

Progress in Tackling Barriers to Home Dialysis in the United States

Osama El Shamy, MD
Assistant Professor of Medicine
Vanderbilt University Medical Center



Disclosures

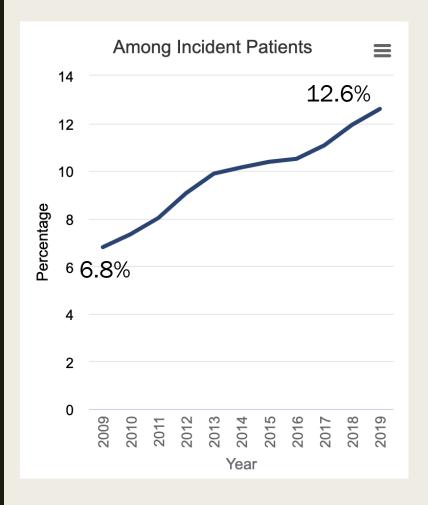
- Consultant: Outset Medical
- Speaker's Bureau: Home Dialysis University
- **■** Financial Interests:

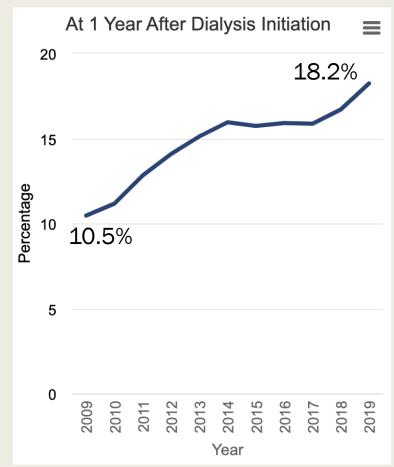
American Society of Nephrology (NephSAP, Chapter author)
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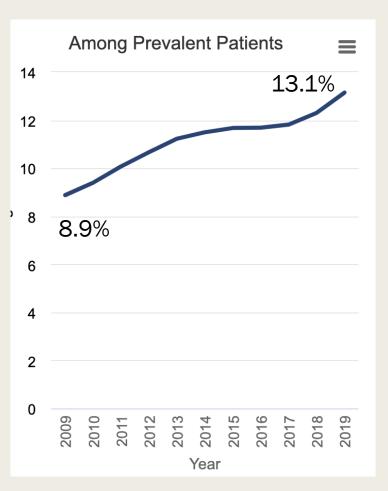
Outline

- Landscape of home dialysis across the United States
- Socioeconomic and Racial disparities
- Follow the money: Policy-level facilitators
- Telehealth & Patient Care
- Room for Improvement

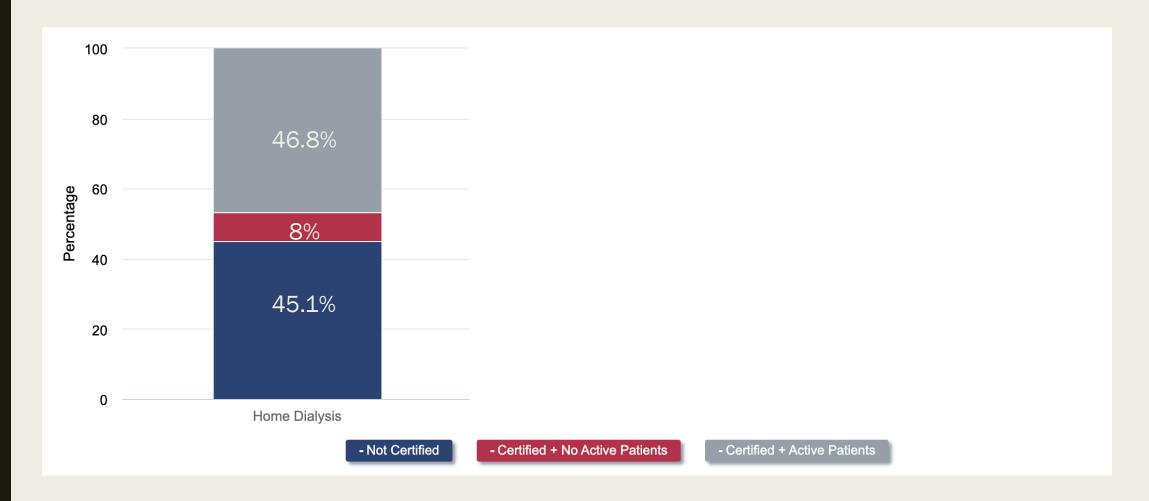
Landscape of Home Dialysis in the United States



