



PRESS RELEASE

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STUDY EXAMINES SAFETY-NET CARE FOR U.S. PATIENTS ON MAINTENANCE DIALYSIS

Highlights

- This study identified the types of dialysis facilities in the United States that care for “safety-net reliant” dialysis patients—those who are uninsured or have only Medicaid coverage and do not qualify for Medicare.
- Although 73% of safety net–reliant patients received care at for-profit/chain-owned facilities, they were 30% more likely to start dialysis at nonprofit/independently owned facilities compared with other facility ownership types.

Washington, DC (December 19, 2019) — New research indicates that non-profit/independently-owned and hospital-based dialysis facilities care disproportionately for uninsured patients with kidney failure and those who qualify only for Medicaid. The findings appear in an upcoming issue of *JASN*.

There is a lack of information concerning where US patients with kidney failure who have limited health insurance coverage receive maintenance dialysis. Kevin F. Erickson, MD, MS (Baylor College of Medicine) and his colleagues sought to identify the types of dialysis facilities in the United States that care for “safety-net reliant” dialysis patients—those who are uninsured or have only Medicaid coverage and do not qualify for Medicare. The team examined information from the United States Renal Data System on patients initiating maintenance dialysis from 2008 to 2015.

The proportion of patients younger than 65 years of age initiating dialysis who were safety net–reliant increased from 11% to 14% between 2008 and 2015. Although 73% of safety net–reliant patients received care at for-profit/chain-owned facilities (which was slightly less than the 76% of all US patients receiving dialysis at these facilities), they had a 30% higher relative risk of starting dialysis at nonprofit/independently owned (often hospital-affiliated) facilities compared with other facility ownership types.

“Non-profit/independently-owned and hospital-based dialysis facilities care disproportionately for uninsured patients and those who only qualify for state Medicaid,” said Dr. Erickson. “It will be important to monitor access to care in this potentially

vulnerable population as non-profit/independently owned and hospital-based facilities continue to decrease as a share of all US dialysis providers.”

Study co-authors include Jenny I. Shen, MD, MS; Bo Zhao, MD, MS; Wolfgang C. Winkelmayr, MD, ScD; Glenn M. Chertow, MD, MPH; Vivian Ho, PhD; Jay Bhattacharya, MD, PhD.

Disclosures: Dr. Chertow Serves on the Board of Directors at Satellite Healthcare. Dr. Erickson provides consulting services for Acuman LLC. Dr. Bhattacharya provides consulting services for Acumen LLC. This project was funded by a grant to Dr. Erickson from the National Institutes of Health.

The article, entitled “Safety-Net Care for Maintenance Dialysis in the United States,” will appear online at <http://jasn.asnjournals.org/> on December 19, 2019, doi: 10.1681/ASN.2019040417.

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