



A Primer on Home Dialysis

- Home dialysis has clear advantages for patients with end-stage kidney disease (ESKD). The average ESKD patient receiving in-center dialysis spends between 3-5 hours, 3 times a week dialyzing.
- ESKD patients are on dialysis for the rest of their lives, or until transplanted.
- In-center treatment is lifesaving, but the significant burden it places on patients presents real challenges for individuals and their families, especially those living in rural or underserved areas.
- **Further, the quality-of-life advantages of home modality are clear—improved survival rates, significantly more flexibility for patients, the potential to experience fewer dialysis side effects, and even increased options for employment, compared to in-center dialysis.**

About the Alliance

The Alliance works in partnership with policy-makers to advance solutions to overcome these barriers -- including increased patient and provider education, improved reimbursement policies, and expanding support networks – and help improve access to dialysis at home for ESKD patients.

We are a coalition of patient groups, clinical societies, dialysis providers, and innovators, dedicated to advocating for better access to and uptake of home dialysis.

The Alliance strongly believes that every patient should be offered the opportunity to dialyze at home.

There are two modalities of home dialysis known as **peritoneal dialysis (PD)** and **home hemodialysis (HHD)**.

Each presents an important treatment option that offers patients significant clinically meaningful improvements in physical and mental health.

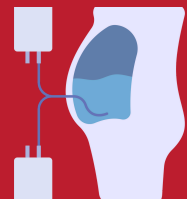
HOME HEMODIALYSIS (HHD)

- Blood is filtered **OUTSIDE** the body using a machine called a dialyzer
- 3-5 times a week



PERITONEAL DIALYSIS (PD)

- Blood is filtered **INSIDE** the body through the abdominal wall
- Performed daily





Alliance Members





Barriers to Home Dialysis

Despite the fact that home dialysis offers significant advantages for individuals with kidney failure, there are **several barriers that can limit the adoption of home dialysis**:

- **Home Infrastructure Limitations**—home dialysis requires proper infrastructure, including clean water, electricity, and space for equipment. Patients also need support and training to set up and operate the necessary equipment. Those facing social determinants of health fight additional barriers.
- **Lack of Education and Awareness**—many patients and even healthcare providers may not be fully aware of the benefits and options for home dialysis. More education and support are needed for both providers and patients.
- **Economic Limitations**—economic limitations deserve special consideration and assistance to begin home dialysis.
- **Patient Training**—learning to perform dialysis at home can be complex and intimidating, and patients may require substantial training to safely manage their treatment. Adequate training and ongoing support are crucial.
- **Coverage**—ESKD is one of only two conditions that Medicare covers regardless of patient age. However, reimbursement policies and coverage may vary, and not all patients may have access to the same level of financial support for home dialysis.

Fast Facts

- About 35.5 million U.S. adults are estimated to have kidney disease—more than 1 in 7 (14 percent). **It is a leading cause of death.**
- **68%** of ESRD patients depend on dialysis to replace kidney function.
- Nearly 808,000 Americans have ESKD and Medicare spends roughly **\$50 billion** annually for persons with ESKD.
- Rural patients with prevalent ESKD are more likely to dialyze at home (**16.2%**) compared to their urban counterparts (**13.3%**).
- In-center dialysis is by far the most common modality, but home dialysis is modestly growing: from 2010 to 2020 **home dialysis grew from 9.1% to 13.7%**.