

Peritoneal dialysis use has increased in the United States after Medicare payment reform

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More US patients with kidney failure started, stayed on, and switched to peritoneal dialysis following a payment policy implemented in 2011 by Medicare. The findings, which appear in an upcoming issue of *CJASN*, suggest that the policy is having a positive impact on an underutilized form of dialysis that may be preferred by patients.

Home-based [peritoneal dialysis](#) offers a number of benefits over traditional hemodialysis performed several times a week in [dialysis](#) clinics. These include greater satisfaction of patients with treatment and lower costs to society. Despite these apparent benefits, the use of peritoneal dialysis in the United States has traditionally been low.

In 2011, Medicare implemented a comprehensive payment policy that makes a single payment for all dialysis treatments, medications, and ancillary services for patients with [kidney failure](#). To assess whether this policy has affected the use of peritoneal dialysis, a team led by Virginia Wang, Ph.D. MSPH (Duke University School of Medicine and Durham Veterans Affairs Health Care System) retrieved information on all US patients initiating dialysis before (2006-2010) and after (2011-2013) the policy was implemented.

Overall, 619,126 patients with kidney failure initiated dialysis from 2006-2013. Comparing before and after the policy was implemented, early use of peritoneal dialysis increased from 9.4% of patients to 12.6% of patients. Late use of peritoneal dialysis (4 months to 2 years after any form of dialysis was initiated) increased from 12.1% to 16.1%. "In this later-term category, we found a notable increase in the rates of patients switching from hemodialysis to peritoneal dialysis," said Dr. Wang. "These findings provide a more complete and nuanced understanding of the effects of Medicare's payment policy and identify

potential targets for policy refinement and practice changes."

More information: "Trends in Peritoneal Dialysis Use in the United States after Medicare Payment Reform," *CJASN*, [DOI: 10.2215/CJN.05910519](https://doi.org/10.2215/CJN.05910519)

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