It is estimated that more than 20 million Americans suffer from chronic kidney disease, including 400,000 individuals who are undergoing treatment for end-stage renal disease (ESRD), or kidney failure. Most commonly caused by diabetes or high blood pressure, kidney failure is expected to claim more than 2 million lives by 2030. Without dialysis or a kidney transplant, patients suffering from kidney failure will not survive. Since transplant organs are in short supply, most patients must undergo dialysis treatment, a process that substitutes for healthy kidneys by mechanically filtering body wastes and excess fluids from the bloodstream, three to four times per week.

In order to provide dialysis, the nephrologist must have a pathway to the patient’s bloodstream, and this is known as vascular access. The availability of well-functioning and effective vascular access is critically important to high quality dialysis patient care, as the absence of effective vascular access care can result in increased rates of infection, emergency room visits, and hospitalizations.

Vascular access services can be safely and effectively provided in several settings, including the physician’s office, ambulatory surgical centers (ASCs), and hospital outpatient departments. While these services were traditionally provided in hospitals, there has been a shift to the majority being done in the non-hospital setting. This change has occurred as data has shown that specialized non-hospital centers can respond more rapidly to patient needs and provide care with optimal outcomes, higher patient satisfaction, lower hospitalization rates, and lower costs.

Unfortunately, vascular access care in non-hospital settings has been compromised in recent years by Medicare reimbursement changes affecting access services provided in the physician’s office and ASC settings. In 2017 changes implemented as part of the Medicare physician fee schedule significantly reduced the viability of the physician office setting for this care; changes proposed but not implemented for the ASC 2019 payment year would have had a similar effect for that site-of-service. Indeed, several office-based dialysis vascular access centers have closed because of these payment changes, and patient care has shifted to the hospital or ASC.

This degree of instability and unpredictability in Medicare reimbursement for vascular access services will have a harmful impact on dialysis patient care and will increase Medicare spending due to the delays in access to needed services causing higher rates of infection, greater numbers of emergency room visits, and increased hospitalizations.

Recommendation:
To improve the quality of life for dialysis patients and promote cost effectiveness in Medicare spending, Congress should enact legislation that stabilizes Medicare reimbursement for vascular access services.