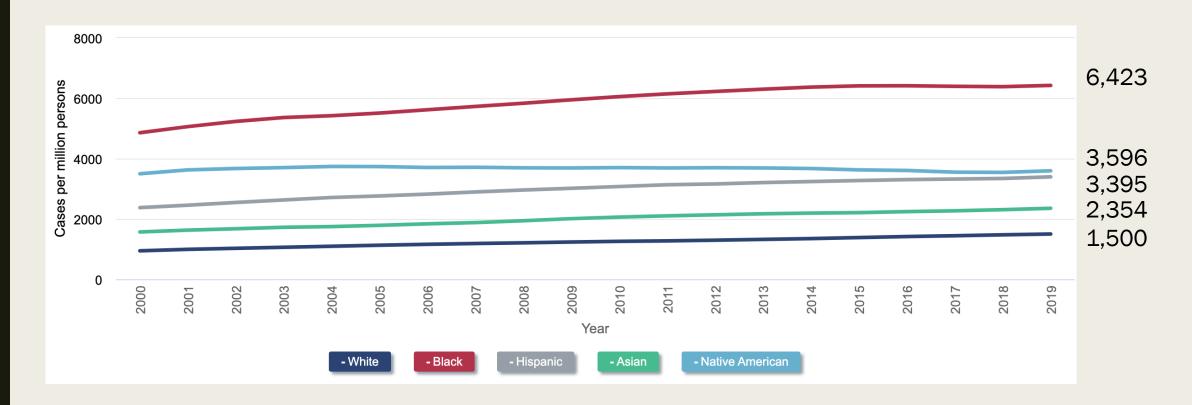




Facilities offering Home Dialysis (2019)



Prevalent ESRD Patient Characteristics



13.4% Black

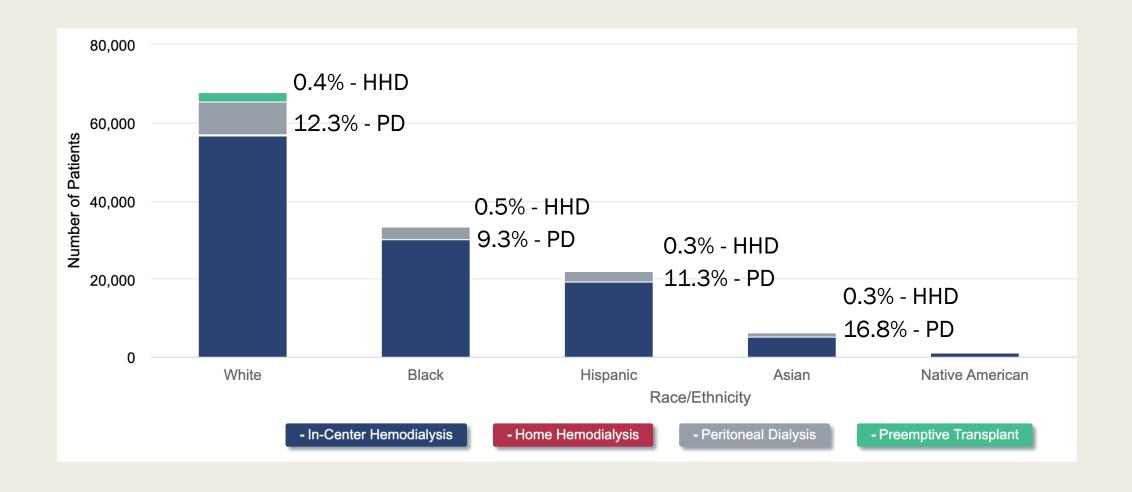
US Census for 2019: 1.2% Native American

