

Kidney disease care -- what's in store for the future?

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Two studies presented during the American Society of Nephrology's Annual Kidney Week provide new information on kidney-related policies in the United States.

Beginning in 2011, Medicare has reduced reimbursements to some dialysis facilities, which could lead to closures. Mark Stephens (Prima Health Analytics) and his colleagues sought to estimate the incremental distances [patients](#) may need to travel in the event of reduced access to dialysis care. They found that, if 3% of facilities closed over the next three years, approximately 10,000 [dialysis patients](#) could be displaced, and the additional travel burden placed on these patients would accumulate to millions of additional miles traveled.

Patients living in rural areas would be most affected. "The average rural patient would have to travel more than 20 miles extra per treatment to access the next closest dialysis facility if their currently-used facility were to close," said Mr. Stephens.

Previous research has shown that patients who travel more than 15 minutes each way for dialysis treatments have lower quality of life and higher rates of death. Therefore, [dialysis](#) facility closures may adversely affect patients' health and quality of life.

In another policy presentation, Asel Ryskulova, MD, PhD ([Centers for Disease Control and Prevention](#)) offered a review of kidney-related objectives of the [Healthy People](#) initiative, which provides 10-year

national objectives for improving the health of all Americans.

An estimated 11.5% of adults have evidence of [chronic kidney disease](#) (CKD), and each year in the United States, more than 100,000 people are diagnosed with [kidney failure](#), the final stage of CKD. Reflecting the importance of CKD, 14 CKD objectives were included in the Healthy People 2010 national health goals. The Healthy People 2020 initiative was launched in December 2010, and it includes new kidney-related objectives that focus on monitoring and tracking:

- Improvements in heart-related care in patients with CKD
- Increases in the proportion of patients with CKD and diabetes who receive recommended exams and treatments
- Reductions in the incidence and death rate of CKD
- Increases in CKD awareness in people with poor kidney function

It's hoped that these new objectives will help reduce new cases of CKD and its progression, complications, disability, death, and economic costs.

More information: Study authors for "The End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Access to Care: Incremental Distance Traveled by Displaced Patients" (abstract SA-PO2640) include John Kochevar, PhD, Samuel Brotherton, Stephan Dunning, Larry Emerson, David Gilbertson, PhD, David Harrison, PhD, Ann McClellan, PhD, William McClellan, MD, John Mark Stephens, Shaowei Wan, PhD, and Matthew Gitlin, PharmD.

Study authors for "Determining National Priorities: Healthy People 2020 Chronic Kidney Objectives," (abstract TH-PO297) include Asel Ryskulova, MD, PhD, Lawrence Agodoa, MD, and Paul Eggers, PhD

Provided by American Society of Nephrology

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