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## **Policies to Reduce Medical Costs in ESKD Care. Experience With PD First Policy**

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Chronic kidney disease (CKD) is a global problem that causes significant burden to the healthcare system and the economy. The use of home therapy including peritoneal dialysis and home hemodialysis are promoted to address such need. Peritoneal dialysis (PD) first policy has been established in Hong Kong since 1985. After almost 40 years of practice, this has influenced many countries around the world including governments, health ministries, nephrologists and renal nurses on the overall health policy structure and clinical practice in treating kidney failure patients using PD as an important dialysis modality. Early studies and clinical experiences laid the foundation of the PD-First Policy by demonstrating the clinical efficacy and economic benefits of PD. In a recent retrospective cohort analysis of Medicare expenditure in the United States, the overall average expenditure in 2017 was 108,656 USD for haemodialysis (HD) and 91,716 USD for PD (proportionate difference 1.11, 95% confidence interval (CI) 1.09-1.13). The Medicare savings associated with PD in patients aged 67 or older remained unchanged despite the growth in the use of PD. A thorough literature survey on the cost of HD and PD in 46 countries was conducted, which revealed that the cost of HD was between 1.25-2.35 times the cost of PD in 22 countries. Besides the lower cost of PD, the availability of reimbursement policy for KRT will also relieve the financial burden and provide incentive to facilitate the development of PD-First Policy. The alignment of policy and clinical goals are enablers of PD first program. With more clinical and basic science research, outcome studies, and through better education and training, together with the implementation of global PD guidelines for enhancing care of PD patients, it is likely that PD patient outcomes will be improved and access to PD therapy will gradually be increased.

**Keywords:** Peritoneal dialysis, PD First Policy, Cost