18.5% Hispanic

6% Asian

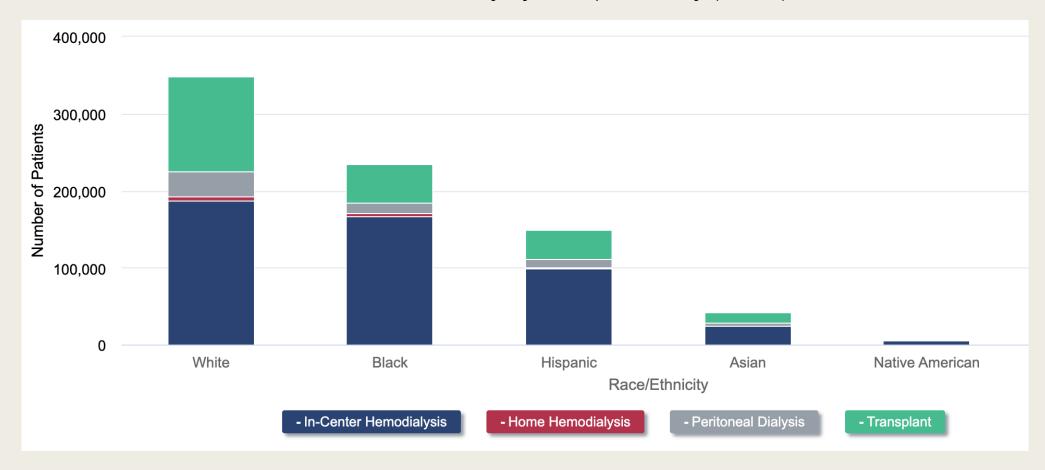
= 39.1% of the US population

Incident ESRD Modality by Race/Ethnicity (2019)



You get the idea...

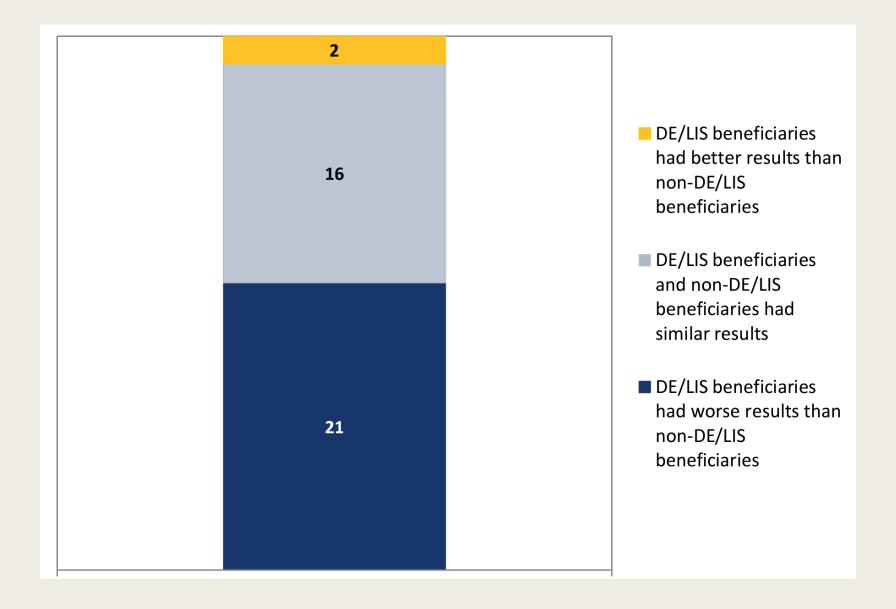
Prevalent ESRD Modality by Race/Ethnicity (2019)



