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Changes in Insurance and Financial Support for Hemodialysis Patients in Japan: Focusing on Home Hemodialysis

Ikuto Masakane

Yabuki Hospital, Japan

Introduction The rapid increase of HHD patients in US since 2019 due to then-President Trump's Executive Order suggests that government political and financial support is essential to develop home dialysis in these countries in which in-center HD is highly developed. In the talk we introduce the history of the insurance and financial support for HHD in Japan. **History of the reimbursement for HHD in Japan** In Japan, chronic hemodialysis therapy began in the 1960s, and HHD was started at about the same time, in 1963. In 1967 the governmental reimbursement for chronic hemodialysis started, but HHD was not approved then so HHD was billed alternatively as in-center HD. In 1998, the reimbursement for HHD was launched, and then the management fee was 38,000 JPY/month and additional fee to dialysis machine was 80,000JPY/month. Dialyzers (including blood circuits), dialysis fluids, saline solutions, and heparin were reimbursed at NHI prices based on the amount used without a ceiling. The additional fee was generally used for the rental fee of the dialysis machine. In Japan the revision of the medical reimbursement system has done bi-annually, and there was no major revision about HHD by 2010. The management fee was raised to 80,000 JPY in 2010 and again to 100,000 JPY in 2022. **Challenges of the reimbursement and patient support for HHD in Japan** On a facility basis, initial patient education, staff visits to patients' homes, and endotoxin retentive filters for dialysis machines are not reimbursed. On a patient basis, the initial cost of home renovation for electrical work and drain used dialysis solution, the incremental cost of electricity and water bills, and the caregivers' burdens are not reimbursed by insurance and receive no public support. **Conclusion** Adequate reimbursement and public support for patients are essential to promote HHD.

Keywords: Home Hemodialysis, Reimbursement, public support