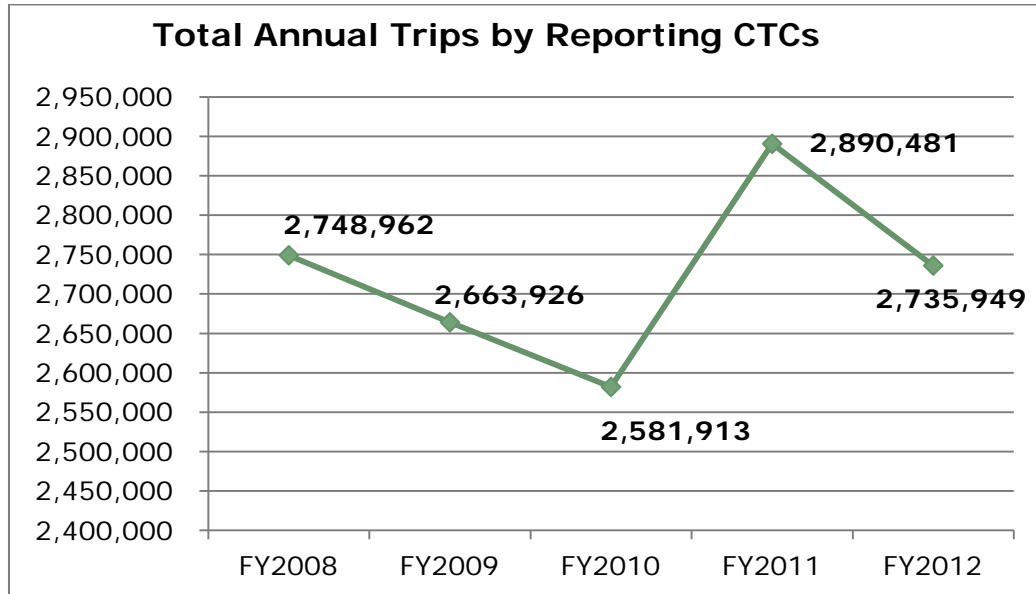


Figure 2-3
Total Annual Trips

As the number of trips provided to dialysis treatment has increased for most CTCs over the past 5 years and as total trips have remained relatively stable, dialysis transportation trips as a percentage of total trips provided has increased from 11.9% in FY08 to 15.6% in FY12. Figure 2-4 shows the change in percentages for dialysis trips for the fiscal year 2008 to 2012 time frame.

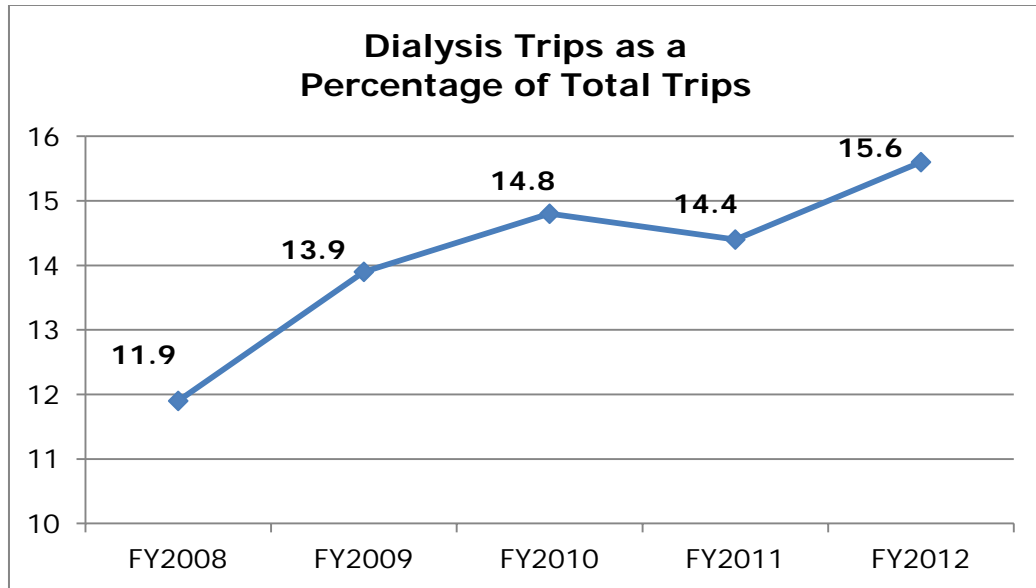


Figure 2-4
Dialysis Trips as a Percentage of Total Trips

While dialysis trips represents a larger percentage of the overall service provided by CTC's, the percentage varies greatly from rural systems to small urban systems to large urban systems.

Rural CTCs that responded to the survey experienced a decline in dialysis trips as a percentage of total trips from 10.5% to 9.4%. This decline has been consistent over the past 4 fiscal years.

Small urban CTCs that responded to the survey experienced an increase in dialysis trips as a percentage of total trips from 8.3% to 13.2%. 80% of this 5% overall increase occurred from FY08 to FY09.

CTCs from large urban areas reported an increase in dialysis trips as a percentage of total trips from 11.6% to 18.1% with percentage increases occurring in every fiscal year of the reporting period.

Figure 2-5 depicts the percentage change for rural systems; Figure 2-6 depicts the percentage change for small urban systems; and Figure 2-7 depicts the percentage change for large urban areas.

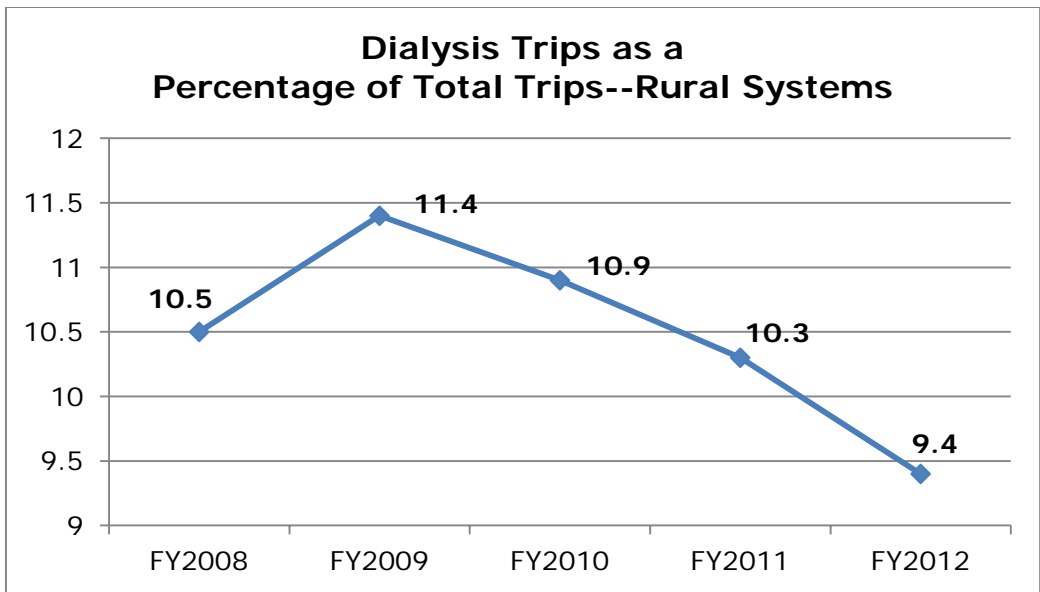


Figure 2-5
Dialysis Trips as a Percentage of Total Trips---Rural CTC's

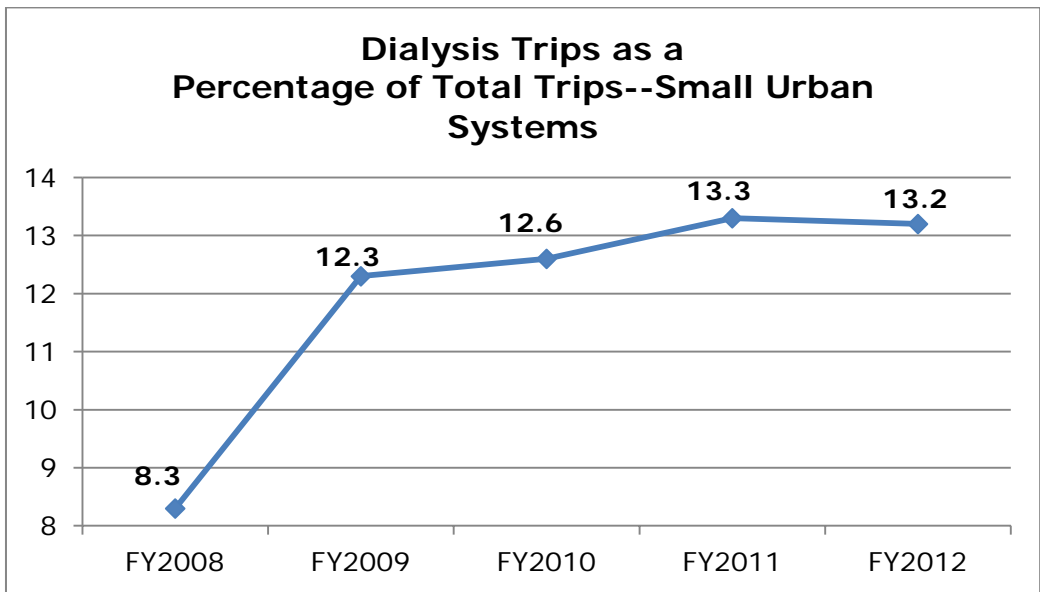


Figure 2-6
Dialysis Trips as a Percentage of Total Trips—Small Urban Systems

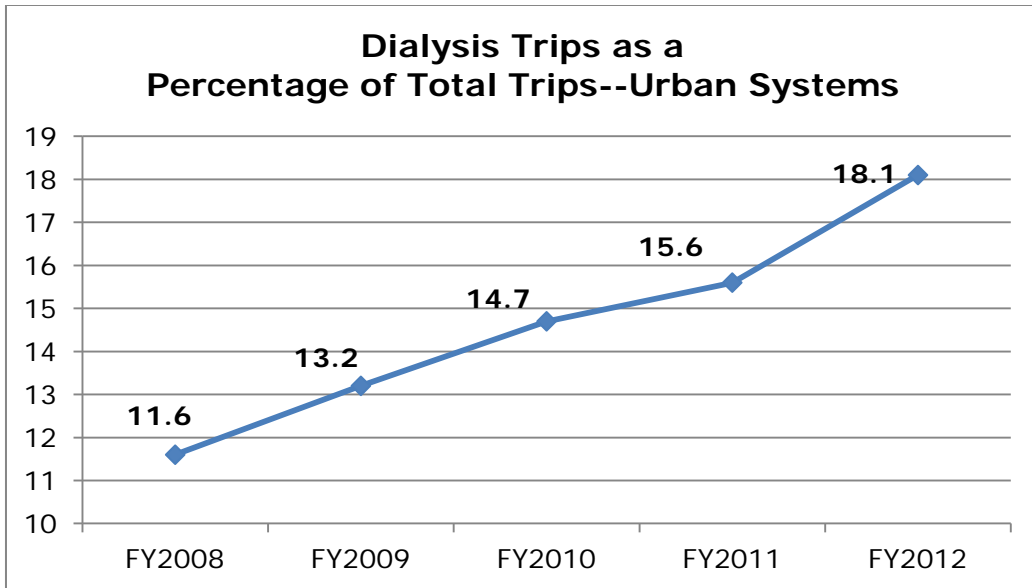


Figure 2-7
Dialysis Trips as a Percentage of Total Trips—Large Urban Systems

Table 2-2 provides the five year averages of the percentage of total trips that were dialysis trips.

Table 2-2
Total CTC Trips versus Dialysis Trips – FY08-FY12

CTC / County		Percent Dialysis Trips
1	Baker County	4%
2	Big Bend (Gadsden, Jefferson, Madison and Taylor)	9%
3	Charlotte County	3%
4	Clay County	13%
5	Collier County	18%
6	Duval County (JTA)	22%
7	Flagler County	7%
8	Good Wheels (Lee, Henry and Glades)	34%
9	Gulf County	16%
10	Hernando County	6%
11	Hillsborough County	17%
12	Jackson County	8%
13	Lake County	17%
14	Manatee County	5%
15	Martin County	3%
16	Okaloosa County	17%
17	Polk County	27%
18	Sumter County	7%
19	Suwanee River Economic Council (Bradford, Dixie, Gilchrist and Lafayette)	11%
20	Veolia (DeSoto, Hardee, Highlands and Okeechobee)	26%
21	Volusia County	10%
22	Wakulla County	6%
AVERAGE		13%

The survey queried respondents regarding their ability to satisfy demand for dialysis transportation. Figure 2-8 reveals that 77% of respondents were able to accommodate all requests for dialysis transportation.

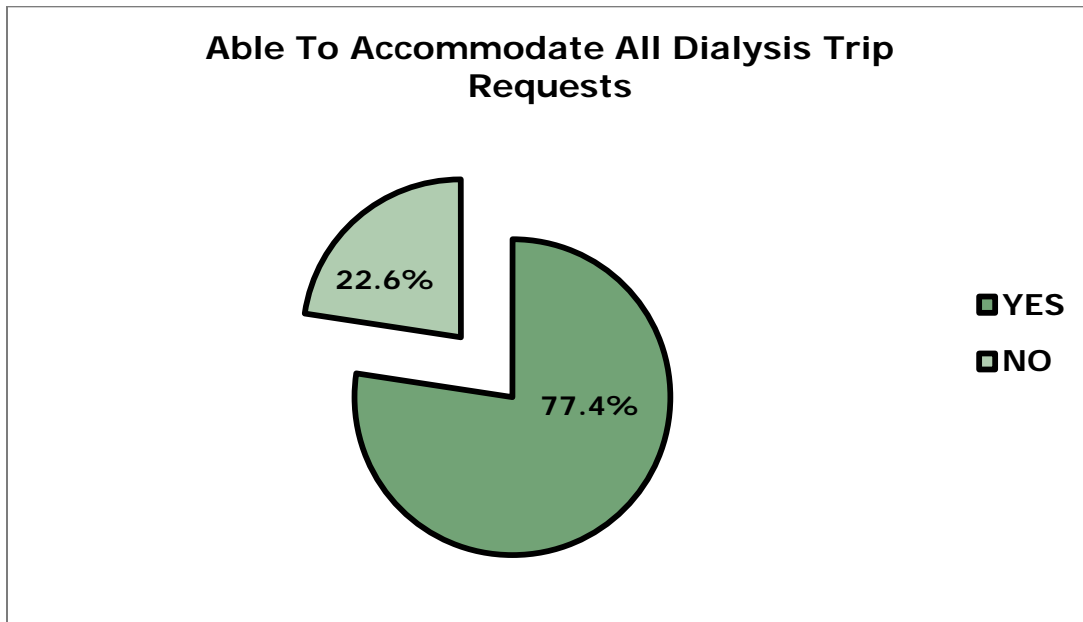
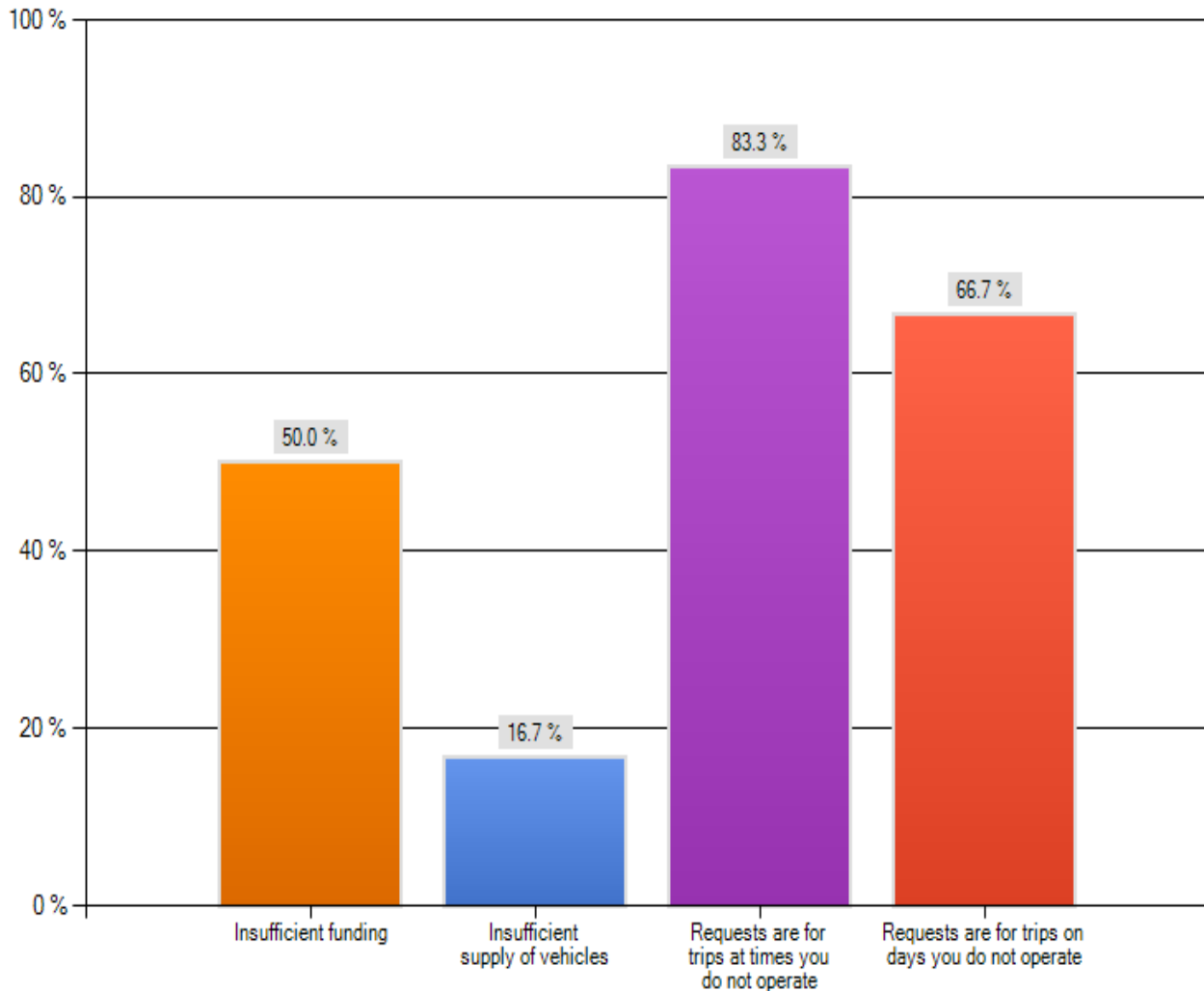


Figure 2-8
Ability to Satisfy Demand for Dialysis Trips

For the 22 percent of CTCs that were unable to accommodate all requests for dialysis transportation, a follow-up question asked for specific reasons why trip requests were not fulfilled. As shown in Figure 2-9, the primary reasons for not fulfilling trip request are a function of when the trip is desired.

If no, what are the primary barriers to fulfilling the dialysis treatment trip requests? (Select all that are applicable).



**Figure 2-9
Primary Barriers to Fulfilling Dialysis Trip Requests**

One rural CTC reported that there is no dialysis treatment center within its county and patients must travel to adjacent counties for dialysis treatment. Therefore, it is important to understand if Florida's CTCs have any restrictions regarding travel to adjacent counties. Figure 2-10 reveals that 38 percent of responding counties did not provide service to adjacent counties.

