

**Abstract Type : Poster**

**Abstract Submission No. : 1242**

## **Effect of Pilot Project of Home Management in Peritoneal Dialysis Patients; National Wide Cohort Study on Korea**

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**Objectives:** Among the renal replacement treatments, peritoneal dialysis (PD) requires continuous monitoring and strict control. In this paper, we present an effectiveness of a Pilot Project of Home Management for patients with PD.

**Methods:** We used date of Pilot Project of Home Management in PD Patients and National Health Insurance Service claims data from the year of 2019. A total of 6,086 patients were divided into a home management (HM) group and a non-home management (non-HM) group according to the registration of the telemonitoring project. We evaluated medical cost, emergency visits, hospitalizations, conversion to hemodialysis, and mortality between the two groups.

**Results:** Among the total patients, 3,127 patients were in the HM group and 2,959 patients were in the non-HM group. The mean age of the patients was 54.3±12.7 years, and 56.0 % were male. Follow-up duration was 16.0±6.5 months. The total annual medical cost per patient was lower in the HM group than non-HM group (28,183.0±22,185.4 vs. 33,131.5±32,489.2 US dollar, p<0.001), and both cost of inpatient care (7,734.6±20,494.2 vs. 15,554.9±34,309.4 US dollar, p<0.001) and cost of outpatient care (20,362.2±10,105.5 vs. 17,475.2±6,517.2 US dollar, p<0.001) were lower in the HM group than non-HM group. In the HM group, the number of emergency room visits and hospitalizations per person per year were lower than those of the non-HM group (p<0.001), but the number of outpatient treatment was higher in TM group(p<0.001). Non-HM group was associated with a lower survival rate. In adjusted Cox analysis, non-TM group was an independent risk factor for all-cause mortality (hazard ratio 1.77, confidence interval 1.43-2.19, p<0.001) and conversion to hemodialysis (hazard ratio 1.77, confidence interval 1.45-2.15, p<0.001).

**Conclusions:** Pilot project of home management improved clinical outcomes in PD patients, reducing the emergency visits, the hospitalizations, medical cost, conversion to hemodialysis and all-cause mortality.