

TORONTO TRANSIT COMMISSION REPORT NO.

MEETING DATE: September 27, 2012

SUBJECT: STATUS UPDATE: WHEEL –TRANS TRANSPORTATION FOR
NON- ELIGIBLE DIALYSIS PATIENTS

ACTION ITEM

RECOMMENDATION

It is recommended that Commission approve notifying Wheel-Trans dialysis customers who do not meet the eligibility criteria, no later than mid-October 2012, that service will cease commencing January 1, 2013.

FUNDING

Funds for the provision of service to dialysis customers not meeting the Wheel-Trans eligibility criteria are not included in the 2013 budget submission.

BACKGROUND

Wheel-Trans provides service to persons with physical functional mobility limitations. The sole exception allows ambulatory dialysis patients to use the service for travel to and from dialysis treatment. This exemption was approved by the Commission in the mid-1990's following requests from the community. At the time, Wheel-Trans received a 50% subsidy from the Province of Ontario.

At the September 16, 2011 Commission Meeting given the potential 2012 budget constraints, it was approved by the Commission that the exemption from the Wheel-Trans eligibility criteria afforded to ambulatory dialysis patients (i.e. who do not require accessible transportation) be discontinued in order to preserve service for customers who meet the eligibility criteria. The Commission also directed staff to continue to explore the possibility of shifting dialysis patients to alternative service providers. This decision was reconfirmed at the October 14, 2011 Commission Meeting noting that staff were working with the Local Health Integration Network (LHIN) to obtain alternative funding in order to avert the discontinuance of their service in the New Year.

Subsequently on December 14, 2011, the Commission approved that service for ambulatory dialysis patients continue until the end of June 2012 so that the TTC could work with the Ministry of Health and Long Term Care (MOHLTC), the Toronto area LHIN, and the Kidney Foundation to find a funding solution so that rides could continue to be provided to ambulatory dialysis patients. In addition, the Commission approved that no

new ambulatory dialysis customers be registered to receive Wheel-Trans service.

At the January 31, 2012 Commission Meeting, service was restored to ambulatory dialysis passengers for the entire year of 2012 and eligibility was reinstated for new ambulatory dialysis customers during 2012. This was a temporary measure to allow the MOHLTC and the LHIN to address the transportation needs of dialysis patients that do not meet the Wheel-Trans eligibility criteria.

DISCUSSION

In March 2012, a working group consisting of representatives from the Toronto Central LHIN, hospital Dialysis Units, the Kidney Foundation, Toronto Ride, Wheel-Trans, and a dialysis patient was assembled to address the transportation needs for patients receiving dialysis treatment that currently receive Wheel-Trans but do not meet the eligibility criteria.

To date, the group has developed eligibility criteria that would identify patients that require transportation. A final report was sent to the CEO of the Toronto Central LHIN on August 3, 2012 with 14 recommendations (Appendix “A”) focused on developing a transportation model for patients. A means of providing alternate rides was recommended with proposed funding also set out. This facilitates Wheel-Trans no longer providing this service and the 2013 Wheel-Trans budget was prepared without these costs.

In order to achieve as smooth a transition as possible, Wheel-Trans will begin to notify approximately 700 customers registered solely based on dialysis in late September 2012 that their service will discontinue effective January 1, 2013. Customers will be given the opportunity to have their eligibility reviewed prior to the discontinuation of service. In addition, Wheel-Trans staff will work with the LHIN to direct customers to available providers.

JUSTIFICATION

The exemption afforded to ambulatory dialysis patients not meeting the Wheel-Trans eligibility criteria will be discontinued in order to preserve service for eligible customers. Staff will continue to support the Toronto Central LHIN working group in the development of their transportation model. To prepare customers for the upcoming changes, staff need to give them sufficient notice to arrange alternate transportation.

APPENDIX “A”

The Working Group for Eligibility Criteria for Accessible Transportation for Dialysis Patients

Recommendation #1

- Develop a rigorous system for ongoing identification of dialysis clients with Wheel-Trans client numbers, but who do not use Wheel-Trans services.

Recommendation #2

- Develop information toolkits for dialysis clients that include transportation providers and resources to assist them with financing for fares. Encourage patients to utilize other sources of transportation (i.e. family, friends, and volunteer transportation) wherever possible as a first resort. Adopt a philosophy that specialized transportation should be used as a short-term solution or in special circumstances for patients that do not meet the TTC Wheel-Trans eligibility criteria.

Recommendation #3

- Provide a toolkit for social workers that include transportation systems that are currently funded by local or provincial funders for qualified dialysis clients (i.e. taxi cabs for clients covered by ODSP).

Recommendation #4

- Adopt a standardized assessment tool to measure mobility, falls risk, and cognitive function for accessing specialized, publicly funded transportation in the GTA.

Recommendation #5

- Develop standards for the frequency of eligibility assessments and reassessments (i.e. every 1 or 2 years). Include a method to reassess patients when their physical, financial, or cognitive status changes or when they are no longer on in-facility dialysis.

Recommendation #6

- Develop an auditing process to ensure the assessment process is consistent across GTA hospitals. Ensure that quality is maintained and that reporting is consistent.

Recommendation #7

- Develop a fare rate for users of specialized transportation that matches or is slightly increased from fares of other publicly funded transportation services such as TTC. Recommended fares should be at a minimum \$3 per one-way ride and a maximum \$5 per one-way ride.

Recommendation #8

- Implement a hybrid system of transportation provision including Toronto Ride, Red Cross, private transportation providers, public transportation, volunteer driver programs, and taxis.

Recommendation #9

- Further explore and advocate for a volunteer driver program for patients on dialysis.

Recommendation #10

- Develop contractual agreements with transportation providers for dialysis patients that include the ability to offer group rides wherever possible.

Recommendation #11

- Develop a payment method for patient fares on a per-trip payment basis that is paid directly to the transportation provider.

Recommendation #12

- Develop a funding methodology for annual one-time funding for dialysis patient transportation. Assign accountability for governance structure to develop metrics for fiscal management and cost reduction strategies. Align outcomes with accountability agreements and review on an annual basis.

Recommendation #13

- Develop a dialysis patient transportation governance body for accountability, oversight, and sustainability of the transportation model. Include membership of key stakeholders and process owners.

Recommendation #14

- Develop accountability metrics for dialysis patient transportation and align with hospital accountability agreements.