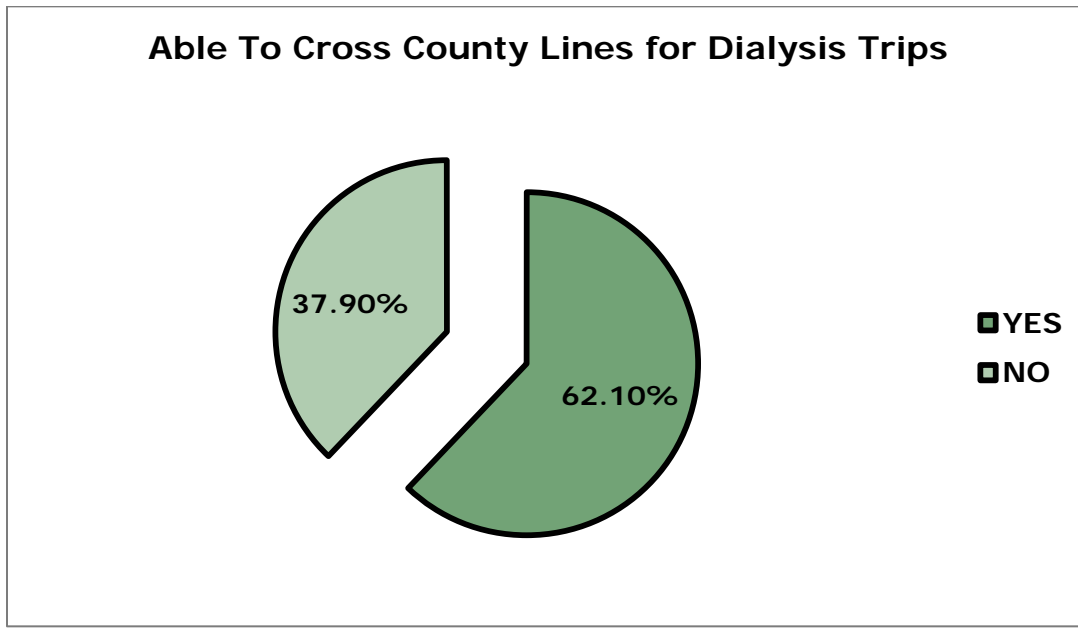


Figure 2-10
Ability to Cross County Lines for Dialysis Trips

Survey Highlights

The survey captured diverse quantitative and qualitative information from the Florida CTCs to determine their experiences in responding to the challenges in accommodating demand for dialysis transportation in their communities.

- The percentage of dialysis trips to total trips provided by CTCs responding to the survey ranged from 3 percent to 34 percent, with an average among the respondents of 13 percent
- The percentage of dialysis trips to total trips for the CTCs responding generally appeared constant over the past five-year period
- Seventy-seven percent of the CTCs reported that they have been able to accommodate all requests for dialysis related travel
- Primary barriers to satisfying dialysis trip requests included:
 - Requests outside of normal operating hours
 - Requests for days service is not provided

-
- Funding issues or limitations
 - Lack of vehicles or staffing
 - Medical and dialysis trip requests are typically provided the top priority, implying that lower priority trip requests destinations may be sacrificed due to limited trip resources
 - Communication between CTCs and dialysis treatment facilities was cited as an important item
 - CTCs listed the following as strategies for working cooperatively with the dialysis treatment facilities:
 - Establish relationships with the dialysis centers
 - Openly communicating and having dialogue with centers
 - Cooperate to set up treatment and transportation schedules
 - Give CTC customers priority in scheduling so as to maximize scheduling efficiencies
 - Group dialysis patients from common origin zones and maximize multi-loading
 - Allow patients to use the treatment facility nearest to their home
 - Potential use of volunteers to transport dialysis patients may be an option in some communities
 - Greater use of subcontracting with taxis should be considered, especially for hard to schedule trips
 - CTCs should explore extending service hours to provide improved scheduling to and from dialysis centers
 - CTCs should work closely with the local fixed route operator (if available) to explore the feasibility of using the fixed route services for dialysis passenger travel needs
 - Due to the need to provide dialysis treatments 2 to 3 times per week, transporting passengers to dialysis treatment account for a high number of system trips and therefore account for a significant budgetary impact
 - CTCs reported that TD funding was the primary source for funding the non-Medicaid dialysis patient trips
 - Rural CTCs reported cross county boundary dialysis trips were common and, due to time and distance, resulted in high per trip costs

Chapter 3

Interviews with Florida Community Transportation Coordinators

The second element of the outreach effort involved personal interviews with select CTCs throughout Florida.

The personal interviews provide a better understanding of how Florida's CTCs are attempting to satisfy the demand for dialysis transportation, identify unique challenges these entities are facing regarding dialysis transportation, and uncover unique solutions to the dialysis transportation problem.

Interview Background

Based upon the findings of the literature review, the online survey, and the historical data trends, CUTR identified 19 CTCs with whom to conduct in-depth, personal interviews. These 19 CTCs represented 33 counties. Of these 33 counties, 10 are rural in nature, 11 are considered small urban areas, and 12 are categorized as large urban areas. The CTCs selected for interviews represent six of the seven FDOT districts.

Following approval of the list by the FDOT project manager, CUTR researchers initiated efforts to contact each selected CTC. Telephone calls were placed to each CTC, and follow-up emails were also transmitted. The purpose of the personal contacts was to identify a date and time when the CTC representative could be interviewed by a CUTR researcher.

CUTR researchers were able to contact 17 of the 19 selected CTCs, which represented 29 of the 33 counties. In-person interviews were completed with representatives of the Suwannee Valley Transit Authority, the Sumter County CTC, and the Hillsborough County CTC. All remaining interviews were conducted telephonically. All interviews were conducted between July 12, 2013, and September 12, 2013.

The 33 counties represented by the interviewed CTCs are listed in Table 3-1 and depicted graphically in Figure 3-1

**Table 3-1
Counties Represented By Interviews**

RURAL	SMALL URBAN	LARGE URBAN
Bradford	Clay	Broward
Dixie	Columbia	Collier
Gilchrist	DeSoto	Duval
Glades	Gadsden	Hillsborough
Gulf Coast	Hardee	Lee
Hamilton	Hendry	Lake
Jefferson	Highlands	Manatee
Lafayette	Martin	Orange
Madison	Okeechobee	Osceola
Taylor	Putnam	Palm Beach
	Suwannee	Seminole
		Volusia

Interview Process

Whether in-person or telephonic, each interview began with the CUTR researcher providing an overview of the research project, a summary of the research objectives, and an explanation that the personal interviews were designed to gather information and insights not attainable via the on-line survey.

Each interview began with a variation of the open-ended statement “Help me understand how big of an issue dialysis transportation is to you and your CTC.” Specific follow-up questions varied based on how the interviewee responded to the initial question. The time necessary to complete each interview varied by respondent; the briefest interview lasted 10 minutes and the lengthiest interview lasted approximately 75 minutes. A summary of each interview is included in Appendix E.

Findings from Personal Interviews

CUTR researchers performed a content analysis of the 17 interview summaries. Following is a summary of the findings from the analysis.

There is not broad consensus regarding the degree to which dialysis transportation is a problem.

Every interviewee indicated that demand for dialysis transportation was increasing within their service territory; although very few were able to quantify the increase. Additionally, no interviewee indicated that they had a process in place to forecast future demand for dialysis transportation. Most interviewees -regardless of system size – indicated that dialysis transportation did not present any unique operational challenges. The increased demand is placing strains on the financial conditions of many interviewees and dialysis transportation presents some unique operational challenges (i.e. patients not being physically able to travel immediately following dialysis treatment) for agencies. As one interviewee stated, “dialysis transportation is a challenge and we deal with it.”

The increase in demand for dialysis transportation has negatively impacted the ability of some CTCs to satisfy demand for other trips.

It was found that 68.2% of interviewees indicated an increase in the number of trips provided to dialysis patients. This increase in demand for dialysis trips has occurred without an increase in the resources to pay for the additional trips. Eight of the CTC’s interviewed have found it necessary to reduce the number of trips provided to customers with needs other than dialysis treatment. This finding is based almost solely on qualitative information since no system interviewed maintained a data base of unfilled trips.

Relationships with dialysis treatment centers vary greatly.

The quality of the relationship between personnel from the transit systems and personnel from dialysis treatment facilities vary greatly. Generally speaking, interviewees revealed that more positive relationships produced fewer complaints from patients and treatment

centers. Additionally, more positive relationships produced fewer operational problems. This finding may help explain why each of the urban CTCs interviewed dedicates staff to meet with dialysis treatment facilities on a regular basis. Conversely, a small number of interviewees reported less than satisfactory relationships with dialysis treatment centers.

Financial contributions from dialysis treatment centers are an opportunity.

When asked if dialysis treatment centers had been asked to help defray the cost of transporting patients, only two interviewees responded affirmatively. However, every interviewee identified financial contributions from dialysis treatment facilities as an immediate opportunity.

A majority of CTCs prioritize trips to accommodate demand for dialysis trips.

Findings from the personal interviews supported the observation (documented previously in this section of this report) that CTCs make medical and dialysis trip requests the priority. Interviewees definitely recognized the life-and-death nature of dialysis transportation and occasionally sacrificed fulfillment of other trip requests in order to satisfy demand for dialysis transportation.

Very few CTCs utilize volunteers, vouchers, or mileage reimbursement to help accommodate demand.

One interviewee indicated that volunteer transportation was a technique utilized to meet the demand for dialysis transportation. The same interviewee had also implemented a mileage reimbursement system and a limited voucher program to help satisfy increased demand for transportation. Interestingly, this same interviewee indicated an inability to satisfy the demand for dialysis transportation. No other interviewee had implemented a volunteer transportation program, a transportation voucher program, or a mileage reimbursement system.

Dialysis treatment centers need to help pay for transportation service.

Twelve CTCs voluntarily offered the opinion that dialysis treatment facilities should help pay for the cost of dialysis transportation. The sentiment among interviewees is that dialysis treatment facilities are “for-profit” entities which are deriving financial benefit from the service provided by CTCs and, therefore, have a vested interest and perhaps a business responsibility to pay for or provide some financial support for the services.

No activity to predict or quantify demand.

No interviewees identified any planning efforts to help quantify projected demand for dialysis transportation.

Rural Systems

One rural CTC suggested that dialysis transportation consumers in rural areas may be more tolerant than their urban counterparts of CTC operational challenges such as longer trip distances and longer wait times for pick-up following treatment..

One rural county reported having no dialysis treatment facility within the county so patients requiring dialysis treatment must be transported to a neighboring county. This situation actually adds value to non-dialysis passengers because the CTC operates more trips to adjacent counties than they would if there were not demand for dialysis transportation and non-dialysis passengers are able to ride.

Large Urban Systems

Two interviewees from Florida's large urban areas suggested the larger CTCs were in a much better financial position to pay for any increase in demand for dialysis transportation. No large urban CTC interviewee identified money as a problem.

Dialysis "no-shows" can be a problem for CTCs.

Two interviewees expressed concern over instances where dialysis patients were not available when the CTC vehicle arrived to pick-up the passenger for a pre-arranged trip. This situation is particularly problematic in rural areas where trip distances are longer and, subsequently, operating costs are greater.

Chapter 4 Observations and Findings

Analysis of the data collected through the on-line survey and the personal interviews provided partial answers to the research questions and resulted in partial fulfillment of the research objectives.

Gaps in the research data were a significant contributor to this situation. Two of the underlying assumptions that governed the research are: (1) CTCs produce forecasts which quantified future demand for dialysis transportation; and (2) the severity of the dialysis transportation problem would induce all CTC's to respond to the research surveys—proved to be inaccurate assumptions.

Research Objectives and Findings

Following are findings related to each research objective.

- **Research Objective: Assess how have the supply of and demand for dialysis transportation in Florida changed over the past 5 years.**

Finding: 22 CTCs responded to the on-line survey. These CTCs reported an increase of approximately 144,000 annual 1-way trips during the five-year period from 282,000 in fiscal year 2008 to 426,000 in fiscal year 2012. As a percentage of total trips provided by the reporting CTCs, dialysis transportation trips increased from 11.9% in FY08 to 15.6% in FY12.

While dialysis trips represents a larger percentage of the overall service provided by CTC's, the percentage varies greatly from rural systems to small urban systems to large urban systems.

Rural CTCs that responded to the survey experienced a decline in dialysis trips as a percentage of total trips from 10.5% to 9.4%. This decline has been consistent over the past 4 fiscal years.

Small urban CTCs that responded to the survey experienced an increase in dialysis trips as a percentage of total trips from 8.3% to 13.2%. 80% of this 5% overall increase occurred from FY08 to FY09.

CTCs from large urban areas reported an increase in dialysis trips as a percentage of total trips from 11.6% to 18.1% with percentage increases occurring in every fiscal year of the reporting period.

-
- **Research Objective: Determine how dialysis trips are impacting the operations and financial condition of CTCs.**

Finding: 77 percent of CTCs that responded to the survey indicated they were able to accommodate all dialysis trip requests. The primary factors that prevented CTCs from fulfilling dialysis trip requests included requested trips were outside the service span (i.e., hours of the day and days of the week), insufficient funding, and vehicle availability.

- **Research Objective: Determine how the impacts of dialysis trips differ among rural-oriented CTCs, urban-oriented CTCs, and urban-oriented CTCs.**

Finding: One-way dialysis trips represent a larger percentage of total one-way trips for urban CTCs. In fiscal year 2012, dialysis trips represented 9.4 percent of total trips for rural CTCs, 13.2 percent for small urban CTCs and 18.1 percent for large urban CTCs. The higher percentages in the urban areas are attributed to the ability of other trip demand to be met by the fixed route and complementary ADA paratransit services available in the urban areas.

- **Research Objective: Identify what unique transportation services are being implemented by CTCs to meet the increasing demand for funded dialysis trips.**

Finding: The utilization of alternative forms of transportation – such as volunteer and voucher programs – was rare within the interviewed population. Only 1 interviewee indicated that volunteer transportation was a technique utilized to meet the demand for dialysis transportation, and no CTC identified a voucher initiative as a means to satisfy increasing demand. The same interviewee that implemented a volunteer program had also implemented a mileage reimbursement system to help satisfy increased demand for transportation.

- **Research Objective: Determine how CTCs are preparing for increased transportation demand associated with increased need for dialysis treatment.**

Finding: The research did not identify any CTC that was formulating specific plans to help them prepare for increased demand for dialysis transportation but the research did document several “best practices” for the management of their dialysis trips.

-
- **Research Objective: Quantify how the supply of and demand for dialysis transportation is expected to change during the next five years.**

Finding: Based upon the available data and the input of the CTCs surveyed and interviewed, it was not possible to answer this question.

- **Research Objective: Identify which CTCs in Florida are expected to have the largest gap between demand for and supply of dialysis transportation service.**

Finding: Based upon the available data and the input of the CTCs surveyed and interviewed, it was not possible to answer this question.

Observations Regarding Demand

While Florida's CTCs estimated total demand for trips among the transportation disadvantaged population, it appeared that demand for dialysis transportation was not a cohort for which demand estimates were developed.

Every CTC acknowledged the transportation challenges faced by dialysis patients and were seeking solutions that minimize negative impacts on the patient. Examples of operational tactics that reflect this concern included making special runs to accommodate a single patient and ensuring the same driver serves the same patient for the duration of treatment to help maximize rider "comfort."

Observations Regarding Scheduling

Twenty-three percent of reporting CTCs were unable to accommodate all dialysis trip requests. Limited funding, vehicle availability, service hours, and days of operation are the greatest barriers. Utilizing transportation vouchers or greater use of subcontracting with taxis are possible tactics to help address this issue. Two of the interviewed CTCs (1 rural and 1 small urban) reported that some dialysis treatment centers adjust chair times to accommodate the needs of the CTC. Similarly, CTCs may selectively extend their service span to provide greater flexibility to accommodate dialysis trips.

Two rural CTC interviewees expressed concern over instances where dialysis patients were not available when the CTC vehicle arrived to pick up the passenger for a prearranged trip. This situation is particularly problematic in rural areas where trip distances are longer, and subsequently, operating costs are greater. Two CTCs reported having instituted some type of follow-up "counseling" for patient and family regarding "no-shows."

Similarly, late trips – or when the dialysis treatment is not finished by the scheduled time – create operational issues for the CTCs. The need to wait or reschedule the trip to a later time creates delays for other passengers and inefficient operations. The impact of late trips can be minimized with open lines of communication with the dialysis centers.

No issue surfaced more frequently in the personal interview process than the issue of “relationships between CTCs and dialysis treatment facilities.” In general, the CTCs that spoke most favorably about their positive relationships expressed the least amount of concern regarding dialysis transportation. 13 counties represented by reporting CTC’s have implemented unique measures to facilitate these relationships including regular and frequent meetings, dedicated personnel to meet with treatment personnel, open communication and dialogue, cooperatively setting up treatment and transportation schedules, giving CTC customers priority in scheduling so as to maximize scheduling efficiencies, grouping dialysis patients from common origin zones, maximizing multi-loading, and ensuring transportation to the nearest treatment facility to the patients home.

Chapter 5

Best Practices and Recommendations

The personal interviews with Florida's CTC have revealed several "best practices" and recommendations which are summarized as follows:

- Four of the reporting CTC's have designated a staff person to serve as the designated representative to dialysis treatment facilities. This staff person is responsible for conducting regular and frequent (often monthly) meetings with treatment center personnel, identifying issues and challenges that may be inhibiting the effective delivery of dialysis patients, working collaboratively to solve problems, and ensuring that effective communication exists between the CTC and the dialysis treatment facilities.
- Three byproducts of improved communications and relations between CTCs and dialysis treatment centers include:
 - the willingness of some treatment centers to adjust chair times to accommodate the needs of the CTC;
 - a collaborative approach to chair time and transportation scheduling; and
 - the willingness of dialysis treatment facilities to provide chair time priority to CTC customers, which helps maximize operational efficiencies for the CTCs.
- Two of the interviewed CTCs are able to identify dialysis patients who reside within a common geographic trip origination zone and transport them using a single vehicle. Whenever possible, CTCs should maximize multi-loading.
- Community Transportation Coordinators and Local Coordinating Boards may derive value from implementing a process that measures the number of dialysis trips provided annually and a process for forecasting the demand for dialysis trips.
- As documented in the literature review, the dialysis process can be an extremely tiring occurrence for patients and creates side effects including nausea, infection, and bleeding. The physical toll on patients caused by the dialysis treatment process typically requires more personalized transportation from dialysis treatment. To help ease both the physical and emotional discomfort of dialysis treatment, several CTCs attempt to provide the same driver for the same patient.
- Two CTCs for whom "no-shows" were a problem have implemented follow-up "counseling" programs to help better inform and educate patients and family members about the operational and financial impacts of the patients' failure to fulfill a trip request.

APPENDIX A
SURVEY QUESTIONNAIRE

Impacts of Dialysis Transportation on Florida's Coordinated Public

Introduction

The USF Center for Urban Transportation Research (CUTR) is undertaking a National Center for Transit Research (NCTR) research project that will benefit the Florida Commission for the Transportation Disadvantaged, Florida's Community Transportation Coordinators (CTCs), and Florida's public and non-profit transportation industry by:

- 1) Identifying which CTCs are experiencing challenges in accommodating demand for dialysis transportation;
- 2) Quantifying the unfulfilled demand for dialysis transportation at both the individual CTC and state level; and,
- 3) Discovering any unique funding or service solutions for dialysis transportation.

To capture information necessary to achieve the project objectives, we need your help!

We respectfully request you invest 15-20 minutes of your time to answer the following questions. Your input will help CUTR produce research findings that will benefit the Florida coordinated transportation system.

If you have any questions, comments, or concerns about the survey or the research project, please don't hesitate to contact either Michael Audino at audino@cutr.usf.edu or Jay Goodwill at jaygoodwill@cutr.usf.edu.

