

## Improvements in dialysis care quality have reduced costs.

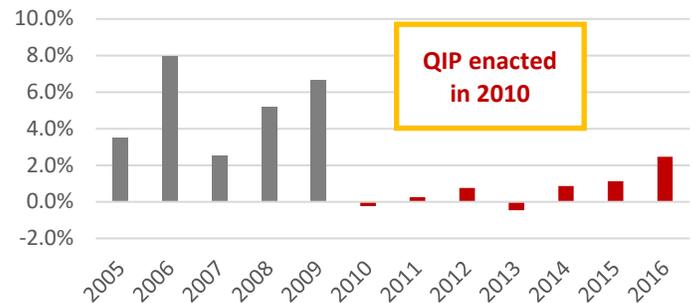
Patients with end-stage renal disease (ESRD) are among the most complex and costly Medicare beneficiaries. Despite the increasing number of patients requiring dialysis, advances in dialysis care and federal programs like the ESRD QIP have saved billions of dollars for Medicare and taxpayers while reducing mortality, complications, and hospitalizations.

### What is the ESRD QIP?

Since 2010, CMS has administered the ESRD Quality Incentive Program (QIP).<sup>1</sup> The ESRD QIP promotes high-quality care in outpatient dialysis facilities treating patients with ESRD. QIP changed the way CMS pays for the treatment of ESRD patients by linking payment directly to facility performance on quality care measures.

### Annual Growth in Medicare Dialysis Costs

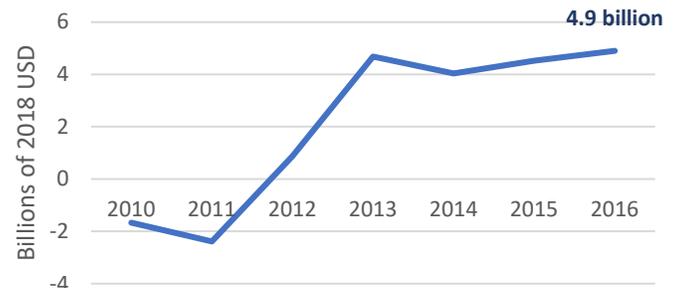
Percent Change Per Capita



### Improved dialysis care has slowed spending.

- Despite increases in the number of patients receiving dialysis, total Medicare ESRD spending growth has slowed from 7.0 percent in 2005 to 1.4 percent in 2015.<sup>2</sup>
- Per capita Medicare dialysis spending rose to an inflation-adjusted \$100,324 in 2008. After QIP enactment, it dropped to \$93,223 in 2016.<sup>2</sup>
- Adjusted for inflation, per capita Medicare spending for dialysis has fallen more since 2007 than spending on care for other chronic conditions, including cancer, diabetes, heart failure, COPD, and stroke.<sup>2-3</sup>
- Value and quality of care has improved; these dialysis cost-savings correspond with improvements in survival, mortality, hospitalizations rates, and length of stay.<sup>2-3</sup> These improvements occurred despite Medicare reimbursement falling below dialysis facility care costs.<sup>4</sup>

### Dialysis Cumulative Savings to Medicare



### Better dialysis care has saved billions.

- Since QIP was enacted, the improved value of dialysis care has led to an inflation-adjusted savings of over \$4.9 billion for Medicare and taxpayers.<sup>2</sup>
- Declining inpatient costs alone have saved Medicare an unadjusted \$775 million since 2010.<sup>2</sup>

### 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](https://kidneycarepartners.com)



Developed by Discern Health.

<sup>1</sup> CMS. ESRD Quality Incentive Program. Accessed at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDOIP/index.html>

<sup>2</sup> 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.

<sup>3</sup> 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](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html)

<sup>4</sup> 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>

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.