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## RECENT KIDNEY POLICY CHANGES HAVE NOT CREATED RACIAL DISPARITIES IN CARE

*Similar initial changes in care experienced by dialysis patients of different races*

### Highlight

- After the implementation of a new payment system for kidney failure care and changes to dosing guidelines for anemia drugs, there were no meaningful differences by race regarding changes in management practices or laboratory measures among dialysis patients.

*At the end of 2009, more than 871,000 people in the United States were being treated for kidney failure.*

**Washington, DC (October 9, 2014)** — Recent policy and guideline changes related to the care of patients with kidney failure have not created racial disparities, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN). Such studies are needed to ensure that all patients continue to receive the highest quality of care after such changes are implemented.

In 2011, the End-Stage Renal Disease Prospective Payment System went into effect, which changed the way dialysis facilities were paid for care related to kidney failure. That same year, changes were also made to dosing guidelines for anemia drugs, which are often taken by patients with kidney disease.

Marc Turenne, PhD (Arbor Research Collaborative for Health) and his colleagues assessed the effects of these changes on racial disparities in the management of anemia and mineral metabolism in 7384 kidney failure patients at 132 dialysis facilities.

The researchers observed no meaningful overall differences by race regarding the rates of change of management practices or laboratory measures from August 2010 to December 2011. For example, declines in average doses of anemia drugs and average hemoglobin levels were similar for African American patients and patients of other races. Overall trends in injectable vitamin D doses and parathyroid hormone levels, which are key indicators of mineral metabolism care, were also similar for both race groups during this time.

“These early results are encouraging, and they indicate that recent policy and regulatory changes that are intended to improve the efficiency and quality of care for patients with kidney failure have not caused disparities by race in areas of care where there have historically been racial differences,” said Dr. Turenne. “As policy-makers look for ways to make the delivery of health care services more affordable, it’s important to ensure that patients are still receiving the highest quality of care.”

Study co-authors include Elizabeth Cope, PhD, MPH, Shannon Porenta, MPH, Purna Mukhopadhyay, PhD, Douglas Fuller, MS, Jeffrey Pearson, MS, Claudia Dahlerus, PhD, MA, Brett Lantz, MA, Francesca Tentori, MD, MS, and Bruce Robinson, MD, MS, FACP.

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The article, entitled “Has Dialysis Payment Reform Led to Initial Racial Disparities in Anemia and Mineral Metabolism Management?” will appear online at <http://jasn.asnjournals.org/> on October 9, 2014.

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