Copy of page:

1. Survey Responder

Name:

Title:

Transit Agency/CTC Name:

Email Address:

Phone Number:

Impacts of Dialysis Transportation on Florida's Coordinated Public

2. Florida county(s) served: (check all that apply)

<input type="checkbox"/> Alachua	<input type="checkbox"/> Hardee	<input type="checkbox"/> Okeechobee
<input type="checkbox"/> Baker	<input type="checkbox"/> Hendry	<input type="checkbox"/> Orange
<input type="checkbox"/> Bay	<input type="checkbox"/> Hernando	<input type="checkbox"/> Osceola
<input type="checkbox"/> Bradford	<input type="checkbox"/> Highlands	<input type="checkbox"/> Palm Beach
<input type="checkbox"/> Brevard	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Pasco
<input type="checkbox"/> Broward	<input type="checkbox"/> Holmes	<input type="checkbox"/> Pinellas
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Indian River	<input type="checkbox"/> Polk
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Jackson	<input type="checkbox"/> Putnam
<input type="checkbox"/> Citrus	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Santa Rosa
<input type="checkbox"/> Clay	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Sarasota
<input type="checkbox"/> Collier	<input type="checkbox"/> Lake	<input type="checkbox"/> Seminole
<input type="checkbox"/> Columbia	<input type="checkbox"/> Lee	<input type="checkbox"/> Saint Johns
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Leon	<input type="checkbox"/> Saint Lucie
<input type="checkbox"/> Dixie	<input type="checkbox"/> Levy	<input type="checkbox"/> Sumter
<input type="checkbox"/> Duval	<input type="checkbox"/> Liberty	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Escambia	<input type="checkbox"/> Madison	<input type="checkbox"/> Taylor
<input type="checkbox"/> Flagler	<input type="checkbox"/> Manatee	<input type="checkbox"/> Union
<input type="checkbox"/> Franklin	<input type="checkbox"/> Marion	<input type="checkbox"/> Volusia
<input type="checkbox"/> Gadsden	<input type="checkbox"/> Martin	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Walton
<input type="checkbox"/> Glades	<input type="checkbox"/> Monroe	<input type="checkbox"/> Washington
<input type="checkbox"/> Gulf	<input type="checkbox"/> Nassau	
<input type="checkbox"/> Hamilton	<input type="checkbox"/> Okaloosa	

Impacts of Dialysis Transportation on Florida's Coordinated Public

3. How many total one-way trips did your CTC system provide during the past five fiscal years? (Total One-Way Trips)

FY 2007-2008	<input type="text"/>
FY 2008-2009	<input type="text"/>
FY 2009-2010	<input type="text"/>
FY 2010-2011	<input type="text"/>
FY 2011-2012	<input type="text"/>

4. How many one-way trips specifically to/from dialysis treatment did your CTC system provide during the past five fiscal years? (Total Dialysis Related One-Way Trips)

FY 2007-2008	<input type="text"/>
FY 2008-2009	<input type="text"/>
FY 2009-2010	<input type="text"/>
FY 2010-2011	<input type="text"/>
FY 2011-2012	<input type="text"/>

5. Were you able to accommodate all requests for trips to/from dialysis treatment during the past three years?

- Yes
 No

Comments:

Impacts of Dialysis Transportation on Florida's Coordinated Public

6. If no, what are the primary barriers to fulfilling the dialysis treatment trip requests? (Select all that are applicable).

- Insufficient funding
 Insufficient supply of vehicles
 Requests are for trips at times you do not operate
 Requests are for trips on days you do not operate

Other (please specify)/Comments:

7. If no, how many requests for dialysis treatments trips did you have to decline during the past five fiscal years?

FY 2007-2008	<input type="text"/>
FY 2008-2009	<input type="text"/>
FY 2009-2010	<input type="text"/>
FY 2010-2011	<input type="text"/>
FY 2011-2012	<input type="text"/>

8. Please describe how your agency has worked with dialysis treatment facilities to accommodate demand for transportation to/from dialysis treatment?

9. Please describe any unique transportation service delivery techniques you have implemented to accommodate the increased demand for dialysis transportation.

Impacts of Dialysis Transportation on Florida's Coordinated Public

10. Please describe how the provision of non-Medicaid funded dialysis trips is impacting your operations.

11. Please describe how the provision of non-Medicaid funded dialysis trips is impacting your financial situation/budget.

12. Do your operating policies allow you to cross county lines for dialysis transportation?

- Yes
 No

Comments:

13. How do your operating policies impact (positively or negatively) dialysis patients?

14. Please share any other comments regarding dialysis treatment transportation.



APPENDIX B

PROJECT ADVISORY COMMITTEE MEMBERS

PROJECT ADVISORY COMMITTEE

In December 2012, the Principal Investigator invited a select group of individuals to voluntarily serve on a project Advisory Committee. The purpose of the committee is to provide guidance and direction to the research team and assist, as appropriate, with implementation of research tasks.

This table lists the Project Advisory Committee members.

NAME	AFFILIATION	PHONE	EMAIL
Jay Goodwill	Center for Urban Transportation Research	813-974-8755	jaygoodwill@cutr.usf.edu
Jayne Pietrowski	Florida Department of Transportation	954-777-4661	Jayne.Pietrowski@dot.state.fl.us
Steve Holmes	Florida Commission for the Transportation Disadvantaged	850-410-5700	Steven.Holmes@dot.state.fl.us
Bill Hearndon	Central Florida Regional Transportation Authority	407-254-6092	BHearndon@golynx.com
Lisa Bacot	Florida Public Transit Association	850-878-0855	LisaBacot@floridatransit.org
Lisa Sanders	Martin County (Florida) Community Transportation Coordinator	772-266-4971	lusanders@mtm-inc.net
Stephanie Hutchinson	National Kidney Foundation-Florida Chapter	407-894-7325	shutchinson@kidneyfla.org
Sarah Knott	Fresenius Medical Care	813-884-2535	Sarah.Knott@fmc-ne.com
Dale Marsico	Community Transportation Association of America	800-891-0590, #712	Marsico@ctaa.org
Scott Anderson	TMS Management Group	515-657-5160	Scott.Anderson@tmsgm.com
Michael Audino	Center for Urban Transportation Research	727-415-9668	audino@cutr.usf.edu



APPENDIX C
TOTAL TRIPS AND DIALYSIS TRIPS SUMMARIES

Total Trips and Dialysis Trip Summaries

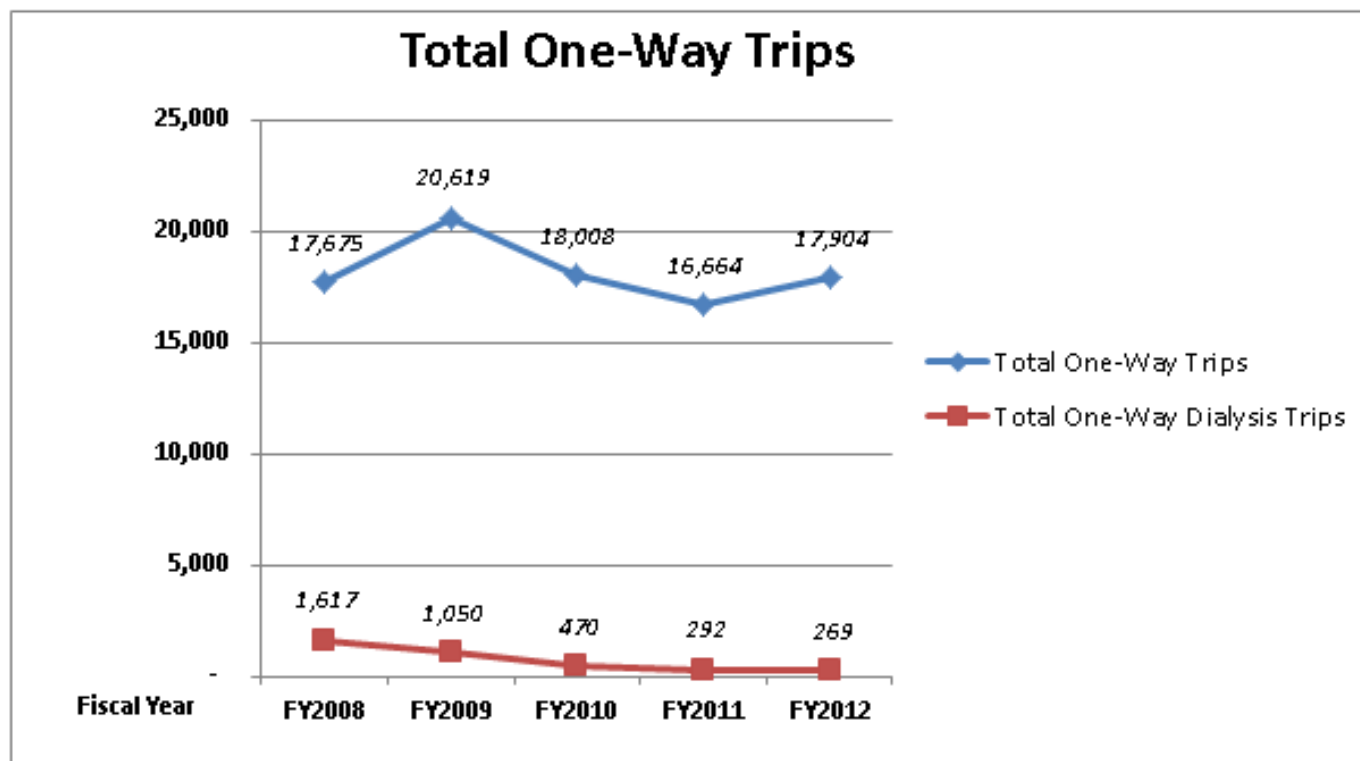
This section details the responses of the 22 CTCs (representing 33 counties) who provided detailed information total trips and dialysis trips provided for the five year period from Fiscal Year 2007-2008 through FY 2011-2012. Individual CTC response detail follows the summary table. The summary table provides the five year averages of the percent of total trips that were dialysis trips.

Table B-1
Total CTC Trips versus Dialysis Trips – FY 08-FY12

<i>CTC / County</i>		<i>Percent Dialysis Trips</i>
1	Baker County	4%
2	Big Bend (Gadsden, Jefferson, Madison and Taylor)	9%
3	Charlotte County	3%
4	Clay County	13%
5	Collier County	18%
6	Duval County (JTA)	22%
7	Flagler County	7%
8	Good Wheels (Lee, Henry and Glades)	34%
9	Gulf County	16%
10	Hernando County	6%
11	Hillsborough County	17%
12	Jackson County	8%
13	Lake County	17%
14	Manatee County	5%
15	Martin County	3%
16	Okaloosa County	17%
17	Polk County	27%
18	Sumter County	7%
19	Suwanee River Economic Council (Bradford, Dixie, Gilchrist and Lafayette)	11%
20	Veolia (DeSoto, Hardee, Highlands and Okeechobee)	26%
21	Volusia County	10%
22	Wakulla County	6%
AVERAGE		13%

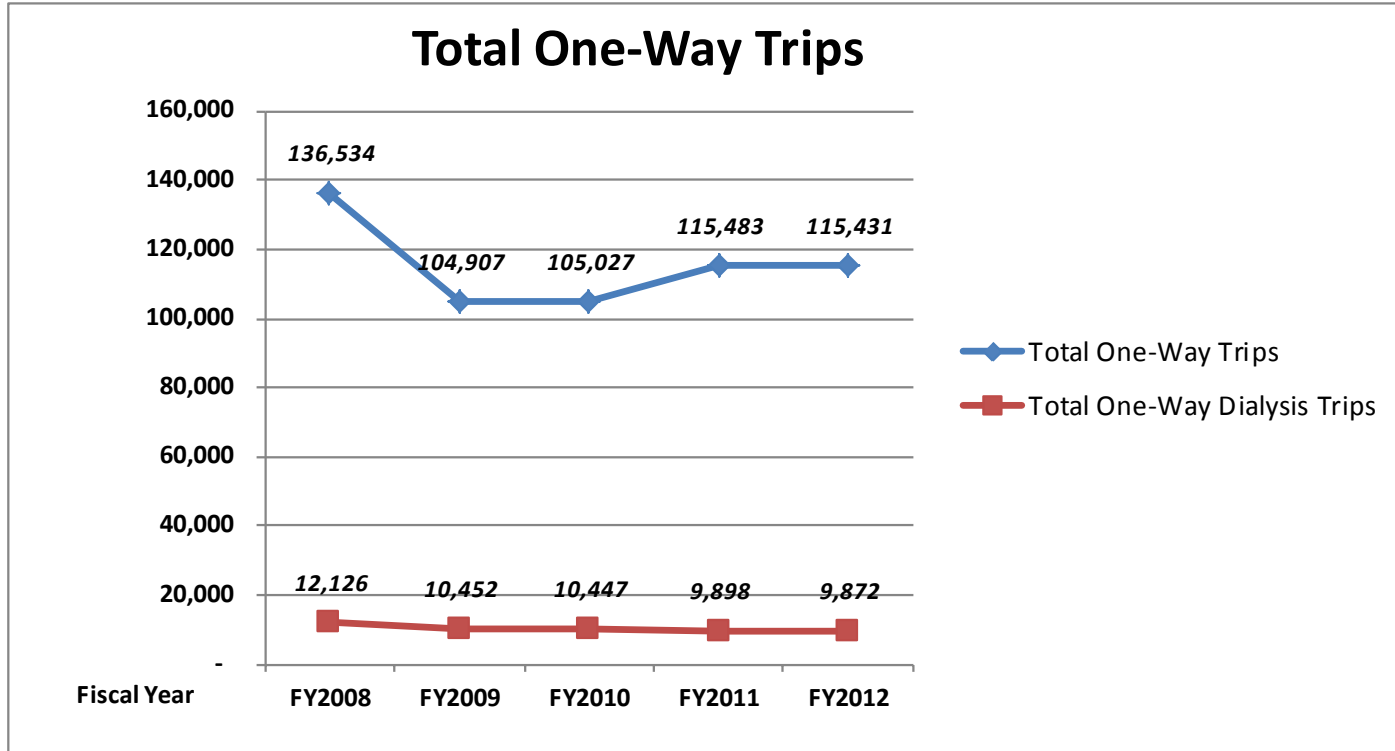
Baker County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	17,675	20,619	18,008	16,664	17,904
Total One-Way Dialysis Trips	1,617	1,050	470	292	269
	9%	5%	3%	2%	2%
					4%



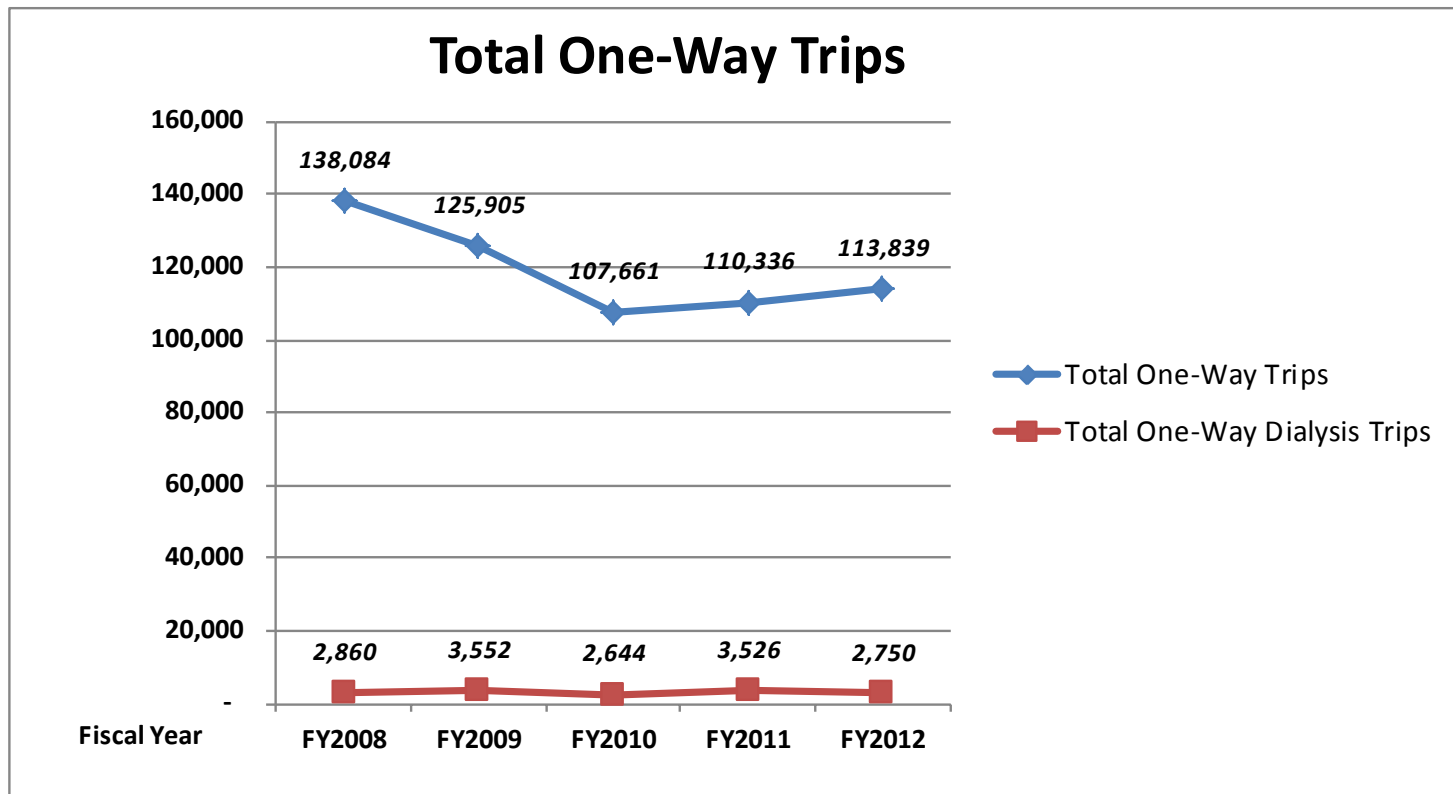
Big Bend (Gadsden, Jefferson, Madison and Taylor)

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	136,534	104,907	105,027	115,483	115,431
Total One-Way Dialysis Trips	12,126	10,452	10,447	9,898	9,872
	9%	10%	10%	9%	9%



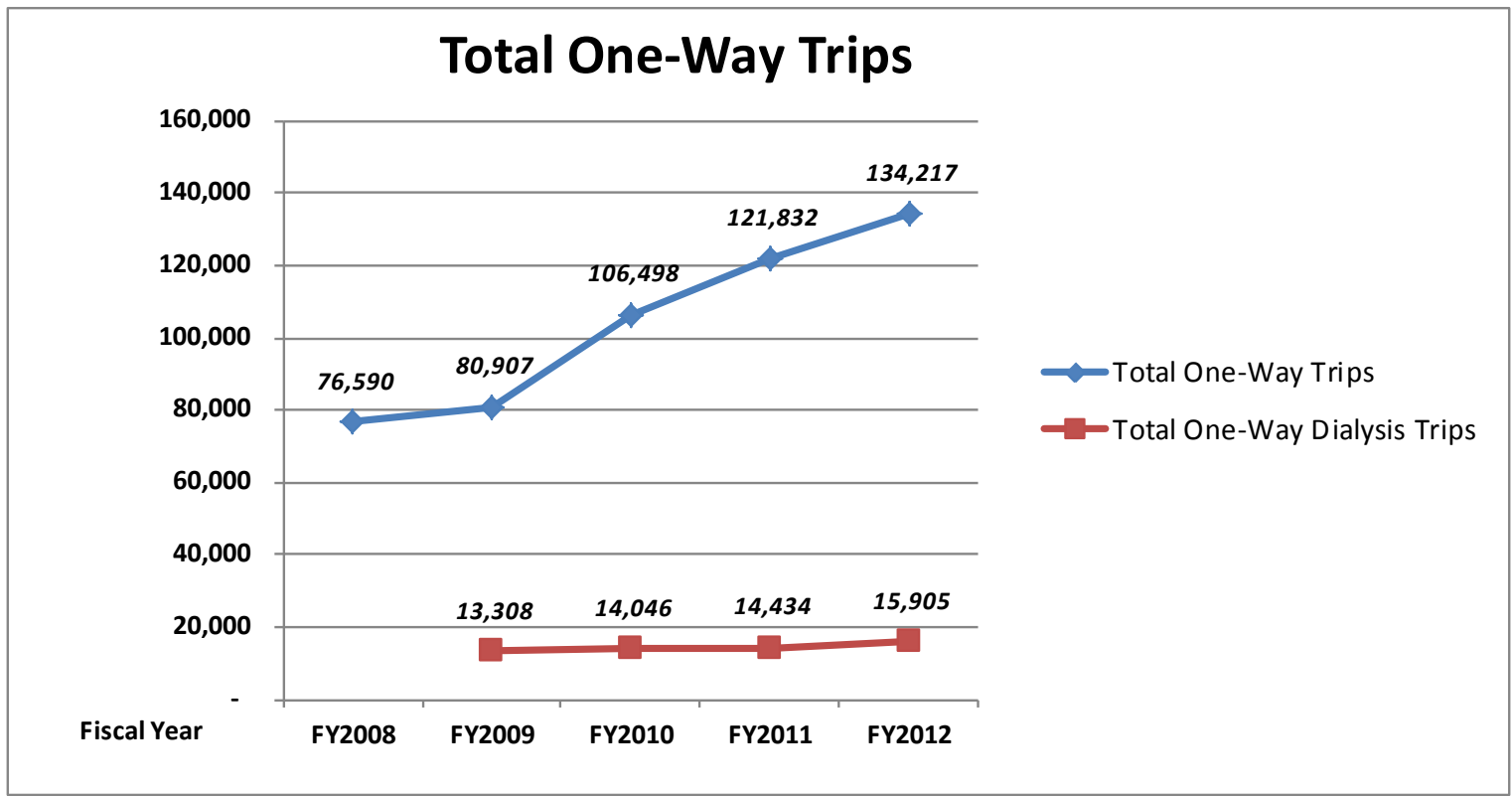
Charlotte County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	138,084	125,905	107,661	110,336	113,839
Total One-Way Dialysis Trip	2,860	3,552	2,644	3,526	2,750
	2%	3%	2%	3%	2%
		3%		3%	3%



