PERITONEAL DIALYSIS USE HAS INCREASED IN THE UNITED STATES AFTER MEDICARE PAYMENT REFORM

Highlights
- After a Medicare payment policy related to dialysis was implemented in 2011, use of home-based peritoneal dialysis increased significantly.
- Increases were seen for both “early” and “late” peritoneal dialysis: more patients initiated dialysis with peritoneal dialysis and more patients switched from hemodialysis to peritoneal dialysis.

Washington, DC (November 21, 2019) — More US patients with kidney failure started, stayed on, and switched to peritoneal dialysis following a payment policy implemented in 2011 by Medicare. The findings, which appear in an upcoming issue of CJASN, suggest that the policy is having a positive impact on an underutilized form of dialysis that may be preferred by patients.

Home-based peritoneal dialysis offers a number of benefits over traditional hemodialysis performed several times a week in dialysis clinics. These include greater satisfaction of patients with treatment and lower costs to society. Despite these apparent benefits, the use of peritoneal dialysis in the United States has traditionally been low.

In 2011, Medicare implemented a comprehensive payment policy that makes a single payment for all dialysis treatments, medications, and ancillary services for patients with kidney failure. To assess whether this policy has affected the use of peritoneal dialysis, a team led by Virginia Wang, PhD MSPH (Duke University School of Medicine and Durham Veterans Affairs Health Care System) retrieved information on all US patients initiating dialysis before (2006–2010) and after (2011–2013) the policy was implemented.

Overall, 619,126 patients with kidney failure initiated dialysis from 2006–2013. Comparing before and after the policy was implemented, early use of peritoneal dialysis increased from 9.4% of patients to 12.6% of patients. Late use of peritoneal dialysis (4 months to 2 years after any form of dialysis was initiated) increased from 12.1% to 16.1%. “In this later-term category, we found a notable increase in the rates of patients switching from hemodialysis to peritoneal dialysis,” said Dr. Wang. “These findings provide a more complete and nuanced understanding of the effects of Medicare’s payment policy and identify potential targets for policy refinement and practice changes.”
Study co-authors include Caroline E. Sloan, MD, Cynthia J. Coffman, PhD, Linda L. Sanders, MPH, Matthew L. Maciejewski, PhD, Shoou-Yih D. Lee, PhD, and Richard A. Hirth, PhD.

Disclosures: Dr. Coffman, Ms. Sanders, Dr. Maciejewski, Dr. Lee, Dr. Hirth, and Dr. Wang were supported by a grant from the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (R01DK097165). Dr. Sloan was supported by a Department of Veterans Affairs Office of Academic Affiliation post-doctoral fellowship. Dr. Coffmann, Dr. Maciejewski, and Dr. Wang report receiving grant funding from Department of Veterans Affairs Health Services Research and Development Service (Maciejewski-RCS 10-391) and the Durham Center of Innovation to Accelerate Discovery & Practice Transformation (ADAPT), (CIN 13-410) at the Durham VA Health Care System outside of the submitted work. Dr. Maciejewski reports stock ownership in Amgen due to his spouse's employment. Dr. Coffman, Dr. Hirth, Dr. Lee, Dr. Maciejewski, and Dr. Wang report receiving funding from the National Institutes of Health outside of the submitted work. Ms. Sanders reports no relationship or financial interest with any entity that would pose a conflict of interest regarding the subject matter of this article.


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Facebook: More US patients with kidney failure started, stayed on, and switched to peritoneal dialysis following a payment policy implemented in 2011 by Medicare. The findings, which appear in CJASN, suggest that the policy is having a positive impact on an underutilized form of dialysis that may be preferred by patients.

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