



PRESS RELEASE

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RESEARCHERS IDENTIFY COST BARRIERS TO MORE WIDESPREAD USE OF PERITONEAL DIALYSIS

Addressing costs to patients, caregivers, physicians, and dialysis facilities could help.

Highlights

- There's a push to transition dialysis care in the United States from in-center to home-based dialysis (including peritoneal dialysis), but a new review has identified several cost considerations that limit the use of peritoneal dialysis.
- Addressing these barriers may help to incentivize a switch to peritoneal dialysis.

Washington, DC (March 21, 2022) — When the U.S. Department of Health and Human Services launched the *Advancing American Kidney Health Initiative* in 2019 to improve the prevention and treatment of kidney failure, one of the goals was to transform dialysis care from an in-center to a largely home-based dialysis program. Peritoneal dialysis is one form of home-based dialysis, and studies have shown that it's less costly than in-center hemodialysis. A new commentary published in *JASN* uncovers some of the underappreciated costs of switching to peritoneal dialysis, however, and offers potential solutions to address them.

Studies comparing the costs of peritoneal dialysis and hemodialysis have typically focused on the perspective of the payer, while less consideration has been given towards the costs to the people and organizations making decisions about dialysis—including patients, caregivers, physicians, and dialysis facilities. To fill this gap, Kevin Erickson, MD, MS, Elliot Baerman (Baylor College of Medicine), and their colleagues conducted detailed comparisons of peritoneal dialysis and in-center hemodialysis costs, with a focus on these key groups.

The team identified several cost considerations that may limit the use of peritoneal dialysis, including misaligned economic incentives, underappreciated costs for stakeholders involved in peritoneal dialysis delivery, variation in costs across dialysis providers, and upfront costs incurred when switching to peritoneal dialysis.

The investigators suggest improving data collection to better understand costs in peritoneal dialysis and sharing potential savings among all stakeholders to incentivize a transition to peritoneal dialysis.

“Despite evidence suggesting that peritoneal dialysis is less expensive, on average, compared to in-center hemodialysis, its use remains low,” said Dr. Erickson. “We highlight ways in which higher costs of peritoneal dialysis may still be acting to limit its use in the United States, and we discuss policies that could be implemented to address each of these cost-related barriers to increase uptake of peritoneal dialysis.”

Study authors include Elliot A. Baerman, Jennifer Kaplan, MD, Jenny I. Shen, MD, MS, Wolfgang C. Winkelmayer, MD, ScD, and Kevin Erickson, MD, MS.

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The article, titled “Cost Barriers to More Widespread Use of Peritoneal Dialysis in the United States,” will appear online at <http://jasn.asnjournals.org/> on March 21, 2022; doi: 10.1681/ASN.2021060854.

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