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## **STUDY POINTS TO INSURANCE-RELATED DISPARITIES IN TIMELY ACCESS TO GOLD STANDARD DIALYSIS PROCEDURE**

*Kidney failure patients without Medicare at the time of diagnosis experience delays in obtaining arteriovenous fistulas and grafts.*

### **Highlights**

- In a study that compared uninsured patients starting hemodialysis with similar patients already covered by Medicare or Medicaid, patients with Medicare or Medicaid were more likely to receive dialysis through an arteriovenous fistula or graft by their fourth dialysis month.
- Patients with Medicare at the start of dialysis also had fewer hospitalizations involving vascular access infection in dialysis months 4-12.

**Washington, DC (November 1, 2018)** — Patients with newly diagnosed kidney failure must wait for up to 3 months before they qualify for Medicare. A new study found that this short period of time without insurance is associated with delays in the placement and use of preferred methods for gaining access to the bloodstream for dialysis. The study, which appears in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*, also found that this insurance lag time is linked with a higher risk of later dialysis-related infection.

Individuals in the United States can obtain Medicare insurance coverage no matter how old they are if they have kidney failure that requires dialysis or a kidney transplant; however, when a patient is first diagnosed with kidney failure, they must wait 3 months before they become eligible for Medicare based the kidney failure criteria.

Eugene Lin, MD, MS (Keck School of Medicine of USC) and his colleagues sought to determine whether this short delay without Medicare coverage might lead to delays in the placement and use of arteriovenous fistulas and grafts, which are preferred methods for accessing the bloodstream for dialysis. Using information from a national registry, the researchers compared uninsured patients starting hemodialysis between 2010 and 2013 with similar patients already covered by Medicare or Medicaid.

Patients with Medicare or Medicaid were much more likely to use an arteriovenous fistula or graft by their fourth dialysis month and this difference persisted through the first year of dialysis. Patients with Medicare at the start of dialysis also had fewer hospitalizations involving vascular access infection in dialysis months 4-12. (Individuals who undergo hemodialysis are at increased risk of developing infections due to the repeated need to access their blood.)

“In general, uninsured patients experience disparities in accessing healthcare. Ordinarily, Medicare pays for medical treatments for patients receiving hemodialysis; however, the uninsured must wait for 3 months before being eligible to enroll in Medicare, which makes them vulnerable to delays in medical care,” said Dr. Lin. “Our study found that the uninsured were less likely than patients with Medicaid or Medicare to use an arteriovenous fistula or graft in the short-term, and these differences may have persisted even after the uninsured enrolled in Medicare. We also found that uninsured patients were more likely to have a dialysis-related infection than patients with Medicaid.”

Study co-authors include Matthew Mell, MD, MS, Wolfgang Winkelmayr, MD, ScD, and Kevin Erickson, MD, MS.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Health Insurance in the First Three Months of Hemodialysis and Early Vascular Access,” will appear online at <http://cjasn.asnjournals.org/> on November 1, 2018, doi: 10.2215/CJN.06660518.

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