

Improving dialysis care quality reduces health care utilization.

Hospital admissions and readmissions are key cost drivers in the U.S. health system and often represent fragmented care. This is especially true for patients with end-stage renal disease (ESRD), who are among the most complex and costly Medicare beneficiaries. Advances in dialysis care have led to reductions in admissions, average length of stay, complications, and readmissions, which all lend toward cost reductions for the U.S. health system.

Patients receiving dialysis are spending less time in the hospital.

- Between 2007 and 2016, hospitalization rates fell over 14 percent for patients receiving dialysis.¹
- Patients receiving dialysis are spending an average of 2.6 – 3.4 fewer days in the hospital per year than patients in 2007.¹
- Cardiovascular event hospitalizations for patients receiving dialysis fell by 18.9 percent from 2007 to 2016.¹
- Hospitalizations due to vascular access infection fell by 54.6 percent from 2007 to 2016.¹

Reduced hospitalizations have saved taxpayers an estimated 775 million in Medicare expenditures since 2010.1





Improved dialysis care has led to fewer readmissions for patients with ESRD.

From 2007 to 2016, the proportion of patients who are readmitted has dropped by 2.7 percent for patients receiving hemodialysis and 3.2 percent for patients receiving peritoneal dialysis.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.

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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. 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.

