

Variations in Care of Patients with End-Stage Renal Disease

Wide variations in cost and quality of care are not explained by clinical features.

Medicare provides near-universal coverage for end-stage renal disease (ESRD), so assessing the wide regional variations in cost and quality of care is important. Researchers used data from a national registry to categorize more than 41,000 patients (age, ≥ 65) with incident ESRD (initiation of dialysis or renal transplant) according to the overall cost and intensity of care provided in each patient's hospital referral region (HRR) in the last 6 months of life. HRRs in the highest-cost quintile had a greater concentration of nephrologists than did those in the lowest quintile, yet ESRD patients in the highest-cost HRRs were less likely to have received care from nephrologists before developing ESRD (62% vs. 71%). Patients in the highest-cost HRRs were less likely to initiate hemodialysis with fistula access (as opposed to catheters or grafts, 11% vs. 17%), to undergo peritoneal dialysis (2.6% vs. 5.9%), to receive preemptive kidney transplants (0.4% vs. 1.0%), to discontinue dialysis before death (22% vs. 44%), or to receive hospice care before death (21% vs. 34%). Patients in the highest-cost HRRs were more likely than those in the lowest-cost HRRs to die in the hospital (68% vs. 50%) and to die within 2 years after ESRD onset (53% vs. 47%).

Comment: Although this retrospective study cannot determine the "right" way to measure cost and quality, wide variations in both are not explained by patient or disease characteristics. More troubling, the quality of care for ESRD patients in high-cost HRRs appears to be lower than that in low-cost HRRs.

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