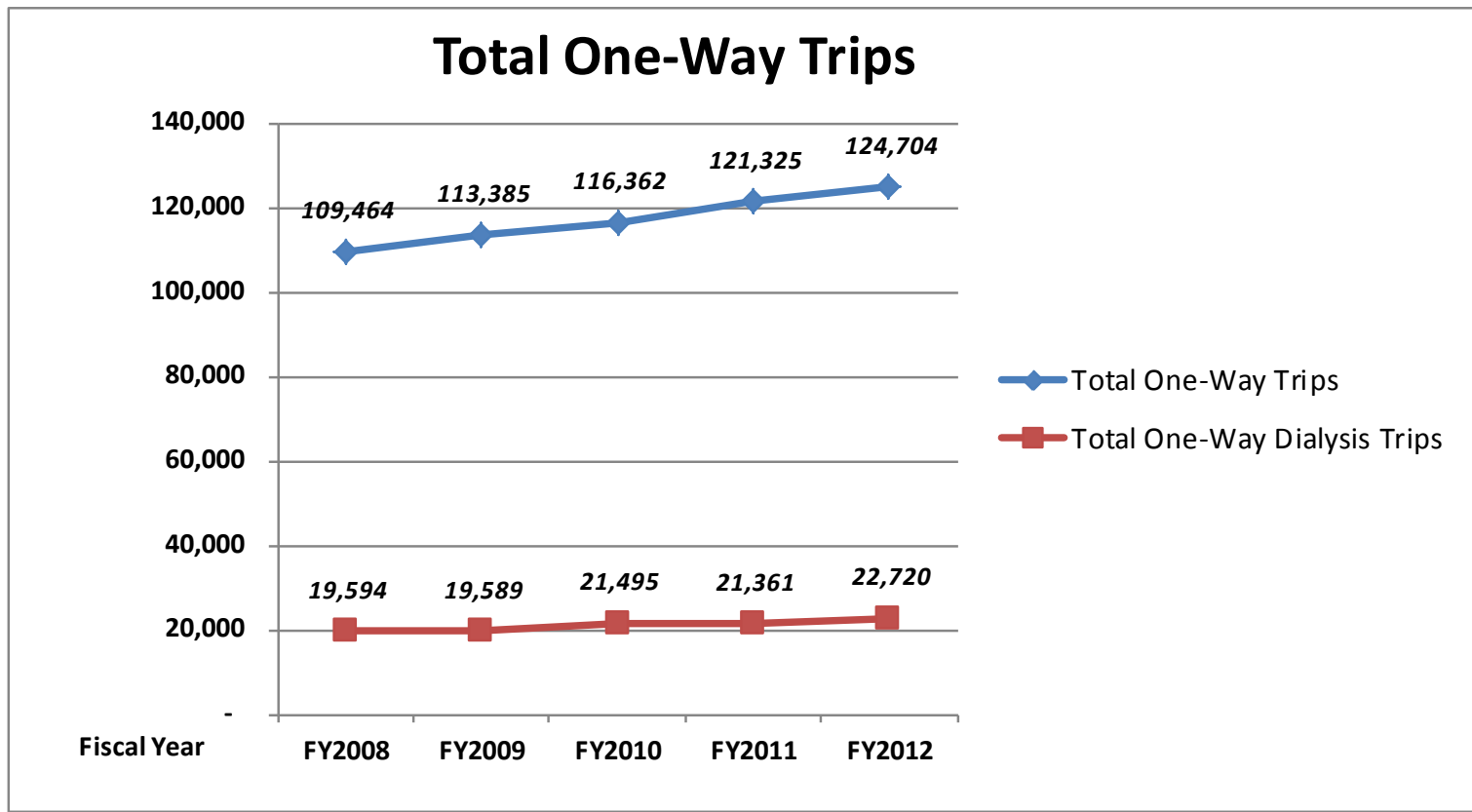
Clay County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	76,590	80,907	106,498	121,832	134,217
Total One-Way Dialysis Trips		13,308	14,046	14,434	15,905
		16%	13%	12%	12%
					13%



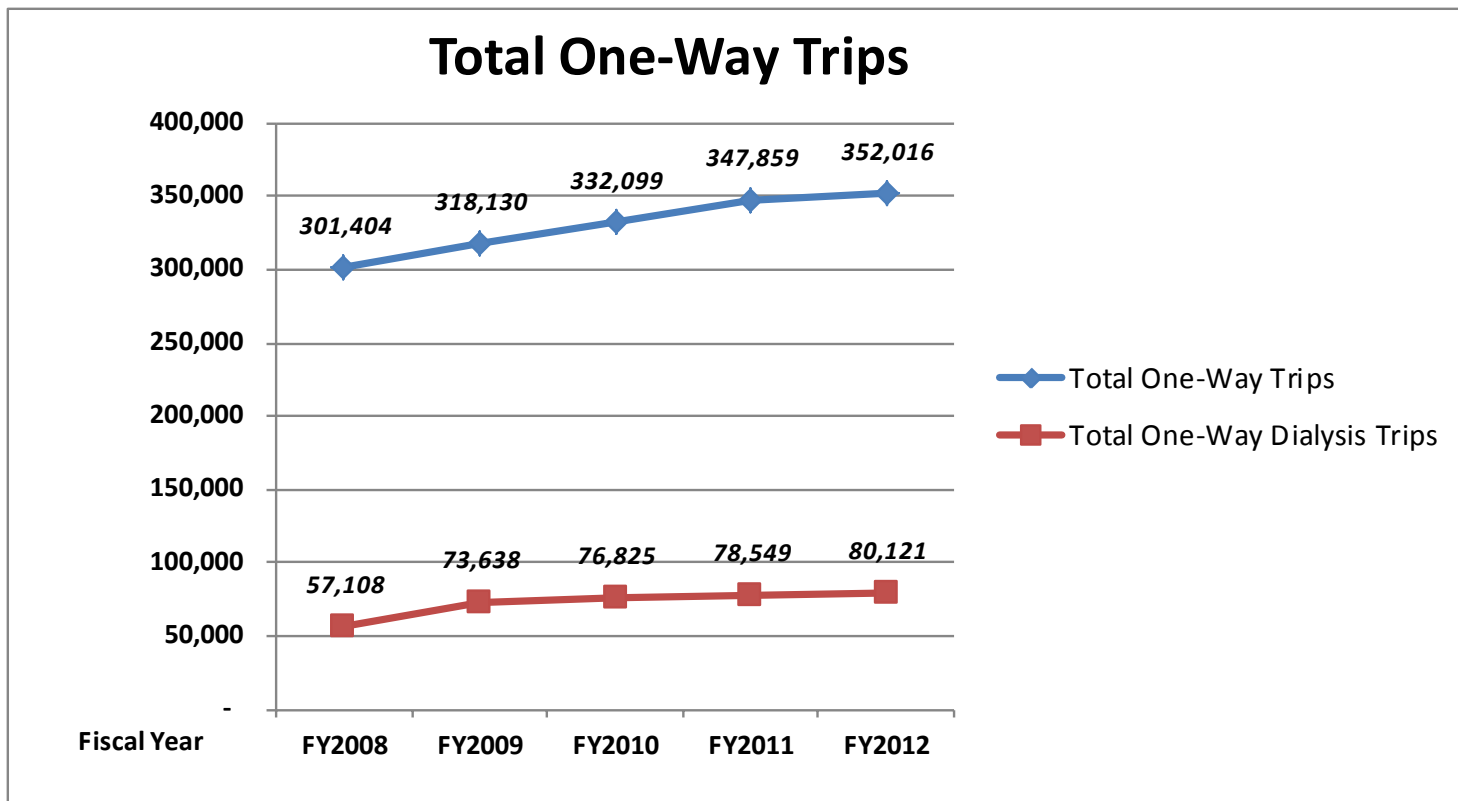
Collier County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	109,464	113,385	116,362	121,325	124,704
Total One-Way Dialysis Trips	19,594	19,589	21,495	21,361	22,720
	18%	17%	18%	18%	18%



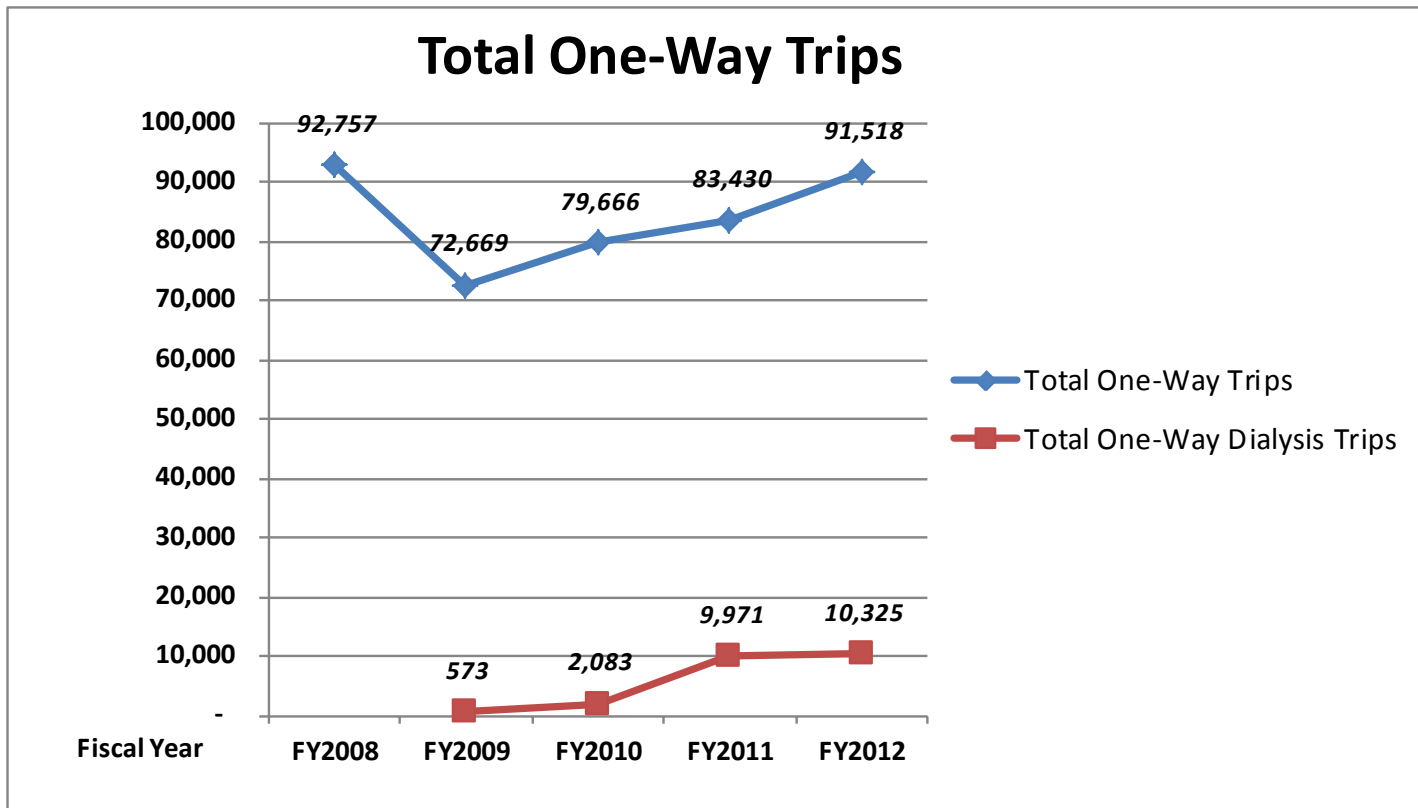
Duval County (JTA)

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	301,404	318,130	332,099	347,859	352,016
Total One-Way Dialysis Trips	57,108	73,638	76,825	78,549	80,121
	19%	23%	23%	23%	23%
					22%



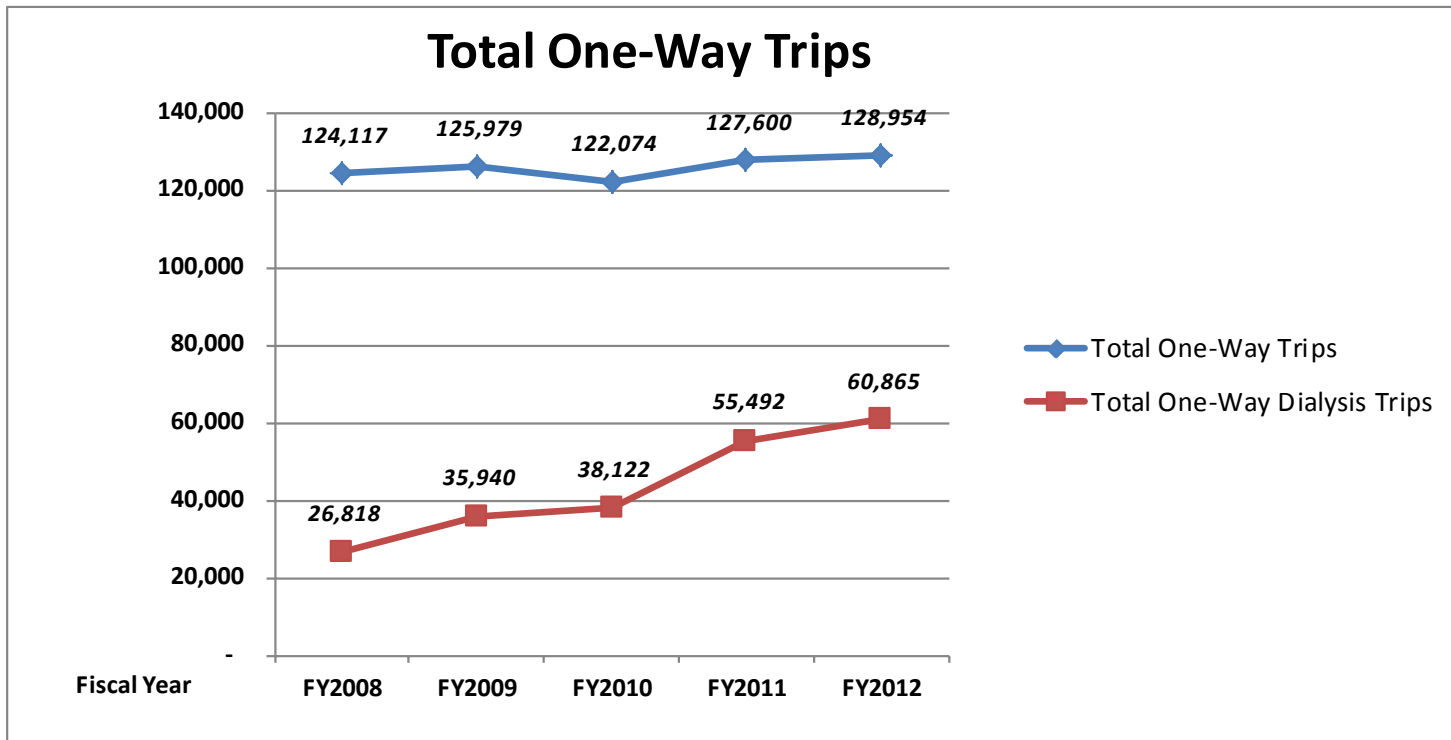
Flagler County

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	92,757	72,669	79,666	83,430	91,518	
Total One-Way Dialysis Trips		573	2,083	9,971	10,325	
		1%	3%	12%	11%	7%



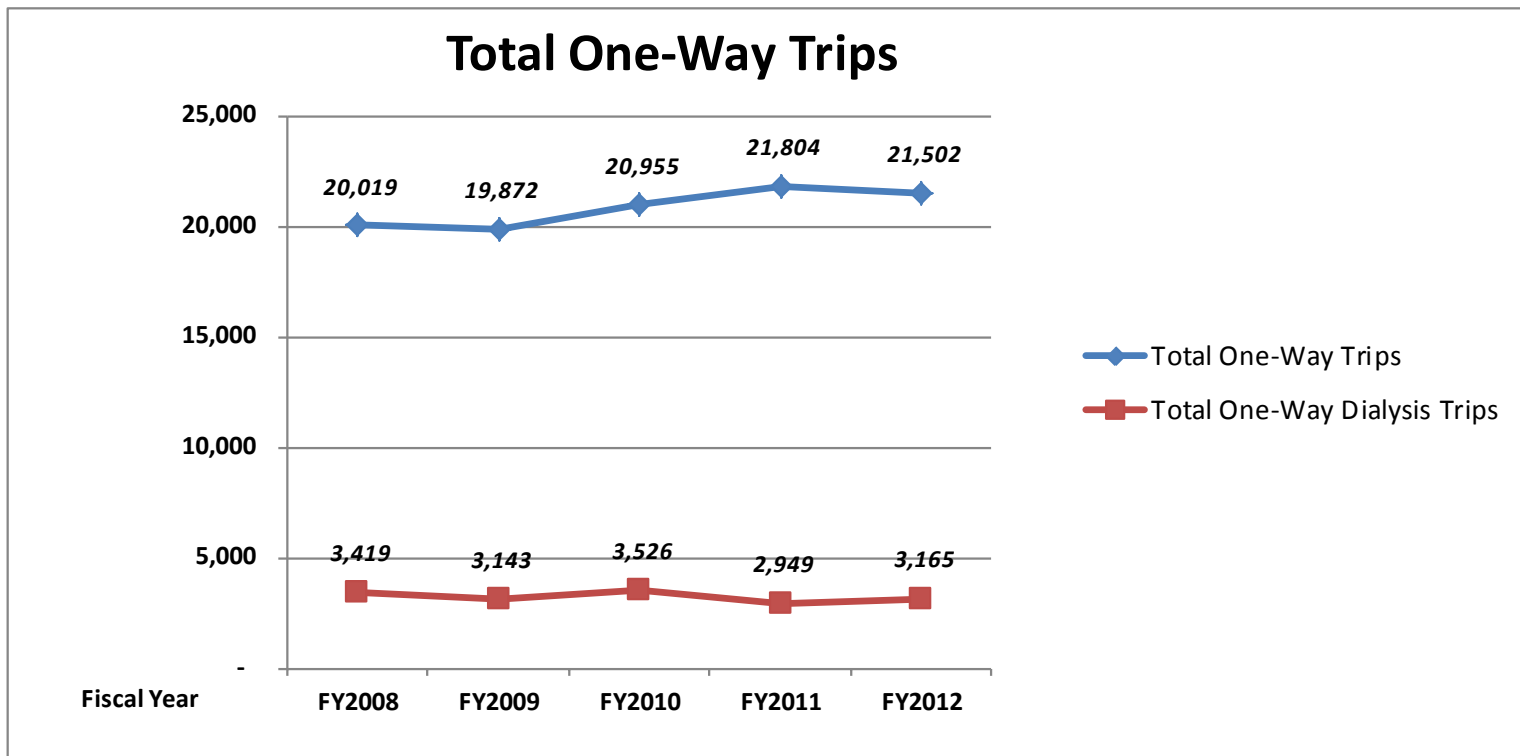
Good Wheels (Lee, Henry and Glades)

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	124,117	125,979	122,074	127,600	128,954	
Total One-Way Dialysis Trips	26,818	35,940	38,122	55,492	60,865	
	22%	29%	31%	43%	47%	34%



