

TITLE. Dialysis Outcomes after the Change in Medicare Reimbursement:  
Have They Improved?

BACKGROUND. Medicare's reimbursement system was changed on January 2004 to encourage more frequent visits between nephrologists and dialysis patients. We sought to determine the impact of this policy change on nephrologist visits and patient outcomes.

METHODS. We examined visits and outcomes for 2043 patients at 12 hemodialysis facilities in northeast Ohio for 12 months before and 7 months after the reimbursement change.

RESULTS. The number of visits per patient-month increased from 1.55 (95% CI, 1.53-1.56) before the change to 3.17 (95% CI, 3.15-3.20) afterward. The percent of patients with no nephrologist visits per patient-month decreased from 17.4 (95% CI, 16.4-18.5) to 5.1 (95% CI, 4.4-5.7). However, there were no significant changes in Kt/V, albumin, hemoglobin, phosphorus, calcium, quality of life, catheter use, hospitalization days, and shortened or skipped treatments.

CONCLUSION. Despite a marked increase in visits between nephrologists and patients, there was no beneficial impact on parameters related to quality of care, quality of life, or health care utilization. Further work is needed to determine effective payment strategies to improve dialysis patient outcomes.

INDEX WORDS: hemodialysis, quality improvement, Medicare, end stage renal disease, physician contact