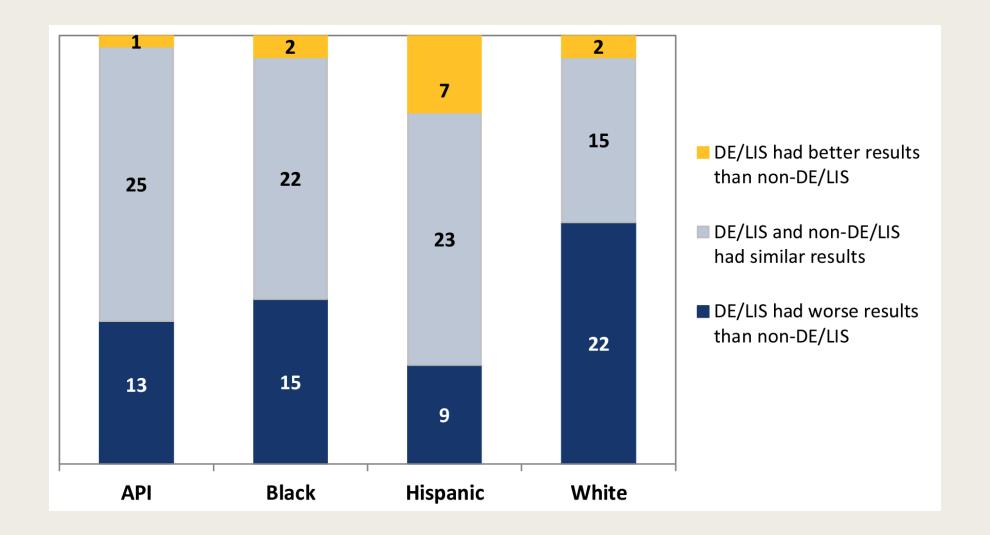


SOCIOECONOMIC & RACIAL DISPARITIES

Assessment of patients: Prevention and Screening 1) Dual Eligible (**DE**) for □ Respiratory Medicare and Medicaid ☐ Cardiovascular 2) Low-Income Subsidy (LIS) Diabetes ■ Musculoskeletal 21% Black/African American ■ Behavioral Health 18% Hispanic/Latino ■ Medication management ☐ Access to & Availability of care



Martino, SC, Elliott, MN, Dembosky, JW, Hambarsoomian, K, Klein, DJ, Gildner, J, and Haviland, AM. Disparities in Health Care in Medicare Advantage Income Subsidy. Baltimore Associated with Dual Eligibility or Eligibility for a L, MD: CMS Office of Minority Health. 2021



Martino, SC, Elliott, MN, Dembosky, JW, Hambarsoomian, K, Klein, DJ, Gildner, J, and Haviland, AM. Disparities in Health Care in Medicare Advantage Income Subsidy. Baltimore Associated with Dual Eligibility or Eligibility for a L, MD: CMS Office of Minority Health. 2021

Examining Home Dialysis Initiation Rates

CMS data

4 measures of social risk identified and analyzed:

Non-Hispanic Black

January 2017 – June 2020

Hispanic

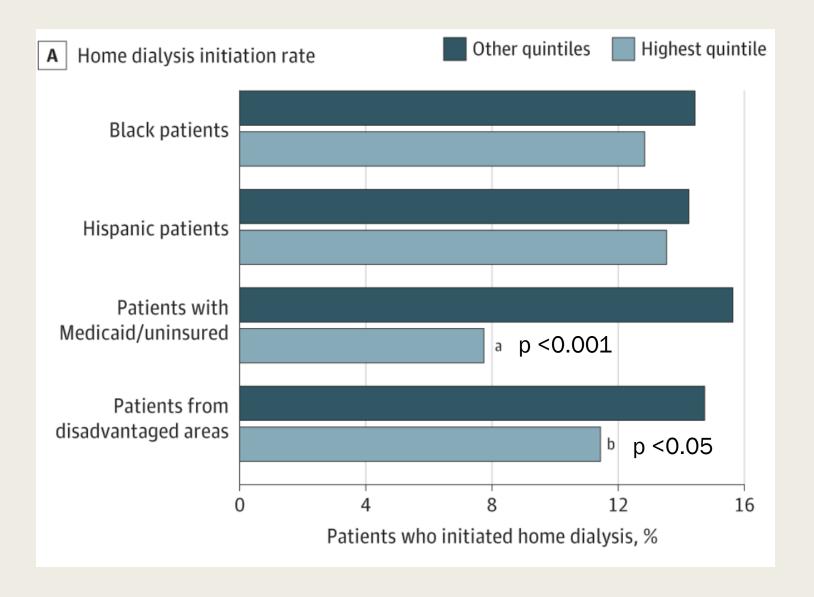
Medicaid/uninsured

Disadvantaged areas

422,831 total patients

479 (28%) had 1 social risk factor 410 (24%) had 2 or more social risk factors

	Composite social risk score ^a			
Characteristics	0	1	≥2	
Incident patient outcomes at facility group level, mean (SD), %e				
Initiating with home dialysis	15.6 (23.1)	15.4 (24.4) [P = .89]	9.3 (18.2) [P <.001]	
With kidney transplant by 1 y ^f	3.6 (4.6)	2.3 (3.1) [P <.001]	1.7 (3.3) [P <.001]	
With living-donor kidney transplant by 1 y ^f	1.9 (2.9)	1.3 (2.4) [<i>P</i> < .001]	0.9 (2.1) [<i>P</i> <.001]	



Role of Geography in Home Dialysis Initiation

Surely the North East is better than the rest?