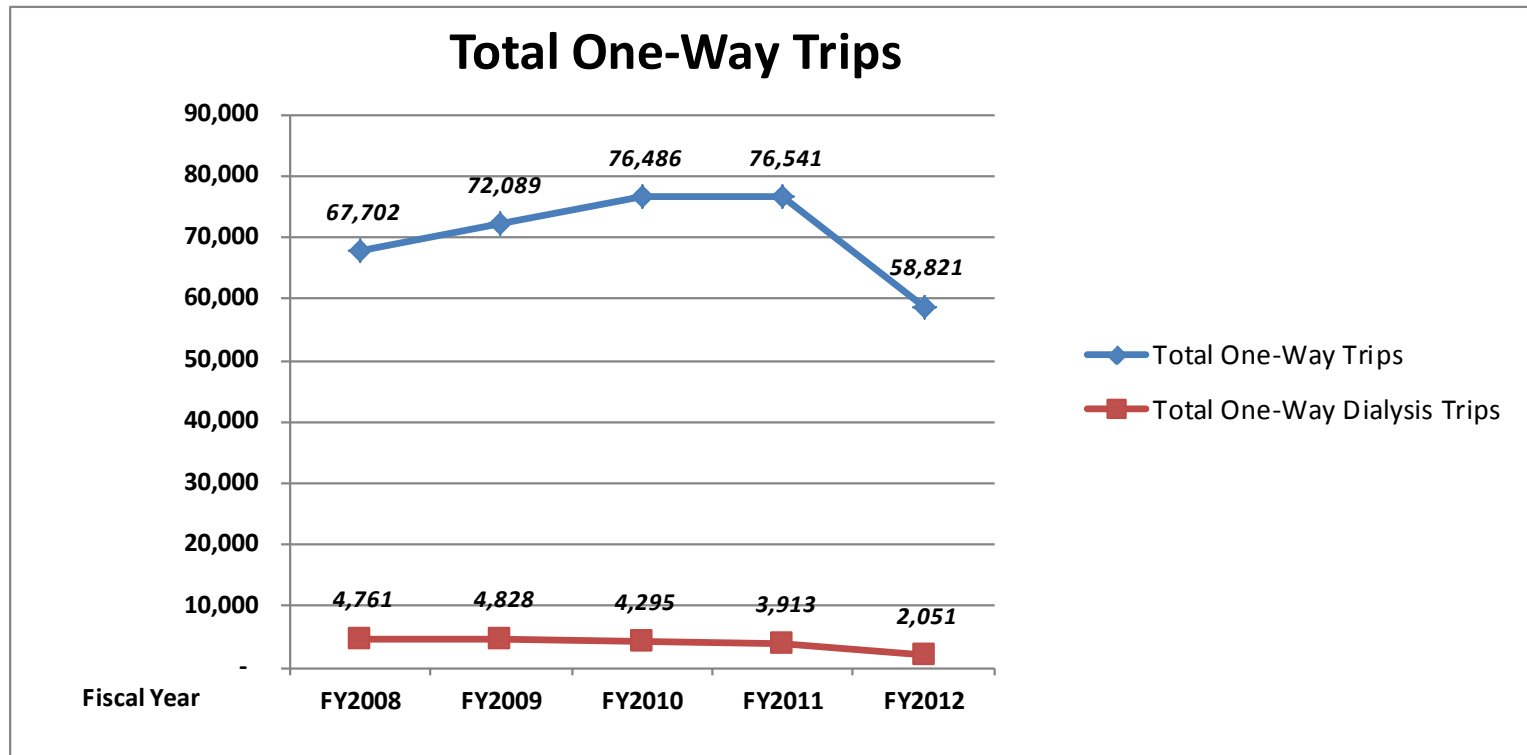
Gulf County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	20,019	19,872	20,955	21,804	21,502
Total One-Way Dialysis Trips	3,419	3,143	3,526	2,949	3,165
	17%	16%	17%	14%	15%
					16%



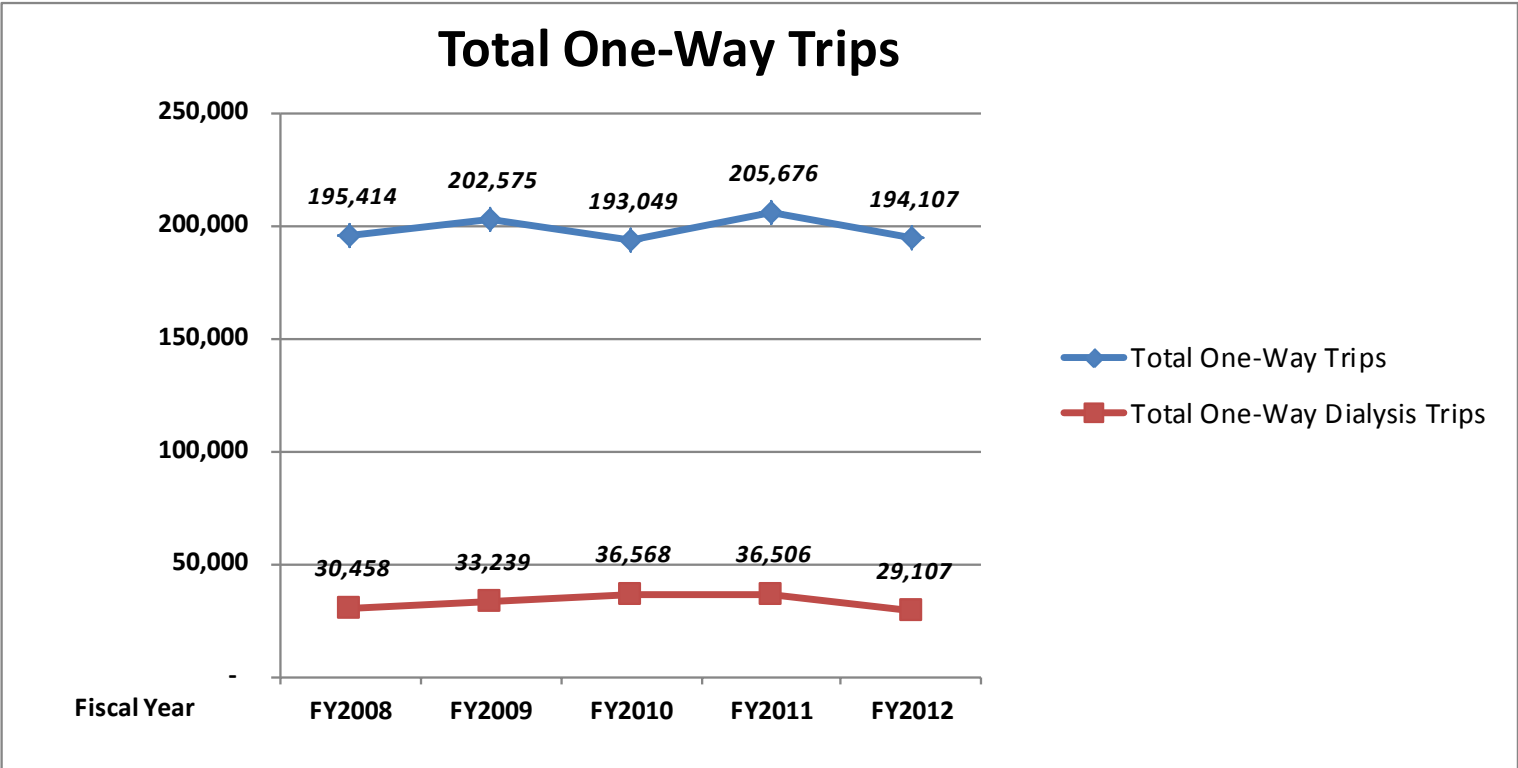
Hernando County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	67,702	72,089	76,486	76,541	58,821
Total One-Way Dialysis Trips	4,761	4,828	4,295	3,913	2,051
	7%	7%	6%	5%	3%
					6%



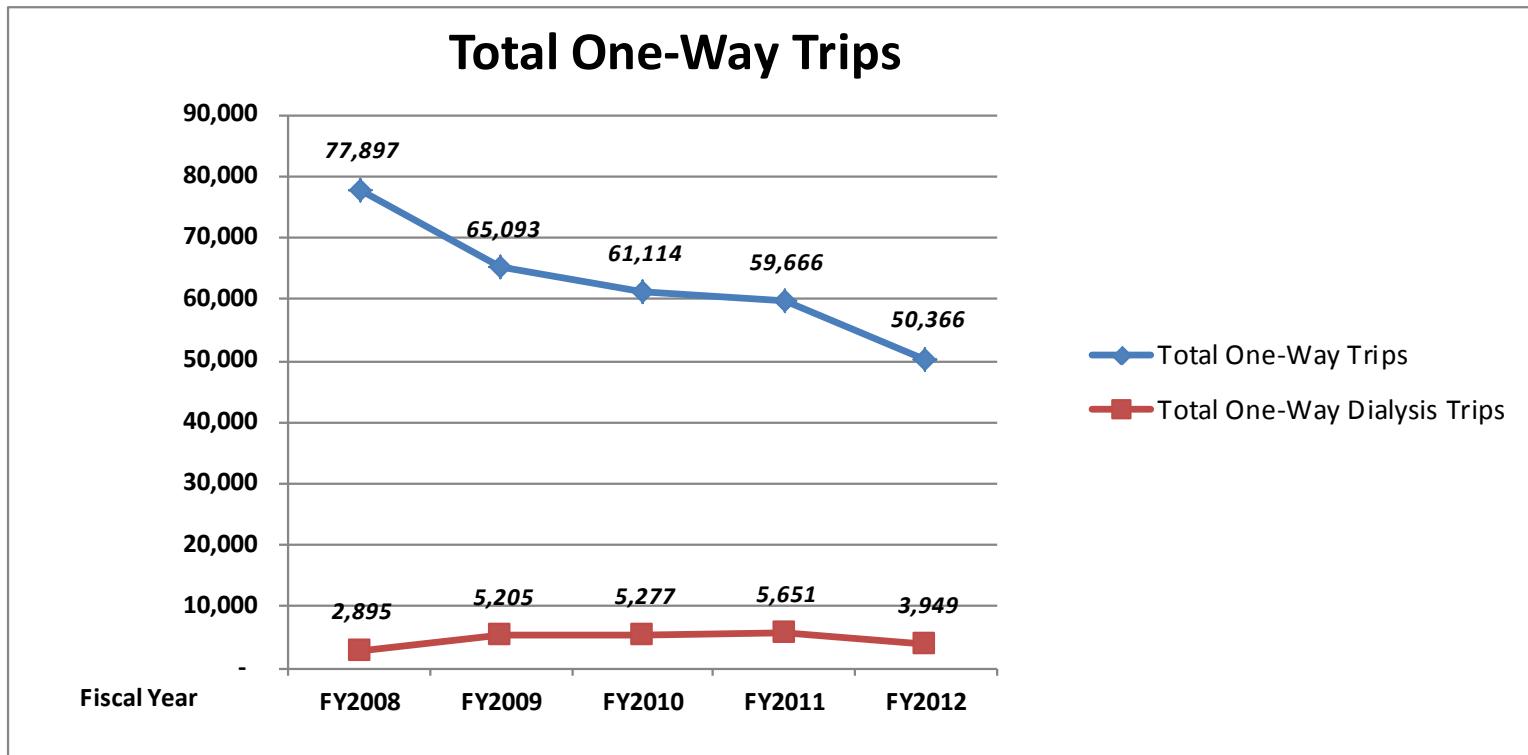
Hillsborough County

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	195,414	202,575	193,049	205,676	194,107	
Total One-Way Dialysis Trips	30,458	33,239	36,568	36,506	29,107	
	16%	16%	19%	18%	15%	17%



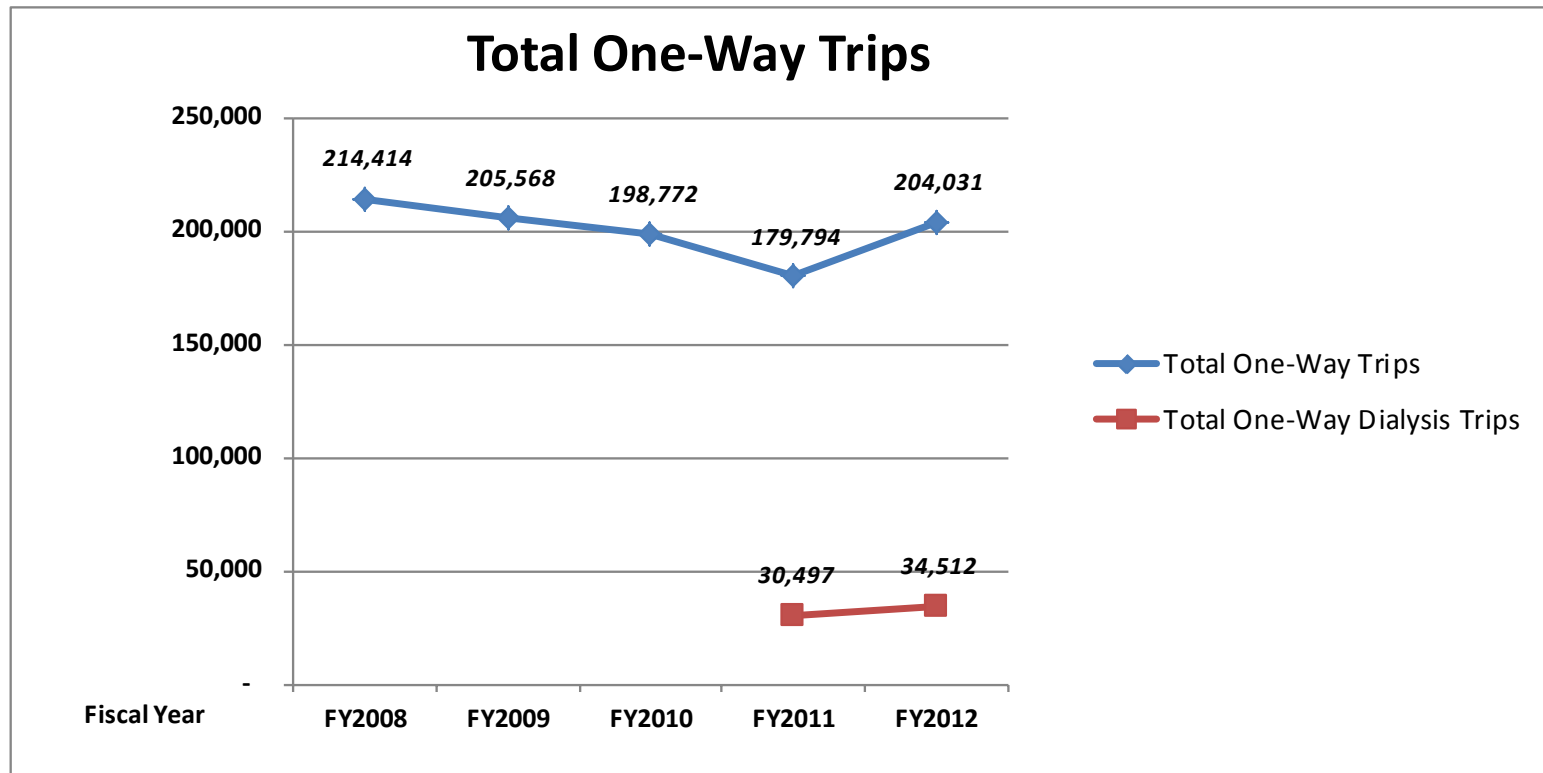
Jackson County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	77,897	65,093	61,114	59,666	50,366
Total One-Way Dialysis Trips	2,895	5,205	5,277	5,651	3,949
	4%	8%	9%	9%	8%



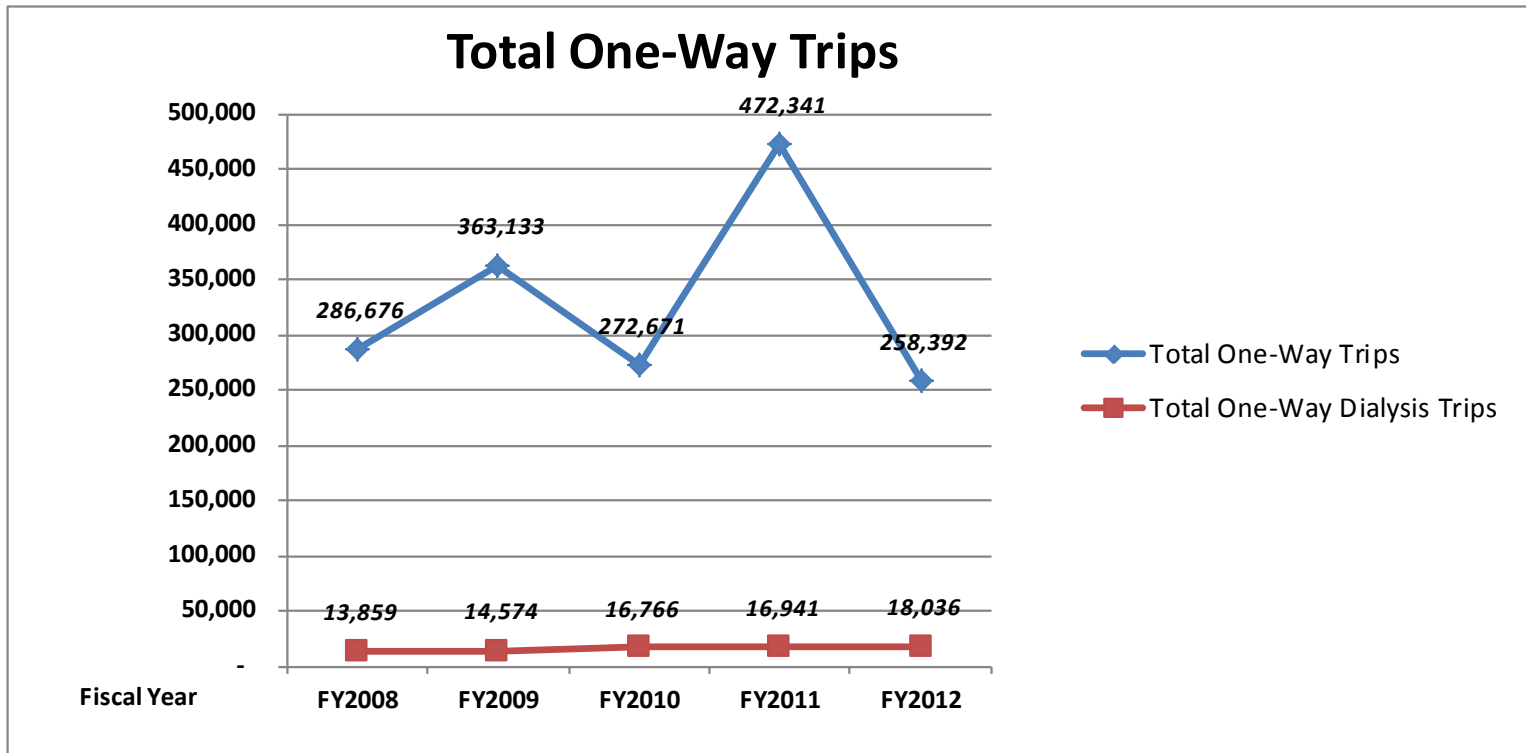
Lake County

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	214,414	205,568	198,772	179,794	204,031	
Total One-Way Dialysis Trips				30,497	34,512	
				17%	17%	17%



