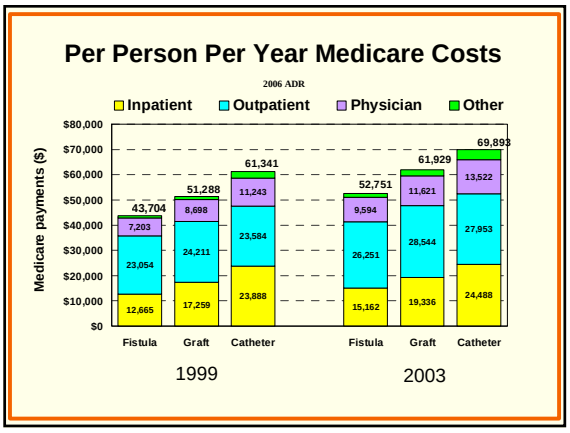
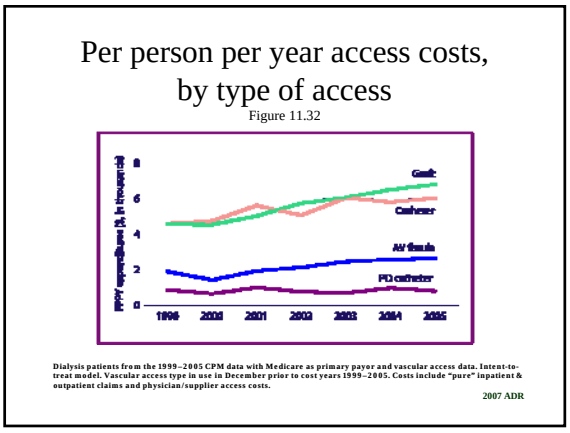
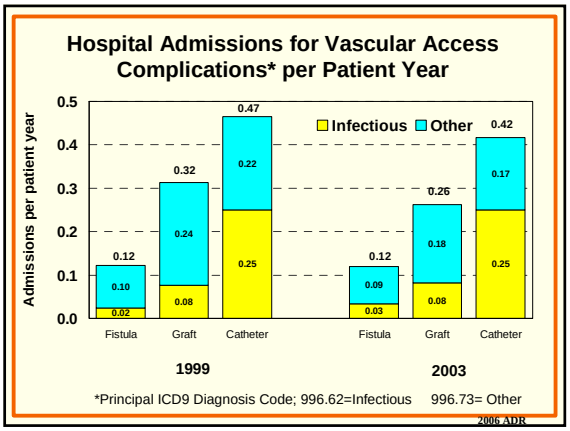
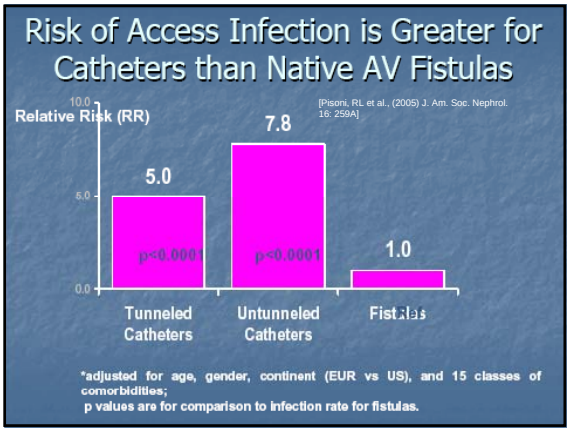
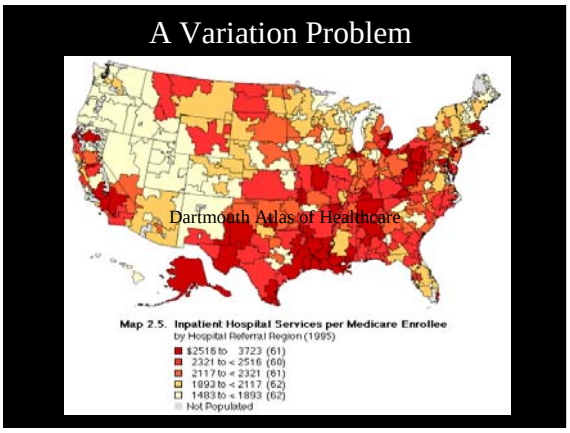
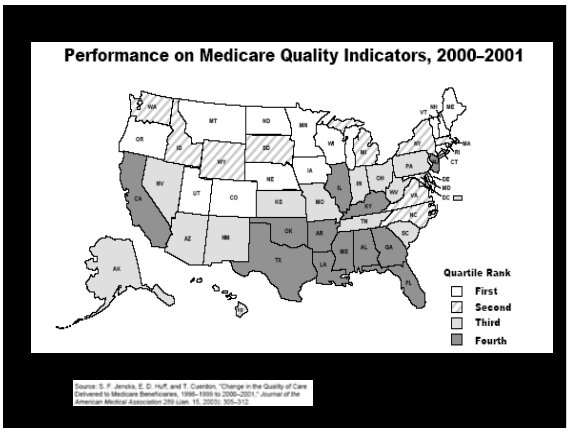

Per Person Per Year Medicare Costs
2006 ADR
Inpatient
Outpatient
Physician
Other
Medicare payments ($)
$80,000
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
43,704
51,288
61,341
52,751
61,929
69,893
7,203
8,698
11,243
9,594
11,621
13,522
23,054
24,211
23,584
26,251
28,544
27,953
12,665
17,259
23,888
15,162
19,336
24,488
Fistula
Graft
Catheter
Fistula
Graft
Catheter
1999
2003


Per person per year access costs,
by type of access
Figure 11.32
Graft
Catheter
AV fistula
PD catheter
1999
2000
2001
2002
2003
2004
2005
Dialysis patients from the 1999–2005 CPM data with Medicare as primary payor and vascular access data. Intent-to-treat model. Vascular access type in use in December prior to cost years 1999–2005. Costs include "pure" inpatient & outpatient claims and physician/supplier access costs.
2007 ADR


Hospital Admissions for Vascular Access Complications* per Patient Year
Infectious
Other
Admissions per patient year
0.5
0.4
0.3
0.2
0.1
0.0
0.12
0.32
0.47
0.12
0.26
0.42
0.10
0.24
0.22
0.09
0.18
0.17
0.02
0.08
0.25
0.03
0.08
0.25
Fistula
Graft
Catheter
Fistula
Graft
Catheter
1999
2003
*Principal ICD9 Diagnosis Code; 996.62=Infectious 996.73= Other
2006 ADR


Risk of Access Infection is Greater for Catheters than Native AV Fistulas
[Pisoni, RL et al., (2005) J. Am. Soc. Nephrol. 16: 259A]
Relative Risk (RR)
10.0
5.0
0.0
5.0
7.8
1.0
p<0.0001
p<0.0001
Tunneled Catheters
Untunneled Catheters
Fistulas
*adjusted for age, gender, continent (EUR vs US), and 15 classes of comorbidities;
p values are for comparison to infection rate for fistulas.


A Variation Problem
Dartmouth Atlas of Healthcare
Map 2.5. Inpatient Hospital Services per Medicare Enrollee
by Hospital Referral Region (1995)
$2516 to 3723 (61)
2321 to < 2516 (60)
2117 to < 2321 (61)
1893 to < 2117 (62)
1483 to < 1893 (62)
Not Populated


Performance on Medicare Quality Indicators, 2000–2001
Quartile Rank
First
Second
Third
Fourth