2012 Medicare fee-for-service

369,164 patients

Examined trends in peritoneal dialysis and home hemodialysis initiation by race in each region:

- ☐ South
- □ North East
- Midwest
- ☐ West
- National (total cohort)

Using the White race as the reference group... which region do you think did best?



	Regions	Black	Asian	Hispanic	0ther
Peritoneal dialysis	South North East Midwest West National				

Doesn't really matter much where you are...it's across the board

Socioeconomic & Racial Disparities *Progress*

Health Equity Incentive:

Introduced by CMS to the End-Stage Renal Disease Treatment Choices (ETC) model

Additional improvement points awarded for ETC facilities that show significant improvement in home dialysis/transplant rates amongst patients:

- 1) Dual-eligible for Medicare & Medicaid
- 2) Low-Income Subsidy recipients



FOLLOW THE MONEY: POLICY-LEVEL FACILITATORS

Previous policy barriers associated with financial loss for home dialysis vs in-center

Some reforms miss the mark, or have unintended consequences

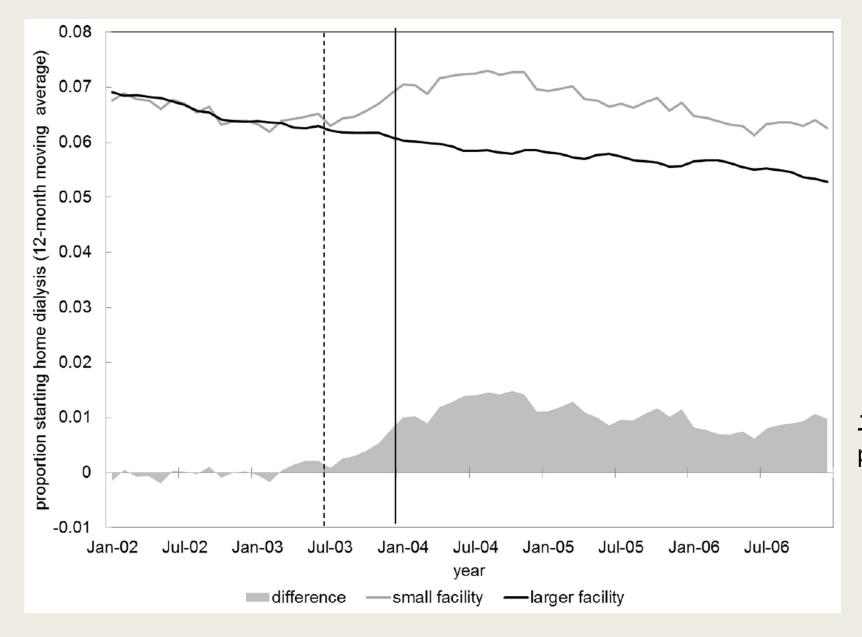
In 2004, CMS wanted to incentivize high quality care

Change from capitated to a tiered fee-for-service model

Physicians could increase revenue by seeing their in-center HD patients ≥ 4 times a month

Result:

In-center HD more profitable
Home dialysis remained capitated and actually decreased



Dashed line = Reimbursement reform proposal Solid line = Final rule

1% reduction in the absolute probability of home dialysis

Erickson KF, Winkelmayer WC, Chertow GM, Bhattacharya J. Effects of physician payment reform on provision of home dialysis. Am J Manag Care. 2016 Jun 1;22(6):e215-23. PMID: 27355909; PMCID: PMC5055389.

Further policy changes...

