Patients with end-stage kidney disease (ESKD) treated with dialysis are at risk for medical events requiring immediate intervention in settings such as the Emergency Department (ED).

ED visits may directly precede hospital admission.

Despite the frequency and importance of ED visits among dialysis patients, patterns of these events among the contemporary dialysis population have not been described.

To describe, for the contemporary U.S. dialysis population, patterns of emergency department visits among patients treated with dialysis, we analyzed claims data for 2016.

Methods

All study data were derived from the 2016 CMS 100% claims sample.

Included patients were adults (age ≥ 18) who, in a given calendar month and for the 3-month period prior, met the following criteria:

- Were eligible for Medicare Parts A & B; had a diagnosis of ESKD; were on active dialysis; had an identifiable dialysis modality

Statistical comparisons were performed. Outcomes were described as rates or counts and percentages as appropriate. No adjustments were made for multiple comparisons.

ICD-10 codes associated with the claim and grouped using Clinical Classification Software (CCS) level 1 categories.

Outcomes were described as rates or counts and percentages as appropriate. No statistical comparisons were performed.

Results

ED Visits by Geography and Modality

Compared to patients treated with ICHD vs. PD, the overall ED visit rate was 2.9 visits/patient-year (95% CI 2.7–3.1) vs. 2.3 visits/patient-year (95% CI 2.1–2.4), respectively. Similar patterns were observed among patients treated with CMS.

The proportion of admissions originating in the ED was greater among urban vs. rural patients (81.4% vs. 73.3%, respectively).

Conclusions

ED visits occur more frequently among ICHD vs. PD patients; ED visits are more likely to result in hospital admission among PD patients.

A majority of hospital admissions among ESKD patients begin with an ED visit.

Improved understanding of the patterns of ED visits among ESKD patients may inform strategies for interventions that improve health outcomes and quality of life.

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