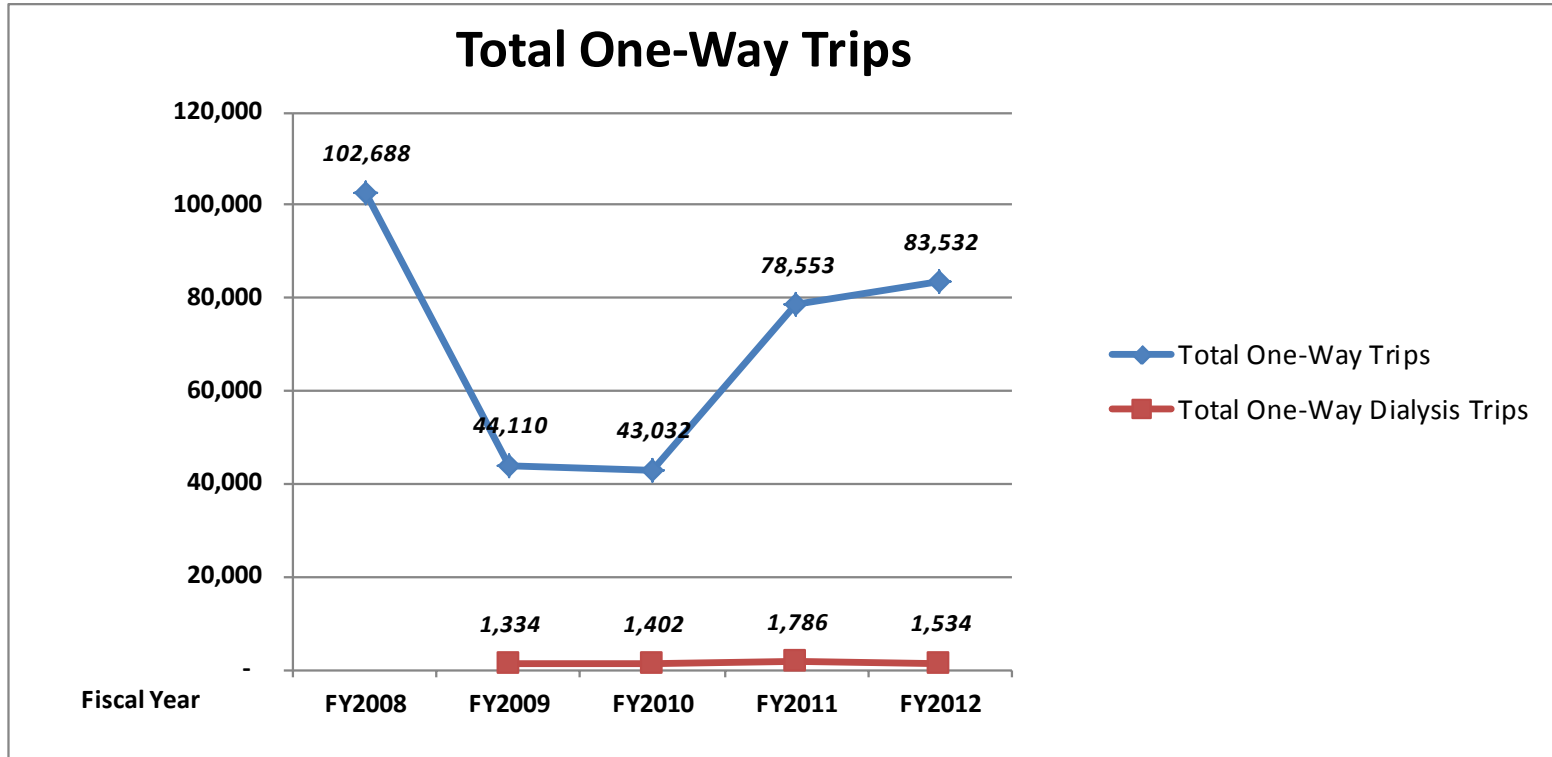
Manatee County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	286,676	363,133	272,671	472,341	258,392
Total One-Way Dialysis Trips	13,859	14,574	16,766	16,941	18,036
	5%	4%	6%	4%	7%
					5%



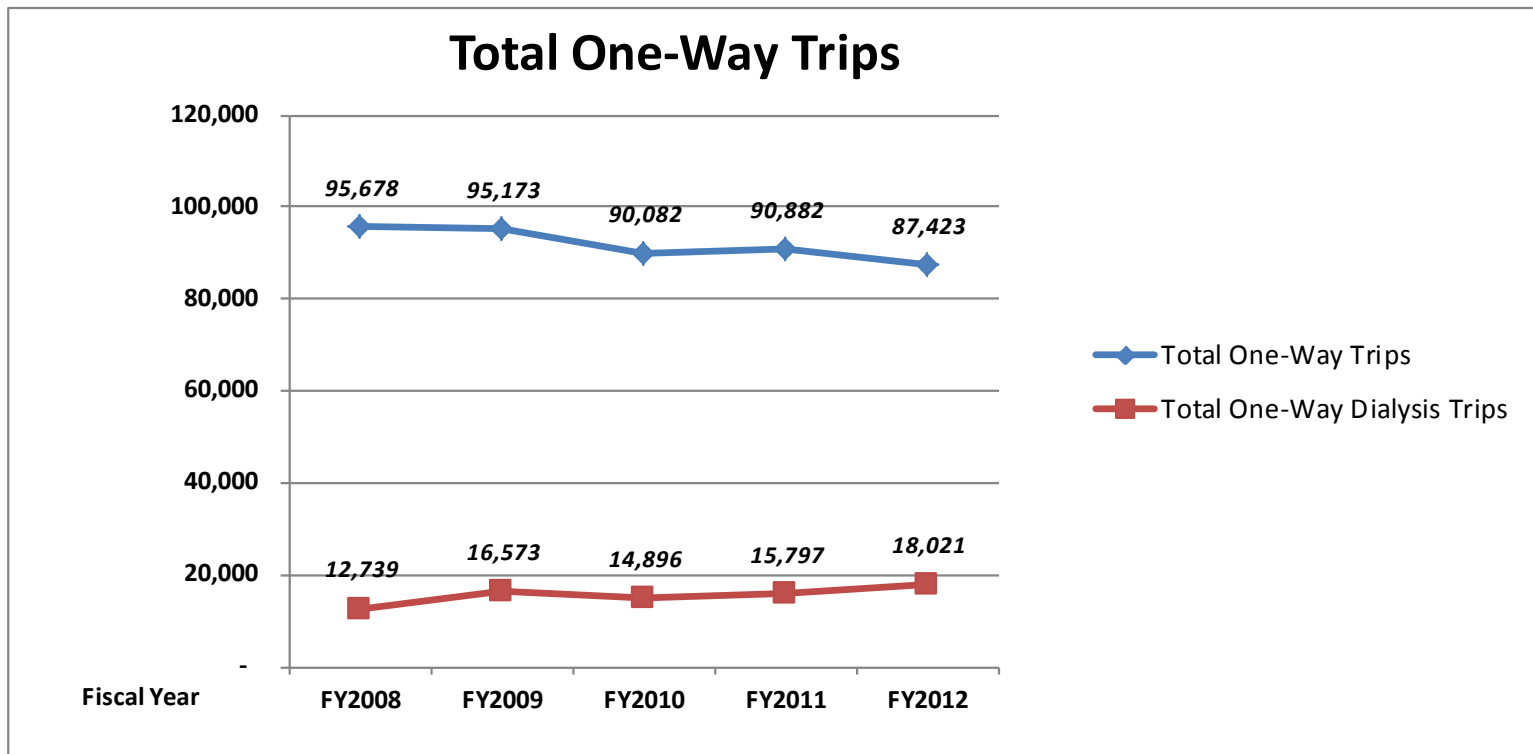
Martin County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	102,688	44,110	43,032	78,553	83,532
Total One-Way Dialysis Trips		1,334	1,402	1,786	1,534
		3%	3%	2%	2%
					3%



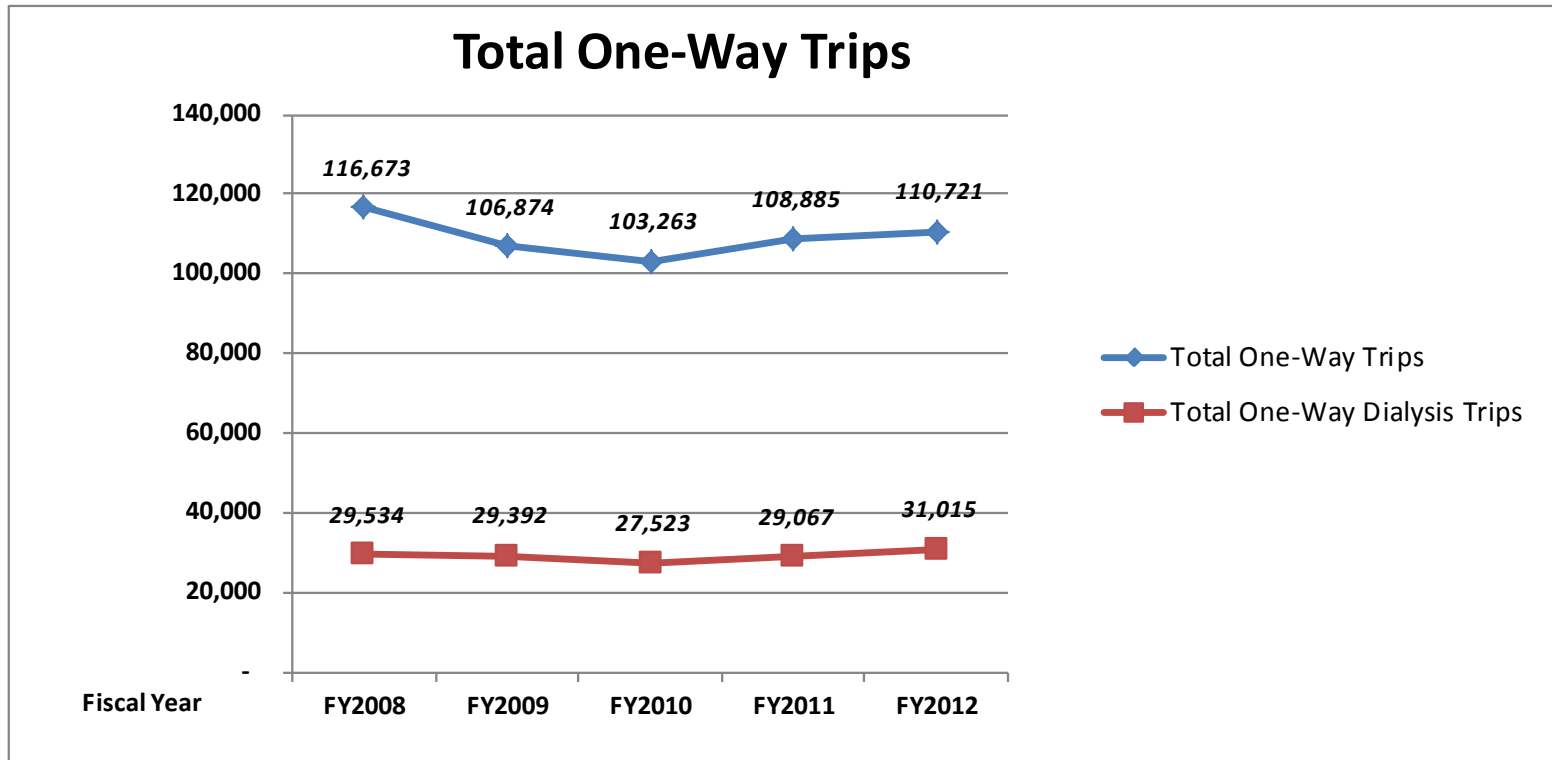
Okaloosa County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	95,678	95,173	90,082	90,882	87,423
Total One-Way Dialysis Trips	12,739	16,573	14,896	15,797	18,021
	13%	17%	17%	17%	21%
					17%



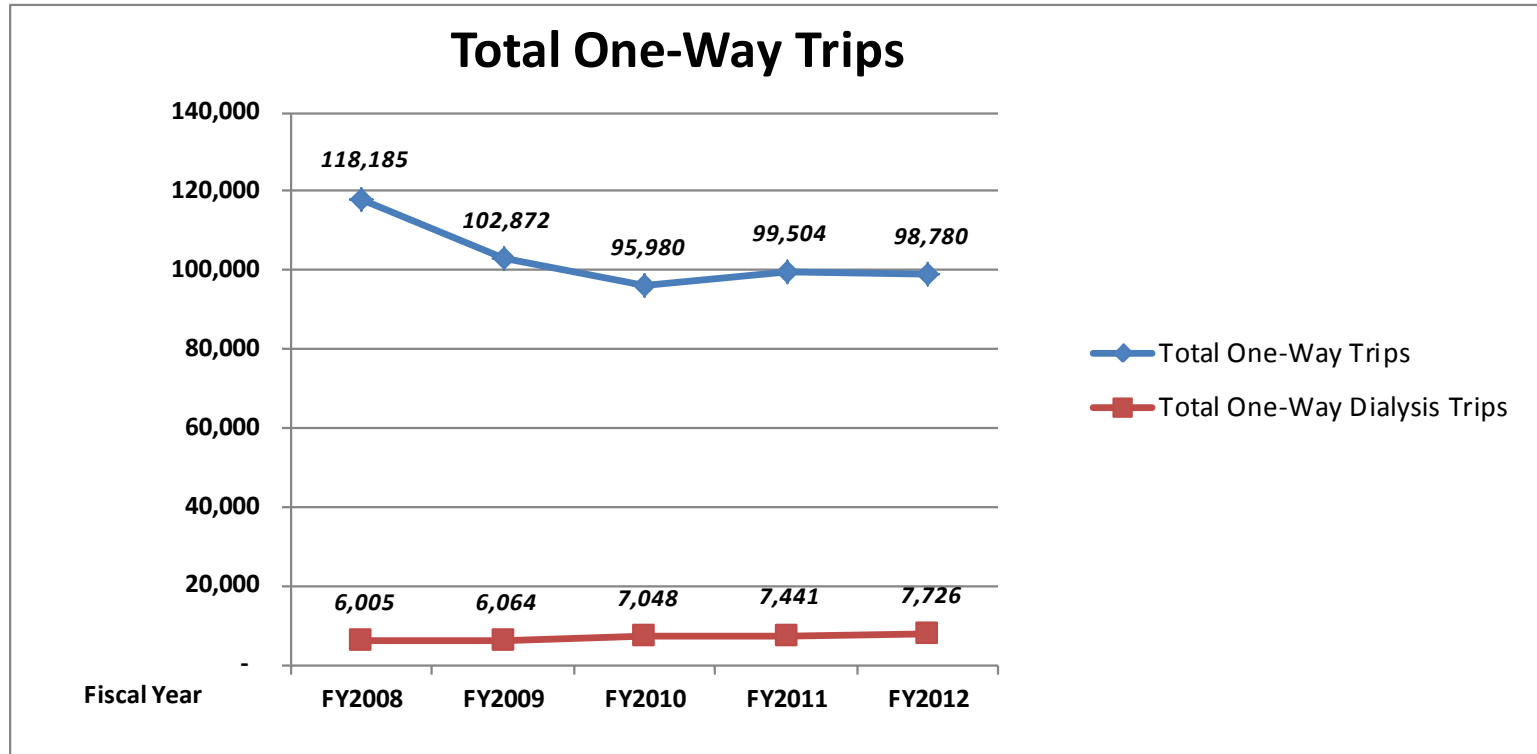
Polk County

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	116,673	106,874	103,263	108,885	110,721	
Total One-Way Dialysis Trips	29,534	29,392	27,523	29,067	31,015	
	25%	28%	27%	27%	28%	27%



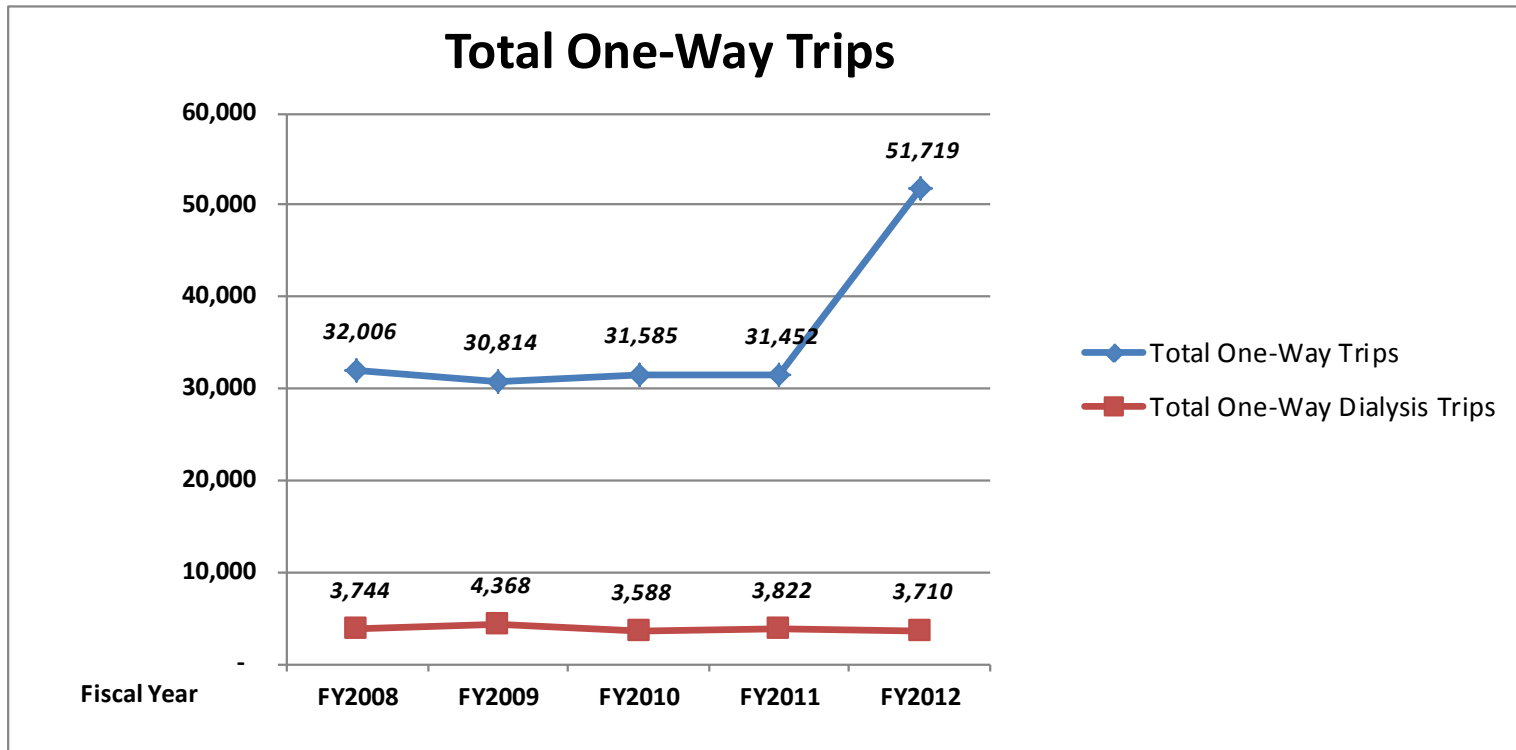
Sumter County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	118,185	102,872	95,980	99,504	98,780
Total One-Way Dialysis Trips	6,005	6,064	7,048	7,441	7,726
	5%	6%	7%	7%	8%
					7%



