



2020 DOPPS Practice Monitor (DPM) Autumn Update: Latest trends in US hemodialysis practices and impact of the COVID-19 pandemic

ANN ARBOR, MI – Researchers from the Dialysis Outcomes and Practice Patterns Study (DOPPS) Program have updated the most recent US hemodialysis (HD) practice trends through August 2020 as reported on the DOPPS Practice Monitor (DPM) website (www.DOPPS.org/DPM).

Impact of COVID-19 on HD practices

In assessing the large number of HD practices monitored in the DPM, very little change has been seen on a national level, or according to four geographic regions, since the onset of the COVID-19 pandemic. An exception is a modest increase (from 17 to 20%) in catheter use and decline (from 65 to 63%) in arteriovenous fistula use for vascular access among prevalent HD patients, presumably due to reduced availability of vascular access procedures during the early pandemic period. It is conceivable that other HD practices were affected in some US locales with high COVID-19 infection rates, or among patients such as those in congregate living facilities.

Trends in mineral bone disorder (MBD) management

- Serum phosphorus levels continue to rise, with the percentage of patients >7.0 mg/dL increasing from 13% to 18% from Aug 2016 to Aug 2020.
- Serum calcium levels are declining, with the percentage of patients >9.5 mg/dL (albumin-corrected) decreasing from 30% to 21% from Aug 2016 to Aug 2020.
- PTH levels have remained relatively stable but persistently high over the past 3 years, with 32% of US Black patients and 20% of non-Black patients having a PTH>600 pg/mL in Aug 2020.
- Intravenous active vitamin D use declined from 77% in mid-2012 to 50% in mid-2018, while oral active vitamin D use rose from 5% to 35%. Both reflect changes at the dialysis-organization level, and have been stable since.

- Calcimimetic use has been 27-29% overall since 2017. Use of etelcalcetide, a thrice weekly IV calcimimetic, was 7% overall in Aug 2020, with large variation in use by dialysis organization size.

Context: From 2018 until the end of 2020, Medicare has paid for calcimimetic therapies via the Transitional Drug Add-on Payment Adjustment (TDAPA) designation under the ESRD Prospective Payment System (PPS). Of heightened interest will be trends in MBD management after the TDAPA period ends (in Jan 2021, when coverage for calcimimetics shifts to the PPS).

Trends in anemia management

- Hemoglobin levels have been stable among US HD patients over the past four years, with mean hemoglobin 10.7-10.8 g/dL, and with 84-86% of patients prescribed an ESA each month.
- A continuing trend towards avoiding the highest ESA doses has been seen, with the % of HD patients prescribed IV epoetin dose (or dose equivalent) >25,000 units/week averaged over 90 days declining from 8% in Aug 2016 to 4% in Aug 2020.
- The type of ESA prescribed for HD patients (short-acting epoetin, darbepoetin, or pegylated epoetin beta) continues to vary by dialysis organization size.
- IV iron use has remained relatively stable over the past four years - typically prescribed for 83-88% of patients over a 90-day period. Serum ferritin levels remain high (>800 ng/mL in 47-50% of patients), while TSAT<20% has increased from 18% to 22% over the past two years.

Context: Novel oral medications for the treatment of anemia of kidney failure, known as HIF-PH inhibitors, are available in certain Asian countries, and may become available soon in the US and other countries. Their role in the context of the longstanding ESA/IV iron-based treatment regimens remains to be seen.

New CMS payment models

The US kidney community is watching closely as the CMS shifts to a new value-based payment system (ETC Model) in Jan 2021, mandated for about 30% of US dialysis facilities. The ETC Model makes payment adjustments to the PPS for Medicare fee-for-service beneficiaries, and is aimed to incentivize home dialysis and kidney transplants. At the same time, nephrology practice groups are deciding whether to join Medicare's voluntary new payment models (the KKC Models) focused on patients with non-dialysis CKD. The ETC and KKC Models have been developed by the CMS in response to the president's "Advancing American Kidney Health" executive order of June 2019.

About the DPM

The US-based DPM presents a wide range of clinical data, in the form of more than 1,500 regularly updated charts, figures, and data tables, from over 9,000 patients receiving chronic in-center hemodialysis in a national sample of more than 200 dialysis facilities. Our group has published research papers describing DPM methods, key recent findings and analysis, and commentary.

To learn more, please
click here

About the DOPPS Program

Our mission is to improve the experience of patients with kidney disease by identifying links between variations in clinical practices and outcomes. Started as a hemodialysis study in 1996, the DOPPS Program now tracks over 70,000 patients in more than 20 countries. We focus on the lives of individuals treated with hemodialysis (DOPPS), peritoneal dialysis (PDOPPS), or advanced non-dialysis chronic kidney disease (CKDopps). To learn more about the DOPPS Program, to enroll in the CKDopps, or to learn more about other opportunities for collaboration, please visit DOPPS.org.

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