

Improvements in dialysis care have outpaced other chronic conditions.

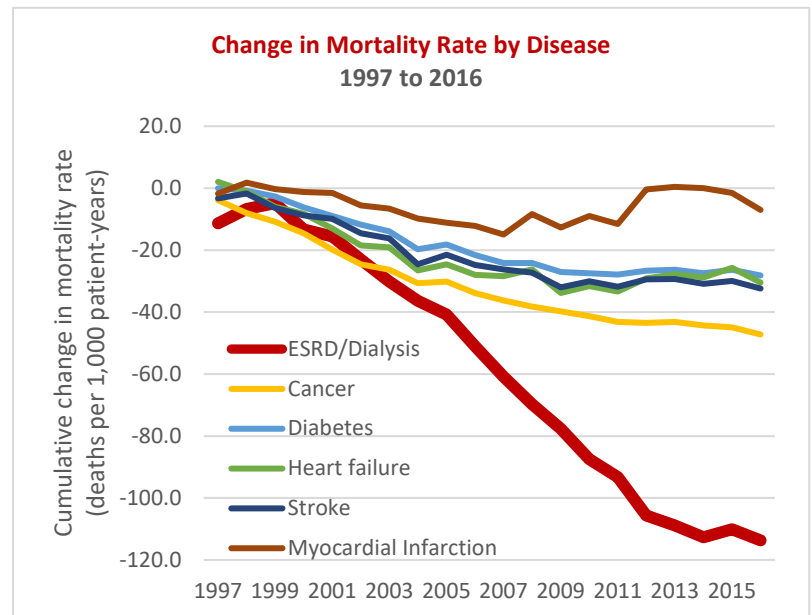
Patients with end-stage renal disease (ESRD) are among the most complex and costly Medicare beneficiaries. However, advances in dialysis care have led to improvements that surpass those for other chronic conditions.

- Better dialysis care corresponds with larger gains in patient survival than cancer, diabetes, heart failure, stroke, and myocardial infarction.
- In the last decade, per patient Medicare spending on dialysis has dropped by a greater proportion than cancer, diabetes, heart failure, COPD, and stroke care, despite reimbursement rates not covering the cost of providing dialysis care.

Survival rates for patients receiving dialysis improved more quickly than survival rates of other diseases.

Though ESRD has high patient mortality compared to many other conditions, advances in dialysis care quality have dramatically reduced patient mortality, especially when compared to other diseases.

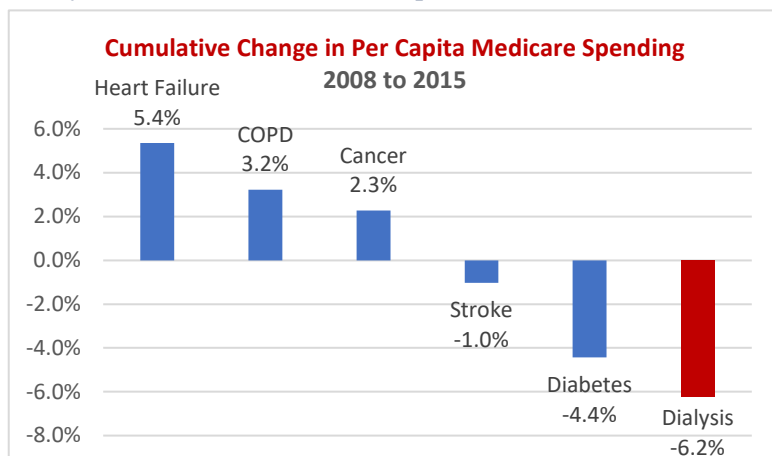
- From 1996 to 2016, mortality for patients with ESRD that received dialysis dropped by more than 26 percent. In the decade after 2006 alone, mortality dropped over 21 percent.¹
- Since 2007, mortality of Medicare patients receiving dialysis fell by 16.4 percent. This is more than cancer (8.5 percent), stroke (3.6 percent), or diabetes (3.4 percent). Some chronic diseases even saw worsening mortality, including heart failure (+1.9 percent) and myocardial infarction (+11.6 percent).¹



Survival rates are improving, yet per capita Medicare spending has decreased more for dialysis than care for other conditions.

While Medicare beneficiaries with ESRD are one of the costliest patient groups, improvements have reduced costs.

- Adjusted for inflation, per capita Medicare spending for dialysis has fallen more than care for other chronic conditions, including cancer, diabetes, heart failure, COPD, and stroke.¹⁻⁶
- Dialysis care quality improved despite Medicare reimbursement rates not fully covering the cost of dialysis care.⁷



The dialysis community continues efforts improving quality of care and lowering costs for patients with kidney disease.

- Despite Medicare reimbursement falling below the cost of providing dialysis services, dialysis facilities continue working to improve quality of care and outcomes for patients while reducing costs.⁷
- Patients receiving dialysis have seen improved hospitalization rates, lower lengths of stay, and fewer readmissions.¹ Improvements that reduce utilization of emergency departments across all chronic conditions (including ESRD) may be an area of future focus, including improved outpatient dialysis care and coordination across medical specialties.¹⁻²
- 93 percent of total Medicare spending serves people with multiple chronic conditions.⁹ As dialysis facilities address diabetes, cardiovascular disease, and other health conditions comorbid with ESRD, further decreases in medical expenses and utilization will continue to improve patient outcomes and quality of life.¹

About Kidney Care Partners

Kidney Care Partners (KCP) is a coalition of more than 30 organizations, comprised of patient advocates, dialysis professionals, care providers, researchers, and manufacturers, dedicated to working together to improve quality of care for individuals with Chronic Kidney Disease (CKD). Go to <https://kidneycarepartners.com/> for more information.

kidneycarepartners.com



Developed by Discern Health.

¹ United States Renal Data System. 2018 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2018.

² CMS Chronic Conditions: Utilization/Spending State Level: All Beneficiaries, 2007-2015. Accessed at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html

³ United States Renal Data System. 2016 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2016.

⁴ United States Renal Data System. 2015 USRDS annual data report: Epidemiology of Kidney Disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2015.

⁵ U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013.

⁶ U.S. Renal Data System, USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2011.

⁷ Ray N and Johnson A (2018). Assessing payment adequacy and updating payments: outpatient dialysis services. Retrieved from MedPAC at <http://www.medpac.gov/docs/default-source/default-document-library/dialysis-1218-public.pdf?sfvrsn=0>

⁸ CDC/National Center for Chronic Disease Prevention and Health Promotion. Multiple Chronic Conditions. Accessed at <https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm>

The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government.