January 2021 - December 2023

Home Dialysis Payment Adjustment (HDPA)

Upward adjustment on home dialysis-related claims

January 2022

ESRD prospective payment system (PPS) increase

ESRD PPS base rate \$253.13 -> \$257.90

Increase total payments to all ESRD facilities by 2.5%

July 2019

Advancing American Kidney
Health Initiative

Goal: 80% incident ESKD patients
Home dialysis or transplant

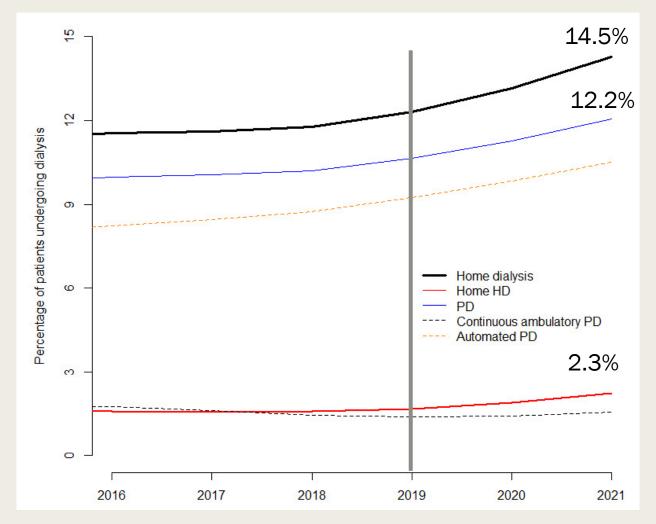
January 2021 - June 2027

Performance Payment Adjustment (PPA)

Upward payment adjustment based on home dialysis and transplant rates

The Result*

*Trends are multifactorial but tend to follow reimbursement rates and their effect on clinical practice



Weinhandl ED, Gilbertson DT, Wetmore JB, Johansen KL. <u>Recent trends in utilization of home dialysis modalities</u>, <u>overall and by duration of ESKD</u>. Presented at: Kidney Week 2021, November 2-7, 2021. Abstract P00956



TELEHEALTH & PATIENT CARE

Changes pre-pandemic

■ Bipartisan Budget Act of 2018:

Starting January 2019, Medicare coverage for telehealth services

Two pre-requisites

- 1) First 3 months' monthly visits face-to-face
- 2) Face-to-face encounters at least once every 3 months

Changes during pandemic

- All monthly visits may be conducted via telehealth
- Use of both HIPAA and non-HIPAA compliant platforms allowed
- No geographic restrictions
- Audio-only visits also billable







Barriers to telehealth implementation

Access to stable internet

Security and privacy concerns

Non-native English speakers

Low socioeconomic status

Age > 65 years

+ CMS Medicare Physician Fee Schedule did not extend audio-only visits beyond December 2023

UCSF General Internal Medicine Practice

Richard Fine People's Clinic at Zuckerberg San Francisco General Hospital

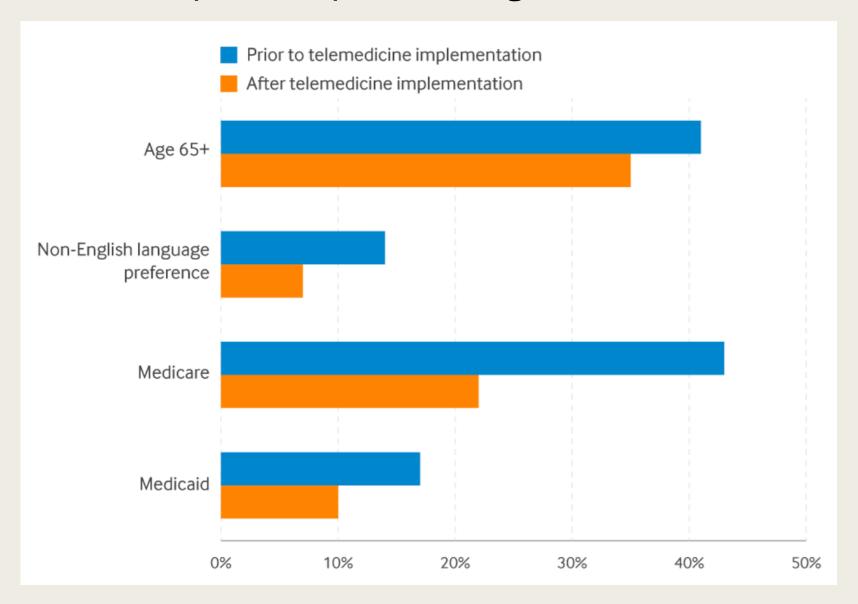
Pre-widespread telemedicine: 3% of patient encounters

