

EU Project **EDITH**

The Effect of Differing Kidney Disease Treatment Modalities and Organ Donation and Transplantation Practices on Health Expenditure and Patient Outcomes

**Comments on the Achievements and Impact of the  
WP4: Treatment Modality Choices, Outcomes and Costs for  
End-Stage Kidney Disease**

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On behalf of the External Advisory Board

## WP4.1. The Overview on the Frequency of Dialysis, Kidney Transplantation and CCM for Patients with ESKD in Europe

- *Lack of proper national data systems on ESKD and RRT hindering a proper overview*
  - significant barrier for the planning and implementation of successful national policies
- *Huge variations in the frequency of different RRT modalities and CCM*
  - home-based dialysis modalities under-represented or not available
  - unknown frequency of CCM in most of the countries
- *Huge variations in the access to kidney transplantation*
  - very low preemptive transplant rates

## WP4.1. Frequency of Dialysis, Kidney Transplantation and CCM **Recommendation for Future Action**

➤ *Standardization of data sets for monitoring CKD at European level and their integration into national (e-health) systems*

→ To enable efficient data management, analyses and country data comparison



➤ *Enhancement of the national action plans for prevention and treatment of CKD*

→ To reduce the burden of CKD

→ Increase the access to integrated ESKD care as part of universal health coverage

## WP4.2. Factors Influencing the Choice of ESKD Treatment Modalities by Patients and Doctors

### ➤ *Modifiable non-medical barriers influencing treatment modality choice*

- primarily, attitude, role perception, **lack of knowledge and motivation on both- the patient and professional levels**, organizational and financial barriers



### ➤ *Many respondents from low-GDP countries participated in the Nephrologist survey (36.3%) and Kidney patient survey (43.5%)*

- the frequency of barriers was higher in low-GDP countries and many factors influencing treatment modality choice differed
- limited availability of certain treatment modalities often led to changes in information provision
- for **home dialysis**, most frequently experienced barriers were **at the patient level**
- patients on home dialysis or with preemptive kidney transplant received the **information** on treatment modalities **earlier**

## WP4.2. Factors Influencing the Choice of Treatment Modalities

### Recommendation for Future Action

- *A common approach to the decision-making process on the ESKD treatment*
  - to address modifiable barriers along the decision-making process at the national and EU levels (especially in low-GDP countries)
- *Enhancement of education and workforce capacity*
  - by stressing partnership between the key stakeholders (professionals, NGOs and policy makers)
  - by changing the scope of practice by shifting duties from professionals to ancillary staff (*i.e. patient assistants, home based nursing model, additional trained staff*)
- *Increase of availability and practical use of evidence-based tools for professionals*
  - by promoting a common educational platform for the exchange of evidence-based tools
  - by sharing educational tools for patients in partnership with NGOs

## WP4.3. Treatment Modality Choices and Health Outcome

➤ ERA-EDTA Registry: **5-yr survival data** for the cohort 2007-2011

- all patients on RRT 50.5%
- patients remaining on dialysis ~47%
- deceased-donor kidney recipients 87.7%
- living-donor kidney recipients 94.1%

- however, a proper **comparison between the risk-adjusted survival of patients on dialysis and kidney transplant recipients** was not possible due missing individual data
  - patient **survival analyses by type of dialysis** hampered by differences in their health condition the referrals to other RRT modalities
- **The best QOL has been reported for kidney transplant recipients** (literature review)

## WP4.3. Treatment Modality Choices and Health Outcome **Recommendation for Future Action**

➤ *Enhancing leadership, national efforts and EU follow-up of the Action plan implementation on Organ Donation and Transplantation accross Europe*



➤ *Promotion of European Transplant Data Systems (Registry) in partnership with NGOs*

➤ *Promotion of evidence-based and personalized RRT modality choice*

## WP4.4. Current Practice in ESKD Treatment and its Impact on Health Care Budgets

- Limitations in collecting and comparing data on the RRT related costs
- Inadequate reimbursement of the RRT related costs
- Differences in tariffs for different RRT modalities between European countries
- Lack of national data and health-economic evaluation in support of cost-effective management and optimisation of ESKD policies (French model)
- Kidney transplantation reduces the RRT-related health expenditure



## WP4.4. ESKD Treatment and its Impact on Health Care Budgets **Recommendations for Future Action (I)**

### ➤ *Standardisation of data on the RRT-related costs*

- to enable proper specification and adjustment of tariffs, harmonization of payment models

### ➤ *Supporting health economic evaluation of management strategies for ESKD*

- to promote cost-saving RRT
- to optimise the distribution of ESKD-related health expenditure

## WP4.4. ESKD Treatment and its Impact on Health Care Budgets **Recommendations for Future Action (II)**



- *Education and Preventive strategies for CKD should be enhanced and funded (Call for Action)*
- *Boosting organ donation and transplantation (Follow-up on the Action Plan)*