Erythropoiesis-Stimulating Agent Use is Increased Following Missed Dialysis Sessions

**Introduction**

- Missed dialysis sessions can have detrimental effects on patient morbidity and mortality, and can increase the risk of hospitalization.1
- In addition to missing dialysis itself, patients may fail to receive medications - such as erythropoiesis-stimulating agents (ESAs) - that are commonly dosed at each session.
- Missed dialysis sessions can also have a direct impact on facility costs: Under the current Medicare bundled Prospective Payment System (PPS), introduced in 2011, the dialysis composite rate payment was expanded to cover the cost of injectable drugs (such as ESAs) and laboratory tests that were previously separately billable.2

**Objective**

We have carried out a retrospective database analysis of missed dialysis sessions among end-stage renal disease patients within a large dialysis organization in the US to assess ESA dose changes following missed session episodes.

**Methods**

- Data from adult (> 18 years old) hemodialysis patients receiving in-center dialysis ≥ 3 times/week between January 1, 2010 and December 31, 2010 were assessed.
- A missed session was defined as an expected dialysis session that the patient did not attend and did not make up.
- Missed session episodes were defined as sequences of consecutive missed sessions, each of which was ≥1 missed session in length.
- Average ESA doses in the periods before (14 or 30 days) and periods after (14 days) a missed session episode were characterized and stratified by length of missed session episode. Differences in ESA utilization in the before and after periods were calculated.

**Results**

- Missed dialysis sessions resulted in substantial increases in ESA use compared to months in which all sessions were attended.
- Dose increases following all missed session episodes were sustained over 60 days.
- For months in which patients missed up to 6 dialysis sessions, total monthly ESA doses were higher than for months in which patients attended every session.
- Increases in ESA use following missed sessions should therefore be considered in any assessment of the impact of missed sessions: both clinical and financial.

**References**


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