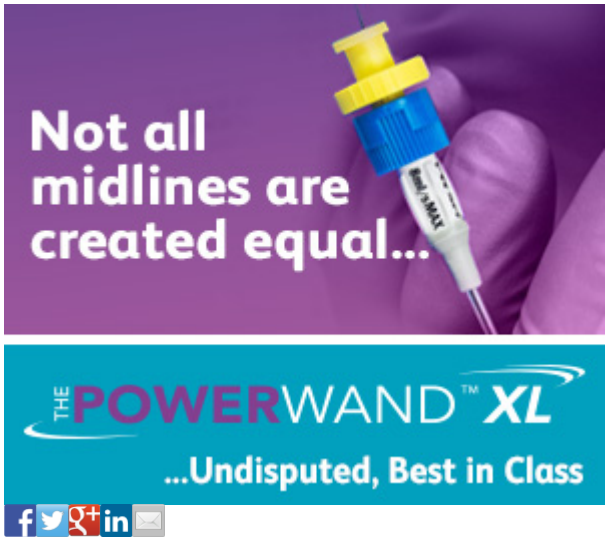

Hospitalizations drive up to 35% of the astronomical costs of care for patients on hemodialysis and are associated with poor outcomes" Golestaneh (2018).

Abstract:

Hospitalizations drive up to 35% of the astronomical costs of care for patients on hemodialysis and are associated with poor outcomes. We describe outpatient care-sensitive categories of hospitalization risks in an effort to engage stakeholders and patients, as stakeholders, in mitigating hospitalizations. These categories include: (1) fluid (interdialytic weight gain (IDWG) and chronic volume status), (2) infection (vascular access and malnutrition/inflammation resilience), and c) psychosocial (poor social support, poor self-efficacy, and mood disorders) risks. Barriers to improving hospitalization outcomes, especially as they relate to above risk categories, exist at multiple stakeholder levels and include: (1) dialysis facilities (strict shift changes, personnel challenges), (2) nephrologists (static dialysis prescriptions and protocols based on dialysis facility metrics), and (3) patients (lack of engagement and self-efficacy). System-level elements, such as payment models, help to propagate these barriers. In this article, we seek to shift the care paradigm discussion to patient trajectories and long-term outcomes, and to active engagement of patients as self-managers, through which we hope to impact on high inpatient resource utilization. We will also focus attention on the complex interplay of practices that have become acceptable care structures, but that may be deleterious to outcomes. Only after thorough consideration of these topics can we hope to impact on this important problem.

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Golestaneh, L. (2018) Decreasing hospitalizations in patients on hemodialysis: Time for a paradigm shift. Seminars in Dialysis. February 6th. .

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