Post-widespread telemedicine: 80% of patient encounters

Compared patient characteristics on telehealth over 2-week periods (pre- and post-telemed)

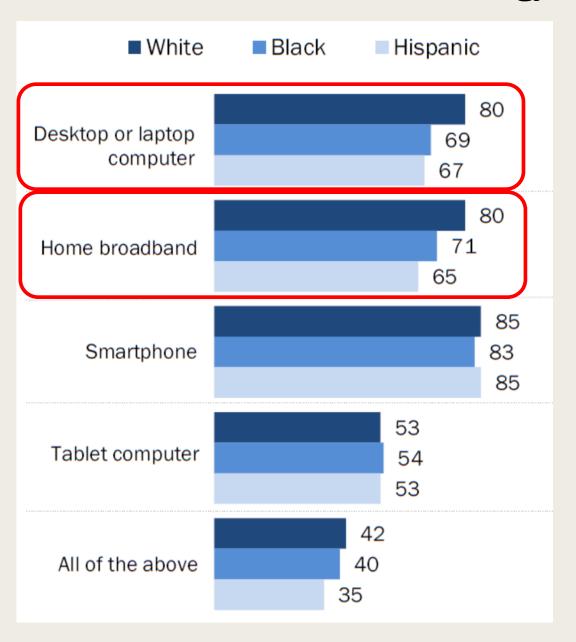
February 17–28 vs March 23–April 3

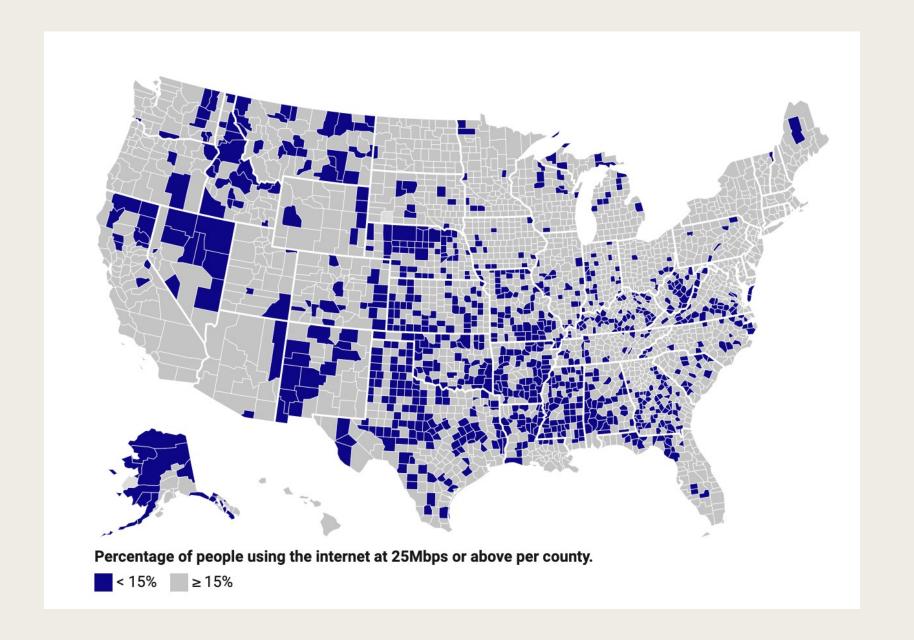
Proportion of patients using telemedicine



Nouri S, Khoong EC, Lyles CR, Karliner L. Addressing equity in telemedicine for chronic disease management during the Covid-19 pandemic. NEJM Catalyst Innovations in Care Delivery. May 2020

Access to Internet and Technology







Room for improvement in Home Dialysis

Coverage for assisted peritoneal dialysis: currently in effect in Canada,
 Australia and many European, Asian, Middle Eastern and South American countries

Helps: Minorities and Elderly patients

 Providing modality educational materials in patients' preferred languages and easy access to interpreter services

Helps: Non-English speaking patients

Extension of CMS coverage for audio-only visits to include home dialysis patients

Helps: Digitally-challenged, Minorities & Elderly patient

Extension of CMS coverage for patient care without geographic restriction

Helps: Low socioeconomic status patients

Expansion of broadband infrastructure

American Jobs Plan - \$65 billion (passed the Senate in August 2021) for universal expansion of fiber broadband networks

Thank you!