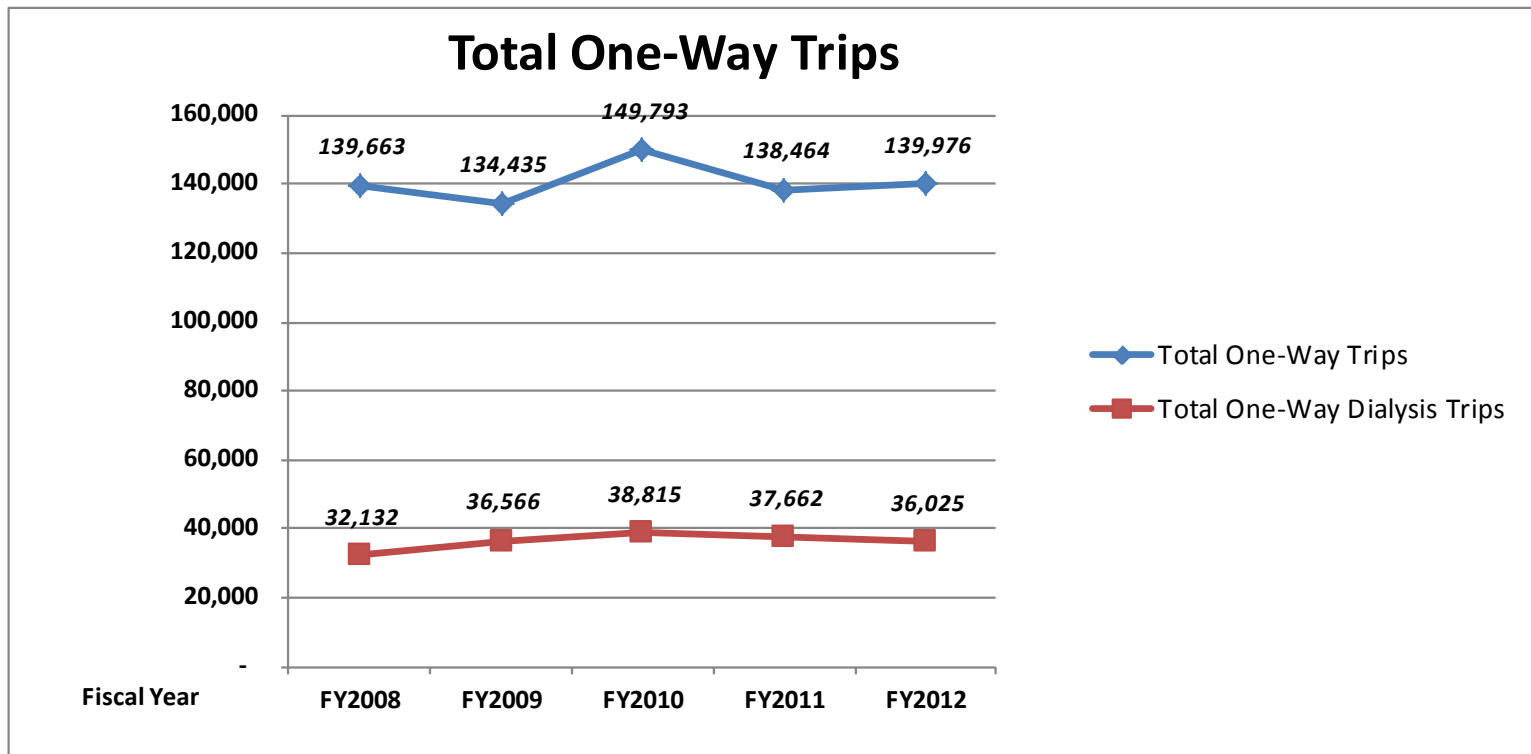
Suwanee River Economic Council (Bradford, Dixie, Gilchrist and Lafayette)

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	32,006	30,814	31,585	31,452	51,719
Total One-Way Dialysis Trips	3,744	4,368	3,588	3,822	3,710
	12%	14%	11%	12%	7%
					11%



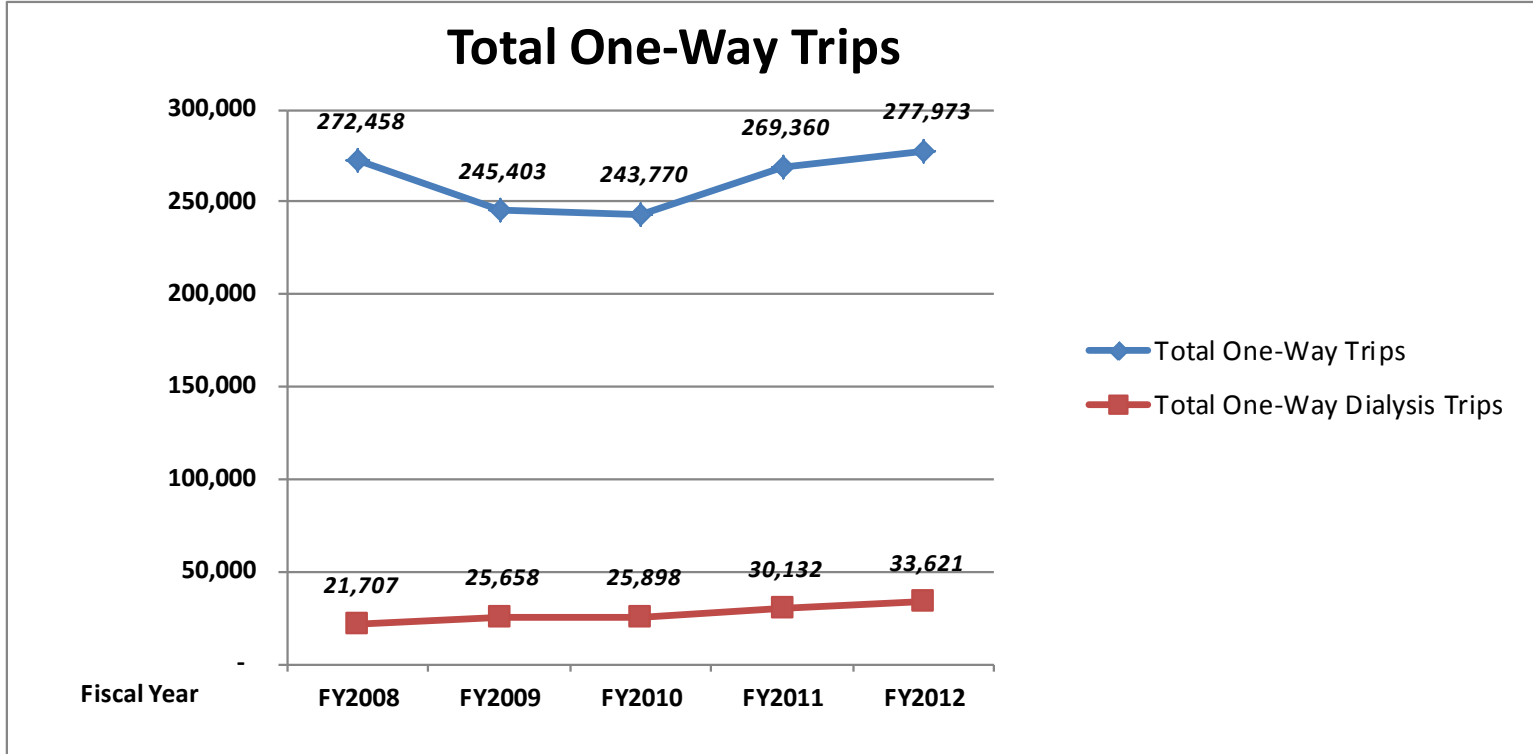
Veolia (DeSoto, Hardee, Hillsborough and Okeechobee)

	FY2008	FY2009	FY2010	FY2011	FY2012	
Total One-Way Trips	139,663	134,435	149,793	138,464	139,976	
Total One-Way Dialysis Trips	32,132	36,566	38,815	37,662	36,025	
	23%	27%	26%	27%	26%	26%



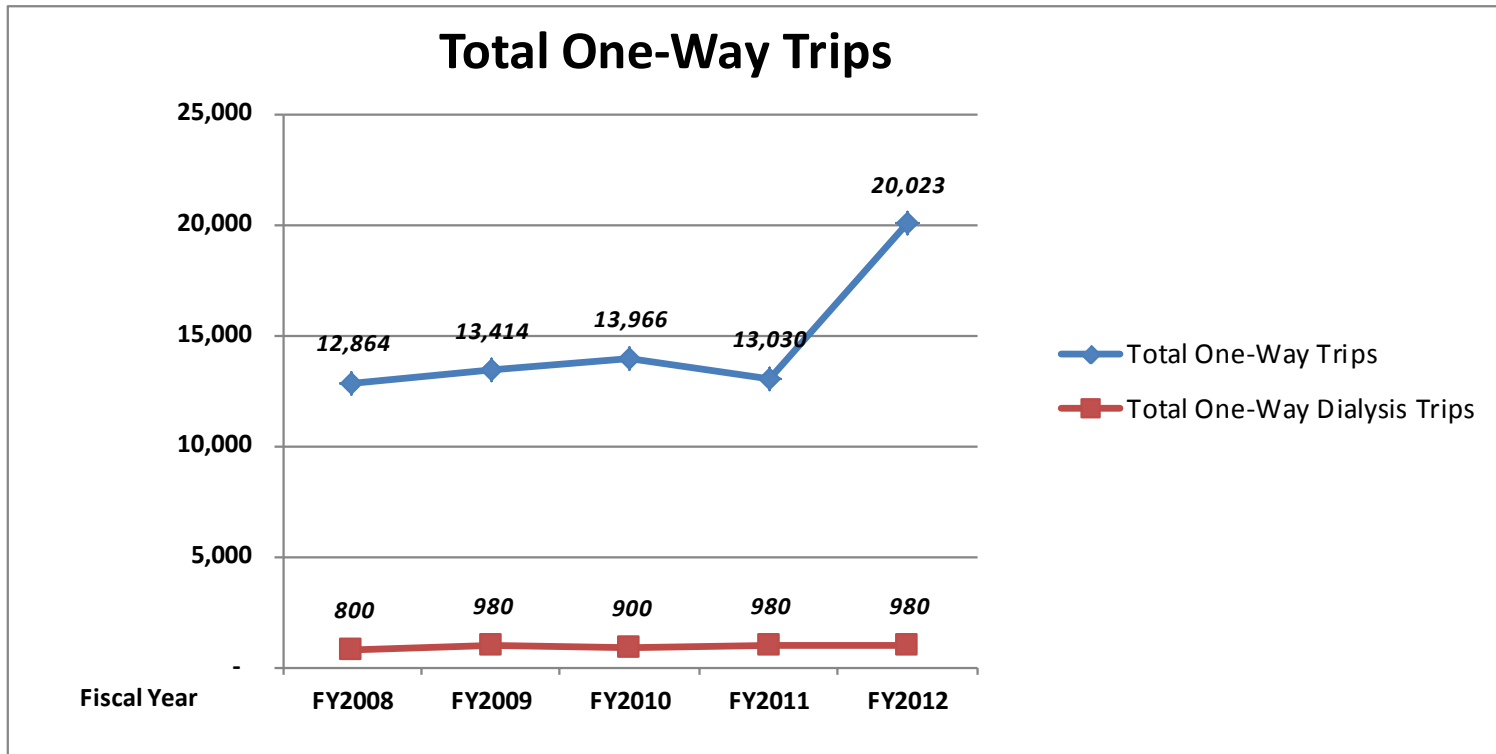
Volusia County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	272,458	245,403	243,770	269,360	277,973
Total One-Way Dialysis Trips	21,707	25,658	25,898	30,132	33,621
	8%	10%	11%	11%	12%
					10%



Wakulla County

	FY2008	FY2009	FY2010	FY2011	FY2012
Total One-Way Trips	12,864	13,414	13,966	13,030	20,023
Total One-Way Dialysis Trips	800	980	900	980	980
	6%	7%	6%	8%	5%
					6%



APPENDIX D
RESPONSES TO OPEN-ENDED SURVEY QUESTIONS

Q5. Were you able to accommodate all requests for trips to/from dialysis treatment during the past three years?

- MTM established a waitlist to allow other TD priorities to be met. There are currently 9 dialysis patients on the waitlist.
- Medical is highest trip priority on TD
- We work with both dialysis centers in town to try and get everyone who is transportation disadvantaged to and from.
- Yes - only by subcontracting to local taxis - now up to 5% and increasing
- We work closely with our local dialysis centers to ensure all clients get the treatments that are needed.
- Medicaid requests were accommodated; however, TD service is not available on Saturdays and only between the hours of 9:00am - 4:00pm M-F.
- We work with the dialysis centers to schedule dialysis trips dialysis works at common times.
- There are times when our Operator fails to pick up a dialysis client.
- In some cases, especially with more recent requests, requested times were negotiated. Facilities have increased their capacity with additional days of service and earlier or later shifts, which required negotiating to accommodate the transportation-dependent riders.
- We exceed our allocation every year.
- Funding and destination requests were the issues.
- Would depend on time and if trip fit on route

Q6. If no, what are the primary barriers to fulfilling the dialysis treatment trip requests? (Select all that are applicable.)

- Increased demand exceeds operating capacity (vehicles, schedules), which is developed based on funding provided - overflow necessitates subcontract help.
- Operator error
- Destinations outside the service area were requested and denied

Q8. Please describe how your agency has worked with dialysis treatment facilities to accommodate demand for transportation to/from dialysis treatment?

- The dialysis facility has set times/days for dialysis service, which they relay to us along with names, addresses, etc. When holidays come into play, the dialysis center will send us an alternative list to use for that specific holiday(s). This system works well for our dialysis clients.
- Transit-system-friendly dialysis schedules
- We make dialysis trips our highest priority. Treatment facilities work with us to arrange schedules for those needing public transport to fit in our time drop-off and pick-up schedule.

-
- MTM has developed a great relationship with the dialysis facility. Patient chair times and days are coordinated with MTM prior to scheduling which allows us the ability to find a provider to accommodate.
 - Any changes to services are sent to dialysis centers.
 - Medical is our top priority and we try to accommodate, but that can work against us sometimes as one of the centers thinks dialysis is all we have to do all day.
 - It was easier to receive the schedules and patient chair times directly from dialysis than from the clients. We educated the dialysis centers on the 15 minute leeway and to allow additional time after dialysis due to unforeseen issues which may happen. This has worked with scheduling but we still have issues with the returns due to the unforeseen issues like bleeding and the condition of the clients which prevents some from being ready during their returned time.
 - Ongoing, concerted effort to persuade local dialysis centers to adhere to a "nearest facility" plan - while this scheduling had been somewhat successful, increased demand is eroding its effectiveness. Also, insurance plans have become more restrictive and therefore less accommodating to location of treatment.
 - We have requested a time change on occasions.
 - We accommodate the transportation needs of the facilities.
 - We have worked with our 4 units to group riders by area in the same day or time slots, verses one on Mon-Wed- Friday and the other on Tuesday - Thursday and Saturday. By doing this it helps if one is in the hospital and comes out overnight we can quickly add them to the schedule. Also, the same driver is assigned and can return to the facility and check on client's status.
 - Subscriber trips are coordinated through our Paratransit Operations Supervisor to adjust for holidays, hospital stays, etc. Patients not ready for pick up at the scheduled time are monitored and pick up time is adjusted by Votran with coordination from dialysis center staff.
 - We coordinate scheduling of customer seat times with the dialysis centers including early customer schedules and late customer schedules which help us during non-peak travel hours.
 - Charlotte County transport patients to dialysis centers six days a week. Together we work out schedules to accommodate all dialysis clients.
 - The dialysis center in Marianna, FL tries to work with our schedule.
 - The dialysis treatment facility works with the agency by giving priority to TD riders. They do their best to schedule this funding source on M-W-F between the hours of 9:00am and 4:00pm.
 - Five clients at one facility and put on at the same time just about. Two clients at the other end of town, which we coordinate with another trip.
 - The CTC staff regularly meets with the dialysis facilities to insure all dialysis transportation requests are being met especially when chair times change due to holidays. We also send surveys regularly to dialysis patients to see how our Operator is performing.
 - Work with them to maximize scheduling for multi-loading.

-
- Additional runs have been instituted into schedule to accommodate primarily dialysis trips/demand.
 - In some cases, especially with more recent requests, requested times were negotiated. Facilities have increased their capacity with additional days of service and earlier or later shifts which required negotiating to accommodate the transportation dependent riders.
 - Holiday scheduling, remodeling schedule (currently) and seasonal influx of residents on the centers, consequently changing our resident's normal appointment times. During hospitalization (when residents go in and when they are released to begin at the centers again) we inquire to find out when our residents will be ready to come home.
 - Dialysis agency submits application directly to PCPT.
 - We have asked them to consider placing patients at centers close to their homes.
 - If the patient is not Medicaid eligible, we have them to complete an application for non-sponsored transportation.
 - Had to adjust times and schedule when we could group trips and clients. Taking some clients out of service area because centers here are full.
 - Transport to closest facility, work with center to schedule for same times those who can be routed together
 - We have worked with the facilities to arrange treatment times that would fit within our trip schedules so that we can accommodate everyone.
 - We have asked the centers to schedule their transportation dependent patients in the early shifts to ensure availability.

Q9. Please describe any unique transportation service delivery techniques you have implemented to accommodate the increased demand for dialysis transportation.

- We have different vans of different sizes and number of client capacity and mode of travel (ambulatory, wheelchair, and stretcher).
- If the state would require the dialysis facilities to participate in the coordinated scheduling of trips, substantial funding would be saved and dialysis trips could then contribute to the building of flex route systems statewide. The ability to pull the dialysis transportation funding into flex routes that can then be accessed by the general public has great public benefit. The flex system in Putnam is built upon the coordination of dialysis and other subscription trips. These trips form the backbone of the service and revenue saved through the coordination of these trips is then used to fill in the schedule with intermediate runs that flesh out the system in terms of usage by Medicaid clients and the general public.
- We are in the beginning stages of implementation of a volunteer transportation program, which will provide services to dialysis members as well as others with disabilities
- A few dialysis patients can take bus to dialysis and paratransit home. ADA paratransit and Medicaid NET perform most dialysis trips.

-
- We have chosen certain routes to accommodate the dialysis trips on a daily basis.
 - Increasing reliance on taxi subcontracting
 - Being in a rural county, the distance and pickups are spread all over. We have worked with our 4 units to group riders by area in the same day or time slots, verses one on Mon-Wed- Friday and the other on Tuesday - Thursday and Saturday. By doing this it helps if one is in the hospital and comes out overnight we can quickly add them to the schedule. Also, the same driver is assigned and can return to the facility and check on client's status.
 - Within the current resources we are able to perform all trips. We coordinate with staff at dialysis centers to minimize uncompleted trips.
 - We have extended our service hours in the morning and the evening to accommodate the additional dialysis customers. This is due directly to increased demand for the various dialysis centers and their locations in Collier County.
 - Charlotte County transport to dialysis centers six days a week. Together we work out schedules to accommodate all dialysis clients.

Q10. Please describe how the provision of non-Medicaid funded dialysis trips is impacting your operations.

- No different than Medicaid.
- Dialysis trips make up a large share on non-Medicaid funds.
- No impact on our operations.
- Most of the members needing dialysis transportation are TD and currently there are nine on the waitlist. These trips have put a huge strain on the TD service limiting service to others in need of grocery shopping, doctor's appointments and other life sustaining activities.
- Dialysis trips constitute a high percentage of trips and cost on ADA paratransit which lack grant funding.
- We transport passengers from all parts of town to both centers, we transport to dialysis when our office is closed for holidays and when one of them has a problem with a patient needing to go to the hospital, and we transport the patient even when it's not part of our daily schedule.
- It can be an overwhelming cost on fuel and operations due to the distance we have to travel, some of our clients live in the rural areas which limits our operations to servicing most trips with the urbanized areas. This restricts these runs to just operate in those areas.
- No TD funds available for any additional demand trips in Lee County (only Dialysis/Oncology) - no TD funds available in Hendry/Glades Counties for other than Medical (mostly Dialysis)
- Paying the 10% match is sometimes a problem for the riders
- Under the State of Florida Transportation Disadvantaged Grant, last year (2011) of the 100% of funding 20% of the dialysis clients generated 46% of the trips.
- Will call is the status that is used to reset a trip if the patient is not ready at the time. This may cause uncompleted trips that need to be rescheduled.

-
- Non Medicaid dialysis recipients that reside in Immokalee have to travel to Naples for treatment. That is a significant distance. (Non-citizens have one option for treatment-the public clinic). The distance is greater than 50 miles one way.
 - When clients are not funded by Medicaid they are usually funded under TD funds, OAA funds, CCE funds, or they ride our public transportation service.
 - On days when dialysis treatment center is running late the agency has to reschedule drivers to accommodate return trips

Q11. Please describe how the provision of non-Medicaid funded dialysis trips is impacting your financial situation/budget.

