

Access to Peritoneal Dialysis: Overcoming Obstacles for Uninsured, Un-encountered Patients

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INTRODUCTION

Peritoneal dialysis (PD) is an underused modality in the US despite evidence that outcomes are improving compared to HD.¹ A total of 41% of incident ESRD is identified in the hospital with no pre-ESRD nephrology care, with 94% of hospital initiated ESRD resulting in HD catheter placement.² Many uninsured and underinsured patients start dialysis this way, and are possibly not offered a PD option. We describe our successful outcomes in an uninsured and often previously un-encountered population after the initiation of PD.

METHODOLOGY

- We completed a retrospective chart review of all 152 incident PD patients entering the Palomar Medical Group in San Diego from 2/2002 to 5/2009.
- 27.6% (n=42) were uninsured at time of ESRD presentation (Table 1).
- 31.6% (n=48) were first encountered in the hospital.

Table 1. Demographics of patients

	Total		Uninsured		Insured	
	N	%	n	%	n	%
Total Patients	152		42	27.6	110	72.4
First Encounter Location						
Hospital	48	31	73.8	17	15.5	
Office, no hospital	58	1	2.4	57	51.8	
Office, but acute start in hospital	35	9	21.4	26	23.6	
Transfer in	13	1	2.4	12	10.9	
Demographics						
Age (mean)	51.3		42.2		54.5	
Sex (% male)	98	62.8	24	58.5	74	64.3
Ethnicity (% Hispanic)	63	41.4	35	83.3	28	25.5
Ethnicity (% Caucasian)	62	40.8	5	11.9	57	51.8
Diabetes (%)	67	43.5	14	34.1	53	46.9
Creatinine at start (mg/dl)	9.8		12.2		8.8	

BACKGROUND

The Palomar Medical Group, in Southern California, has a large population of uninsured persons, many of whom are undocumented Spanish speaking immigrants. Many of these patients do not qualify for Medicare but often will be granted state funded Emergency-Medicaid, which pays for dialysis and emergencies but not for any non-urgent services. Data exist showing that peritoneal dialysis may be a better initial therapy for a substantial percentage of persons with end stage renal failure.

Little is known about the uninsured ESRD PD population, although better QOL measures,³ improved opportunity for employment and a \$20,000 per annum reduction in cost compared with HD may favor this modality.⁴ Therefore, efforts have been made to promote peritoneal dialysis to all appropriate patients, including uninsured persons and those first encountered in the hospital.

INITIATIVE

Our efforts have included the following:

- Modality education provided to patients in the hospital by physicians and acute dialysis nurses
- Dialysis education videos in English and Spanish made available to hospitalized patients
- Cultivation of surgeons able to expeditiously place PD catheters using advanced laparoscopic techniques
- Adoption of a policy that all ESRD have an permanent vascular access (graft or AV fistula), or a PD catheter prior to hospital discharge.
- Rapid follow-up after hospitalization in the PD clinic with the ability to begin PD training immediately after discharge
- Competent, enthusiastic PD nurses and ancillary staff who speak both English and Spanish

RESULTS

Table 2. Characteristics of patients

	Total		Uninsured		Insured	
	N	n	%	n	%	
Total Patients	152	42	27.6	110	72.4	
Initial Modality						
Acute Inpatient PD initiation, never HD	5	3	7.1	2	1.8	
Outpatient-initiated PD, never HD	51	12	28.6	39	35.5	
Acute Inpatient HD, Outpatient PD initiation post admission	8	2	4.8	6	5.5	
Acute Inpatient and <3 mo Outpatient HD until PD	44	22	52.4	22	20.0	
Acute Inpatient HD initiation, PD conversion after >3 months	45	3	7.1	42	38.2	
Access at hospital discharge						
PD cath only	35	15	35.7	20	18.2	
PD cath and HD cath	47	23	54.8	24	21.8	
HD cath only	4	2	4.8	2	1.8	
HD cath and AVF/graft	3	0	0.0	3	2.7	
Non urgent start	64	2	4.8	62	56.4	
Complications at 3 mo						
None	135	38	90.5	97	88.1	
Catheter problem with revision	5	1	2.4	4	3.6	
Catheter leak	0	0	0.0	0	0.0	
Catheter infection	0	0	0.0	0	0.0	
Hernia	1	1	2.4	0	0.0	
Never completed training	6	0	0.0	6	5.5	
Status as of May 2009						
Remains on PD at 3 mo	138	40	95.2	98	89.1	
On PD	67	27	64.3	40	36.4	
On HD	23	6	14.3	17	15.5	
Expired	34	4	9.5	30	27.3	
Transplanted	22	3	7.1	19	17.3	
Recovered, off dialysis	1	0	0.0	1	0.9	
Transferred or lost	9	1	2.4	8	7.3	

References

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CONCLUSIONS

- Uninsured patients on PD were younger, less likely to be diabetic and had initial higher creatinine levels than insured (Table 1).
- 95% of uninsured patients started on dialysis during urgent hospitalization vs. 39% of insured patients (Table 1).
- Of our total urgent start population, 42% were discharged with a PD catheter only.
- At 3 months, retention rates (95%) and complication rates (5%) were similar (Table 2).

KEY LEARNINGS

- ✓ Uninsured patients can be successfully started on PD even as initial therapy.
- ✓ Uninsured patients have complication rates on PD similar to those with insurance.
- ✓ Uninsured patients persist on PD at 3 months similar to those with insurance.

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