- A little less funding.
- Ride Solution has averaged less than a 1% margin before depreciation over its 27 year history. We put our funding into service. The flex route system is good at absorbing increased trips but is less flexible in dealing with decreased funding as the efficiencies of coordination are already committed to fleshing out the schedule. The primary impacts upon Ride Solution in the past three years have been funding reductions and cost increases, rather than increased trips.
- It lowers the amount of work, education etc. trips we could provide.
- TD paratransit is not promoted to dialysis patients in order to have funds for TD bus passes, placing non-Medicaid dialysis trips onto unfunded ADA paratransit which is ever-escalating and exceeding budget.
- In 2010 one of the dialysis centers was asking if we would take on passengers getting out later as they wanted to stay open until 6:00pm. Our last pickup was at 5:00pm back then and we could not accommodate. In October 2011, we received a grant that allowed us to extend our hours of operations and we now make the later pickup at dialysis.
- Basically for the cost of fuel and the service provided significantly impacts our revenue for the miles and days traveled in the rural areas. As mentioned earlier on a daily basis we run into situation where the client is not ready due to unforeseen issues this causes repeated trips to the facilities, which is a hardship on the cost and miles.
- Meeting the dialysis demand is causing TD trip costs to exceed budget by 15%
- The 10% match requirement is not met because of the inability to pay.
- If we didn't have Transportation Disadvantaged dollars it would have a huge impact. Majority of the riders are not Medicaid funded. The grant requires 10% local match which is the riders copay. Some riders under TD are not able to 10% trip cost this is an impact on our agency. We are aware that the American Kidney Foundation is able to pay \$25.00 to the individual on a request. There have been times they have applied and sent it to us but not has often as needed.
- Distance and time equals cost. There is an increase on the TD side of services and often for our customers who have limited means; we do not get the co-pay due to their financial hardship.

-
- When clients are not funded by Medicaid they are usually funded under TD funds, OAA funds, CCE funds, or they ride our public transportation service.
 - On days when dialysis treatment center is running late the agency has to reschedule drivers to accommodate return trips and often incurs overtime which impacts budget co-payments
 - There isn't an adverse impact because of our trip priority list which is Medical, Nutritional, Employment, Education and Life-Sustaining/Other.
 - Due to the multi-loading system in place the financial burden is shared as 99% of the time Medicaid recipients and non-sponsored dialysis patients go to the same centers at the same times.
 - We exceed our TD allocation by \$300,000 to \$500,000 every year and approximately 70% of our TD trips are for dialysis.
 - It is having a great financial impact because we have to provide more trips to satisfy the dialysis need. The dialysis center has limited seating and therefore the schedules for the patients are spread out throughout the day in 3 and 4 hour blocks.
 - Reduced services for other trip types, and longer lead times for future trips to spread the budget out.
 - All are non-Medicaid, not impacting our budget in particular
 - Since Non-Medicaid funded dialysis trips uses so much of our available budget, we are very limited in the funding and trips available for other purposes.
 - As stated previously, most dialysis patients travel by either wheelchair or stretcher, increasing the cost of the trip.

Q12. Do your operating policies allow you to cross county lines for dialysis transportation?

- Yes since there are no dialysis facilities in Union County.
- TD doesn't however, Medicaid does.
- With two dialysis centers in town, there is no need to cross county lines.
- We now have some client dialysis treatment locations which require out-of-county transportation - we have adopted that as policy.
- We transport Baker County people in to Jacksonville three times a week for dialysis.
- We do not cross county lines since we stopped providing Medicaid transportation.
- Most dialysis clients stay within Charlotte County unless they need specialized treatment which is done in Sarasota County.
- If we pick them up in our county we can then cross county lines to get them to their appointment.
- Our policy allows for transport to Orlando on Tuesdays and Thursdays and to Gainesville on Mondays, Wednesday and Fridays. In addition, if a dialysis facility is close to the County line then we will transport to those facilities as well.
- If necessary. Has never been required.
- There is only 1 dialysis center in Monroe County. We transport to out-of-County facility 3 times a week.

-
- In unique situations only (Temporary, Pediatric, or only Medicaid treating facility that will accept patient).
 - Currently Sumter County has only two dialysis facilities in the county which are located in the most northern part of the County at The Villages. The remaining dialysis patients go to the centers located in Leesburg (Lake County).
 - On a very limited basis.
 - All of the dialysis patients who live in Franklin County are transported to Gulf, Bay and Leon Counties for dialysis services.
 - But we really fight that unless it is the shortest distance from the client's home.
 - The dialysis treatment center in our county, which opened in May, 2011, is already at capacity. So, in addition to our transporting patients to the center in our county, we also have to take overflow patients to centers in a neighboring county.

Q13. How do your operating policies impact (positively or negatively) dialysis patients?

- Positively, by being able to cross county lines we can transport to the closes dialysis center and keep cost down
- Positively, by arranging to get those needing dialysis home as quickly as possible after appointments.
- Advance reservation requirements limit urgent dialysis treatment, such as getting clogged shunt unblocked and returning home from there.
- Positively, we help them with getting to their much needed treatments. Negatively, we have so many dialysis passengers, once in a while one of them will arrive late for their treatment
- In a positive by organizing with the dialysis centers a schedule in which they fax us to confirm and determine who the client will be assigned to. Negative, the continuous overflow of not being able to complete the return times due to unforeseen issues, which causes or vehicles to return back to the facility due to the clients not being ready.
- Positively for dialysis patients/clients because our policies/practices have established their need as an absolute priority - to this point, even though the activity level now represents 50% of our total activity (twice the level of 4 years ago), with the help of subcontractors, we've met the dialysis trip demand. Obviously, continued acceleration of that demand is problematic. On the other hand, all other patients/clients have been negatively impacted - no trips other than medical, no new on-demand type trips.
- We do not deny trips within county. There are a large number of dialysis centers distributed throughout the service area. Patients that have late appointments may need to have their dialysis schedule adjusted if they are not in the night service ADA corridor.
- In the interest of customer service, we provide 100 percent of the requested dialysis trips that are non-Medicaid. The impact is neutral to the customers who are the recipients of this essential service.

-
- Positively, we work out all scheduling with the dialysis centers that accommodate our clients.
 - The agency operating policies positively impact dialysis patients by giving priority to their scheduled lobby time. Negatively by service hour and day availability.
 - Positive, clients they are grateful for rides.
 - Positively, we pick up dialysis patients within 30 minutes of them completing treatment. There isn't a negative impact.
 - There is a positive impact for patients as we allow for non-Medicaid transports to go out-of-county treatment center vs. transporting up to 200 miles round trip to only County facility 3 x's a week.
 - Dialysis patients are considered most in need and are accommodated whenever possible and by any means necessary.
 - Needless to say dialysis patients are our top priority. There is impact to the starting times which can be as early at 4:30 AM due to the centers first seat begins at 6:00 am. The return home tips in late afternoon and evening (between 2:00 pm and 6:00 pm) has a higher volume vs. driver availability for SCT. The morning drivers are available for drop offs and early returns, where afternoon drivers are fewer in order to do return trips only.
 - The service is available to dialysis patients on the days and at the times they need it.
 - Dialysis patients are treated like any other riders. We try to provide them a positive riding experience.
 - We have had dialysis patients that live close to the Duval County border that are brought to St. Augustine for treatment, making for a longer ride than desired by all. We also area multi-loading operation which sometimes results in a longer trip than optimal for a dialysis patient.

Q14. Please share any other comments regarding dialysis treatment transportation.

- We have a good working relationship with the Starke Dialysis Center and our dialysis patients.
- Dialysis trips are very easily coordinated provided the CTC has the support of the dialysis staff. This is often problematic due to the hierarchies involved. Policy needs to be developed that requires the coordination of dialysis trips that are funded with tax dollars.
- Dialysis transportation needs more funding.
- Medicaid should offer dialysis at home to reduce costs associated with NET, TD, & ADA paratransit. Or, separately contract dialysis trips to include urgent trips such as unclogging shunts, and free NET, TD & ADA to meet non-dialysis needs.
- The timing with dialysis plays a large part in our scheduling. We have someone scheduled to finish at dialysis at a certain time and when arrive to pick them up, they are not ready, sometimes up to an hour's difference and we have to make changes to the schedule to get that person picked up later.
- Vital, critical service - appreciate opportunity to participate in survey

-
- We only have 1 clinic with three shifts. The hours per day are around 14 hours just for dialysis riders.
 - Dialysis units are private corporations and need our services and need to help sponsor clients with no funding.
 - The dialysis centers that our clients use are willing to work with Charlotte County Transit's schedules to ensure everyone is able to receive the necessary treatments.
 - When you go over your Medicaid budget and have to put them into the non-budget loss the copayment.
 - We realize the importance for dialysis patients to receive treatments. We meet with our operator regularly and dialysis facilities to insure transportation request are met.
 - Our goal is to shorten the return trips for dialysis patients. We understand the toll it takes on them. Having so few dialysis centers creates longer travel times. Our average travel time to a center is 45 minutes which time can be doubled on any given trip if you pick up more than one patient. My personal goal is to have a bus ready and waiting at each center when the each shift is over. Each passenger deserves quality attention and service. Our passengers are grateful for the service we provide and understand when we have to stand by when a dialysis patient has difficulty when coming off the machine.
 - Additional funding is needed, preferably a dedicated funding stream. If not, then definitely in increase in the TD allocation.
 - Many of these persons have their own transportation in the family but choose to utilize the dialysis center to arrange transportation.
 - It is one of the highest cost groups because of the frequency and follow up medical trips with these very sick clients. A port blockage is a 185 to 250 mile one way trip to repair the port.
 - It is crucial that the dialysis center personnel understand the challenges of community transportation and schedule those patients accordingly, i.e., early shifts as opposed to later shifts, etc.

APPENDIX E
PERSONAL INTERVIEWS SUMMARIES

Kathy Balentine
Gulf Coast County
July 24, 2013

- Dialysis transportation is a big problem.
- A dialysis center recently opened in Port St. Joe; prior they made 40-mile one-way trips to Panama City.
- Dialysis transportation is a constant pull on resources, drivers, and vehicles.
- They MUST provide all Medicaid trips; they can limit non-sponsored trips if necessary.
- Dialysis trips are given priority.
- Some "other" trips have declined, but she can't quantify.
- She would like improved relationships with treatment centers; would like better cooperation regarding chair times and chair dates.
- No volunteer or voucher programs in place
- Wishes she had more time to discuss the issue with her peers.

Debbie Nelson
Sumter County
July 31, 2013

- She operates a fully brokered system.
- Recurring medical trips are number 1 priority.
- She was surprised to learn that there were a greater number of non-sponsored dialysis trips than Medicaid dialysis trips.
- She is investigating a "premium care" service for dialysis patients, which would provide more timely pickups; she is pursuing a service development grant.
- She serves 6 dialysis treatment facilities.
- She does not have much direct interaction with treatment centers.
- Most dialysis trips are scheduled by patients.
- Approximately 10% of annual dialysis trips are taken by residents of the Villages.
- An issue: early morning dialysis trips; treatment centers can't/won't adjust chair times.
- Travel times for return trips can be lengthy.

Matt Pearson
Bradford/Dixie/Gilchrist/Lafayette Counties
July 24, 2013

- An occasional spike in demand for dialysis transportation but not a major issue
- Because his operation is so small it only takes 2 or 3 riders to make a huge change in their overall numbers
- Demand for service has not exceeded the money available
- They focus primarily on medical trips
- As a rural area, rider expectations are different---perhaps not as demanding as those in more urban areas.
- Dialysis transportation is not a big deal.

Tim Banks
DeSoto, Hardee, Okeechobee and Highlands Counties
July 10, 2013

- Dialysis is a pretty big issue. Takes a lot of budget from both TD and Medicaid
- Dialysis treatment centers do not help pay for service
- He has not approached treatment centers and asked for money
- He has significant dialogue with treatment centers regarding scheduling
- DeSoto County center recently expanded by adding T, Th and Sat service; Tim asked for the M, W, F schedule but the center was unable to accommodate
- Almost all clients go to Ft. Myers for shunt work
- Most denied dialysis trips are shift issues. Some denied are because of money
- Tim doesn't take care of seasonal dialysis patients
- The parish nurses association in Highlands County does a bang up job with volunteerism
- Tim thinks every doctor should be required to serve at least 10% Medicaid patients which would prevent transportation to specialists and minimize long distance trips.

Shawn Mitchell
Gadsden, Madison, Jefferson and Taylor (Big Bend Transit)
July 29, 2013

- Dialysis represents less than 2% of daily trips
- He believes there is a lot of home-based dialysis in the area which reduces demand for transportation to treatment facilities
- 60% of dialysis trips are by people over the age of 60
- He has not experienced a significant increase in new dialysis cases
- His service area is economically challenged (a REDI region)
- He suggests the county population may be decreasing
- He works very closely with dialysis treatment facilities; the relationships are very positive

-
- Treatment centers arrange trips
 - No locally based dialysis treatment center which necessitates cross county trips
 - The need for cross county trips actually improves access for non-dialysis customers

Lou Ferri & Evette Rickets
Palm Beach County
July 22, 2013

- No spikes in dialysis transportation
- Not a big impact
- Dialysis is a pretty big deal. Have 2 schedulers just doing dialysis.
- Schedulers communicate directly with dialysis treatment centers.
- Dialysis treatment centers contact Palm Tran and send quick request. Palm Tran serves as a 1 stop shop. Operate subscription-type service for dialysis patients.
- Evette visits treatment centers regularly to discuss performance.
- While a challenge, Palm Beach County has a very good handle on dialysis transportation.
- Palm Beach County does not deny any trips.
- Palm Beach County goes above and beyond ADA.
- The dialysis community can be demanding.
- The return trip is often difficult.
- Centers should be covering part of the cost.
- Dialysis center managers often speak at County Commission meetings in support of Palm Beach County's service.
- Palm Beach County focuses on customer service.
- Palm Beach County tries to utilize the same drivers for each center so patients gain comfort and familiarity with drivers.

Heather Blanck, Edie and Jim
Volusia County
July 30, 2013

- They focus only on non-Medicaid trips
- They never deny dialysis trips
- They have a very positive working relationship with the 9 dialysis treatment centers
- They strive to expedite the eligibility process for dialysis patients
- When they have no-shows from dialysis patients, they call the family for "counseling"
- They use 1 or 2 busses to provide all dialysis trips each day
- Tried to implement a volunteer program but workers compensation became a challenge
- These are difficult financial times; an increase in paratransit trips increased costs
- They would like a special program that funds dialysis transportation
- They lead the state in aging population

Mark Wood
Jacksonville Transit Authority
August 23, 2013

- The life-threatening nature of dialysis transportation makes it a priority.
- Fulfill same day requests---the political side of the business
- There are greater expectation regarding fulfillment of dialysis trips
- From an operations perspective, trip purpose is taken into consideration
- They do not deny trips
- Any budget shortfalls are covered from the fixed route side of the house
- They have plans to prioritize and cap TD trips
- Changes in organizational leadership will translate into more fiscally responsible decisions in the future
- The relationship with dialysis treatment centers is very one-sided---the facility side
- They meet with case workers on a periodic basis to explain the system's operating policies
- They try to have regular dialogue with the treatment facilities
- They do not force people to the nearest treatment center...operational efficiencies versus political expediency
- Idea: Exclusive dialysis service and exclusive dialysis funding
- Idea: Dialysis treatment facilities have obligation to pay for/subsidize service
- Idea: The agency needs an employee to nurture relationships with treatment facilities
- Dialysis treatment facilities bring very little to the table regarding how to make things work better
- Someone needs to hold dialysis treatment facilities accountable

Ed Wisniewski and Karen Smith
Hillsborough County
July 23, 2013

- Sunshine Line, MMG and HART each provide dialysis transportation
- Medicaid eligible, within ¾ mile of fixed-route (ADA eligible), TD is provider of last resort
- Sunshine and HART have segregated treatment facilities by service area.
- Sunshine works directly with dialysis treatment centers.
- Dialysis and other essential medical trips are the top priority for the Hillsborough LCB.
- Smaller counties which only have TD funds for dialysis may run out of money.
- Sunshine promotes an ever growing bus pass program for TD and dialysis treatment
- Dialysis is NOT a big deal for Sunshine

Benita Zarr
Manatee County
July 10, 2013

- Approximately 22% of their trips are dialysis
- 1 or 2 drivers are dedicated to dialysis
- Trip distances are a problem
- Road supervisors meet with dialysis treatment centers
- Some TD and some conditional ADA clients use fixed-route for the trip TO treatment and paratransit home
- The increase in TD trips is paid for with TD money
- Trips are prioritized—life sustaining, work, ...
- Approximately 50-70 new clients per month, some of whom are dialysis
- Manatee uses 10 contract coordinators
- Manpower shortage presents problems. Has asked County for more money but unsuccessful
- Might consider charging more for the service.
- Might consider asking treatment centers for money.

Steve Ullman
Broward County
July 10, 2013

- Palm Beach, Broward and Dade Counties are unique
- They do not have a specific pot of money set aside---all trips are paid for out of 1 big pot
- They monitor the dialysis treatment centers where patients are transported
- Better scheduling has helped them manage costs
- Deliver approximately 3,000 trips per day
- Recently broke the 2 passengers per mile goal

Gwen Pra, Bill and Pat
Suwannee Valley Transit
September 12, 2013

- Local dialysis treatment facilities do not have sufficient number of chairs. As a result, the CTC must transport patients to other facilities.
- A very close relationship with treatment centers. No regular scheduled meetings.
- There is a huge demand for all TD trips including dialysis.
- SVA prioritizes trips---medical is number 1.
- Estimate 7 trips per week go unfulfilled due to demand for dialysis transportation.
- Although they can't quantify, the demand for dialysis transportation is increasing.
- Some dialysis treatment centers complain because SVA is not able to pick up patients at the exact time.

-
- SVA incurs a lot of heat from the public for frequent trips with few riders.
 - SVA is in a rebuilding process and is not in a position to implement a volunteer, voucher, mileage reimbursement or any other type of "special" service.
 - SVA recently hired a mobility manager.
 - Additional funding for dialysis transportation is needed.

Boyd Thompson, Myra, Wanda
Putnam County
July 30, 2013

- Dialysis trips are number 1 on the priority/protocol list
- Prior to our survey, they were unaware of growth in dialysis trips in Putnam County
- The bulk of their service is on "flex route"; flex route is 1 size fits all for human service and general public transportation
- Dialysis and subscription senior trips form the backbone of the schedule
- Dialysis treatment facilities contact them prior to scheduling trips
- Their financial challenges have come from cuts in Medicaid and Med Waiver
- New trips are absorbed into existing flex routes
- Putnam County is not the most progressive regarding financial support for transit
- They recommend more flex routing in rural areas
- The more dialysis trips they provide the more related trips are demanded
- A doctor's office in St. Augustine is helping to pay for transportation
- Dialysis transportation is not an issue for operations
- Dialysis No-shows are sometimes a problem

Sheryl Hartzog
Clay County
August 1, 2013

- Some TD clients under Medicaid can't pay the fare; some Medicaid clients choose not to
- All dialysis treatment centers are private sector
- Clay is a rural county
- A lot of dialogue with dialysis treatment centers
- Some centers adjust chair times to accommodate her operations
- She assigns the same driver to a particular group of riders
- Dialysis centers contact her directly to schedule trips
- 19% of TD trips are for dialysis and use 48% of the money
- When a patient says "can't pay" the County pays
- There has to be a way to accommodate the patient's share of the transportation cost;

**Lisa Sanders
Martin County
July 25, 2013**

- Her policy board has placed a limitation on re-occurring trips
- To better manage costs, she is making sure riders have no other means of transportation before transporting
- She currently has 12 people on the dialysis wait list
- She is trying to utilize mileage reimbursement for dialysis trips.
- She will soon be launching a volunteer service; currently has 5 volunteers
- She has implemented a small voucher program funded by United Way
- Dialysis remains a big problem

**Tom Nolan
Good Wheels
August 6, 2013**

- The numbers clearly show that dialysis portion of total trips has increased dramatically
- They do not restrict demand
- Increase in dialysis has impacted other trips
- A large number of dialysis are Medicaid trips
- They are providing more and more out of county dialysis trips...trips to the Tampa and Miami areas
- They are relying more on subcontracted taxi services to meet demand
- They have implemented dialysis schedules to help better manage. No longer daily trips out of county
- TD program allows no out of county trips
- Good wheels has reduced salaries and benefits to deal with budget challenges
- They have a good relationship with the dialysis centers
- Policy board has no interest in providing additional financial support
- A dearth of dialysis treatment centers in Hendry and Glades counties
- Increased demand from Lee County—unsure why

**Ken Harley
Lake County
August 23, 2013**

- The demand for dialysis transportation is growing in Lake County
- He and his staff work closely with dialysis treatment centers
- His staff contacts dialysis treatment centers once per week
- Lake County Commissioners are pretty supportive of dialysis transportation
- They have prioritized trips---medical and nutritional trips receive priority